**Tioga County COVID-19 Relief Block Grant Application**

Please be sure to read the guidelines before submitting your application.

Deadline to submit: Monday, August 17, 2020, 4:30pm

**Where to submit your application:**

If you are a small Business or Municipality

[khamilton@developtioga.org](mailto:khamilton@developtioga.org)

If you are a nonprofit organization or fire/ambulance associations

[ssticklin@tiogapartnership.org](mailto:ssticklin@tiogapartnership.org)

**Date of Application:** Click or tap here to enter text.

**Type of Applicant:**

Small Business < 100 employees

Tourism-Related Business > 100 employees

Nonprofit (501c3 or 501c19 designations)  Municipality

Police Department  Fire Company  Ambulance Association

Legal Name of Applicant: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Municipality: Click or tap here to enter text.

Primary Contact Name: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Business Phone Number: Click or tap here to enter text.

Business Website: Click or tap here to enter text.

Date Business Established: Click or tap here to enter text.

EIN or SSN: Click or tap here to enter text. NAICS (if known): Click or tap here to enter text.

Type of Legal Entity:

C-Corp  S-Corp  LLC  Sole Proprietorship

LLP  Partnership  Nonprofit (501c3 or c19)

Is business/organization appropriately licensed? Yes  No

Is your business current with all local, state, and federal taxes? Yes  No

|  |  |  |
| --- | --- | --- |
| Number of Employees: | # Full Time | # Part Time |
| On March 1, 2020 |  |  |
| Currently |  |  |

Describe your ***worst*** operational status during COVID-19 (if applicable)

Closed  1%-25% Open  26%-50% Open

50%+ Open  Did Not Close

Current Operational status

Closed  1%-25% Open  26%-50% Open

50%+ Open  Did Not Close

Estimated amount of income lost: Click or tap here to enter text.

Amount of unanticipated expenses incurred from March 1 to present due to COVID-19 requirements: Click or tap here to enter text.

Amount of funding received to date from various sources: Click or tap here to enter text.

Type of funding your business/organization has received to date: Check all that apply:

PPE  EIDL (grant/loan/both)  PA Working Capital Assistance Loan

CARES-Small Business Assistance (CDFI)  PA 30 Day Fund

Other (please specify)  Click or tap here to enter text.

During the period that began on March 1, 2020, and runs through December 30, 2020, how was your organization been financially affected by COVID-19, including but not limited to, due to required closure orders, voluntary closures to promote social distancing measures or decreased customer demand as a result of the COVID-19 public health emergency? Click or tap here to enter text.

Amount Requested: Click or tap here to enter text.

Proposed Use of Funds Click or tap here to enter text.

Working capital, including payroll  PPE  Marketing

Lost revenue through fundraising

Other please describe: Click or tap here to enter text.

I certify that all information on this application is truthful and complete to the best of my knowledge and that I am authorized to submit this application.

Signature of applicant: Click or tap here to enter text.

Name of Organization: Click or tap here to enter text.

**Selected applicants will be required to sign a COVID-19 Relief Fund Recipient Agreement.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Required Documents:** | Small Business | Tourism- Related Business | Police Department | Nonprofits  501c3 or 501c19 | Fire Companies | Ambulance Associations | Municipalities |
| Most Recent Tax Return | X | X | X |  |  |  | X |
| Most Recent 990 Form |  |  |  | X | X | X |  |
| IRS Determination Letter |  |  |  | X | X | X |  |
| Financial Statement |  |  |  | X | X | X |  |
| Profit & Loss Statement | X | X | X |  |  |  | X |
| Gross Monthly Revenues for March, April, May, and June 2019 and 2020 | X | X | X | X | X | X | X |
| Documentation demonstrating impact of COVID-19 on your organization | X | X | X | X | X | X | X |

Please list the required documents you are attaching to your application:

Click or tap here to enter text.