



Small Business Recovery Grant Application

The application submission starts on Monday, August 10th at 9:00 AM and the program will close on Friday, August 21st at 4:00 PM. Application & documentation may be submitted via email to sbrecoverygrant@fcadc.com or hard copies may be dropped off at any of the locations listed in the guidelines. For additional information or questions, please visit www.fcadc.com or call (717) 263-8282. If completing by hand, please make sure writing is legible.

Applicant Information

Entity Legal Name* _____

Business Name or DBA* _____

Employer Identification Number (EIN)* _____ I do NOT have an EIN

Total # of Full-Time (FTE) employees as of August 1, 2020* _____ SSN (If no EIN) _____

NAICS Code* _____

Month & Year Business Established* _____ / _____

Please select the industry option that most closely represents the majority of the applicant's activities*

- Accommodation/Hospitality/Restaurant
- Manufacturing/Industrial
- Agriculture
- Transportation/Warehousing
- Professional/Scientific/Technical
- Other Professional Service

- Education
- Retail
- Construction
- Healthcare
- Other

Brief Summary of Business Operations*

Business Location

Street Address* _____

City* _____

Zip Code* _____

Municipality* _____

Mailing Address (If different than above)

Mailing Address _____

City _____

State _____

Zip Code _____

Primary Contact

First Name* _____

Last Name* _____

Title* _____

Phone* _____

Email* _____

Financial Impact Information

Please describe the current impact of COVID-19 on your operations*

Total Gross Revenue (Hardest hit consecutive 3 month period in 2020)* \$ _____

Total Gross Revenue (Using same 3 month period in 2019)* \$ _____

3 Month Period Used (for example, March-May; April-June; etc.) * _____

Amount of grant requested* \$ _____

What is the status of other funding the applicant received since March 1, 2020?*(*COVID-19 funding assistance includes PPP, SBA EIDL, PIDA CWCA, Mainstreet Revitalization, etc.*)

We have not received any type of COVID-19 funding assistance.

We have received \$20,000 or less of any/all COVID-19 funding assistance.

We have received \$20,001 or more of any/all COVID-19 funding assistance.

What is the economic impact / business status of applicant?*

Only able to operate in Green Phase

Was able to operate during Yellow Phase (limited operations)

Was able to operate during Yellow Phase (full operations)

Was able to operate during Red Phase (waiver and/or limited operations)

Was able to operate during Red Phase (full operations)

Please include the following required documents - Please refer to Grant Guidelines

- * Profit & Loss Statement and Balance Sheet for hardest hit consecutive 3-month period in 2020
 - * Profit & Loss Statement and Balance Sheet for the same consecutive 3-month period in 2019
 - * Applicant's most recent year's submitted federal tax return
 - * Signed W-9 Form
 - * Signed and dated Personal Financial Statement
 - * Most recent year's submitted federal tax return for any entity with 20% or more interest in applicant
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Small Business Recovery Grant – Certification by Applicant

The Applicant certifies that:

1. All information and statements contained in this Application, and all required documents submitted with this Application, are to the best of the Applicant's knowledge, true, accurate, complete, and not misleading, as of the date of this Application. Any further information or documentation submitted by the Applicant in connection with this Application shall also be subject to this certification, which shall be deemed to be remade as of the date submitted.
2. Applicant has fully complied with, and will fully comply with, all federal, state, and local laws and regulations applicable to this grant; applicable to Applicant's business, assets, and/or operations; and the Applicant is not currently under investigation with respect to any violation of, or other failure to comply with, any such applicable law or regulation. No funds will be used for any purpose or in any manner that violates federal, state, or local laws or regulations. All funds will be utilized for purposes consistent with the Coronavirus Aid, Relief, and Economic Securities Act (the "CARES Act").
3. The Application is based on the Applicant's revenue loss due to normal business interruption caused by the pandemic. All funds received will be utilized by the Applicant solely for working capital/operational costs to sustain business operations.
4. Applicant will submit additional information and documentation in support of this application and/or the grant requested or awarded with respect to the Application, in each case, upon request, and will permit the County of Franklin or the Franklin County Area Development Corporation, as its designee, to inspect and/or audit the books, records, premises, and operations of the Applicant to assure compliance with the requirements of this program. Applicant hereby acknowledges and agrees that all information may be shared by and with the County of Franklin, Pennsylvania to the extent such disclosure is made in connection with the application and this grant program.
5. AVAILABLE FUNDS ARE LIMITED AND SIGNIFICANT INTEREST IS ANTICIPATED. Applicant recognizes that there is no assurance that Applicant will be awarded any grant of any size, regardless of how well the Applicant may meet the criteria used for awarding these grants and regardless of what the Applicant may have been told or read with respect to this grant program. As a condition and in exchange for the consideration of receiving and reviewing this program, the Applicant hereby releases and will hold harmless the County of Franklin and the Franklin County Area Development Corporation in facilitating and administering this grant program and their respective Board of Commissioners, Board of Directors, officers, and employees of and from any and all claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of this application and any information or documentation of or concerning the Applicant, (b) any decisions or recommendations with respect to this application, (c) the administration of this program and/or the award of denial of funds and/or the sufficiency thereof, and (d) any other matter or thing related to this program.
6. As a condition of Applicant's submission of the Application and receipt of any Benefits made available under the program, the Applicant hereby releases the County of Franklin and the Franklin County Area Development Corporation, their respective partners, designees and affiliates in facilitating and administering this benefit program and their respective Board of Commissioners, Board of Directors, officers, employees, representatives, volunteers, and committees from any claims and/or cause of action of any kind of type arising from or out of (a) their receipt and review of the Application, (b) the administration of the Program and/or distribution or delivery of the Benefits available under the program, (c) the Benefits received by the Applicant, and (d) any other matter or thing related to the Program.
7. All decisions and recommendations with respect to this application and this grant are final when made and are non-appealable. The Applicant acknowledges that grant award determinations will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently the scoring methods utilized. The Applicant also acknowledges that the identity of funding applicants and recipients and award amounts will become public information. All financial and proprietary information used to evaluate the application will be confidential to the extent permissible under applicable federal and state law. All applicants are advised that expenditures of government funds are subject to the Pennsylvania Right to Know Law and the federal Freedom of Information Act. The applicant acknowledges that the application, as well as information and documents provided in support of an application, may be subject to disclosure under either law.
8. The applicant certifies to the County of Franklin that it will not discriminate against any customer, employee, or any person seeking employment by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the Pennsylvania Human Relations Act, which prohibits discrimination on the basis of race, color, religious creed, ancestry, age, sex, national origin, handicap or disability, or in violation of any applicable local, state, or federal laws. All contracts for work to be paid with program assistance must contain this official Nondiscrimination Clause.
9. The applicant will make a reasonable effort to keep its business operational through 2020.
10. The individual signing below is legally authorized by the Applicant to submit this application, to sign this certification, and to legally bind the Applicant.

I agree to all of the above requirements. By submitting this application, I agree that this application is final and cannot be edited.

Signature*: _____

Print Name*: _____ **Date*:** _____