

**Bradford County & Sayre  
Borough CDBG-CV  
Small Business Support Grant  
Program Application**

**County Commissioners**

**Daryl Miller – Chairman**

**Doug McLinko - Vice Chairman**

**John Sullivan - Commissioner**

**Sayre Borough**

**Henry Farley - Mayor**

**Jim Daly – Council President**

**David Jarrett – Borough Manager**

**Administered by Trehab and Progress Authority**

**Bradford County & Sayre Borough  
CDBG-CV  
Small Business Support Grant Program**

Trehab and the Progress Authority are administering the **CDBG stimulus Small Business Support Grant Program** to provide small businesses located in Bradford County & Sayre Borough with financial relief due to business disruptions caused by the COVID-19 pandemic shut down.

**The Bradford County and Sayre Borough CDBG-CV stimulus Business Grant program has a LIMITED fund of \$166,512 designated for Bradford County and \$64,967.00 designated for Sayre Borough.**

**Submission of an application is not a guarantee of funding**

Due to an anticipated high volume of applications, it is likely that not all applicants will be awarded a grant because of funding limitation.

Grants will be awarded to those businesses who submit timely, fully completed applications that meet the criteria set forth below in the section labeled "Eligibility".

The Small Business Grant Program materials are being published in advance of the Application to provide potential business applicants time to develop their application and gather needed documentation to submit.

**Funding for this program is being provided by Bradford County & Sayre Borough CDBG-CV Entitlement Programs.**

**The following documents are required for this grant application:**

- **Completed application questionnaire**
  - **A copy of your most recent submitted tax return, with signature**
  - **2019 financial statement**
  - **1st Quarter 2020 financial statements (January through March 2020)**
  - **W9 executed by the business**
  - **Invoice copies: Rent/Mortgage and/or Utility (discretion will be used to determine amount)**
  - **CSBG (Financial Determination Form)**
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**Eligibility:**

Businesses eligible for this grant program must meet the following criteria.

- Be a small business defined as having less than 50 full time employees on payroll, March 1, 2020.
- Must be a for-profit business.
- Business must occupy a "bricks and mortar" location within Bradford County that is not a residential home, and
- Business must be located in an Industrial or Commercial (or similarly described) district within Bradford County.
- Must be an incorporated business in and/or registered to conduct business within the Commonwealth of Pennsylvania.

**Priority consideration will be given to eligible business applications to:**

- Businesses located in a designated CDBG, redevelopment, or blighted, area within Bradford County
- Businesses engaged in retail and/or service activities.
- Businesses engaged in Manufacturing.
- Businesses engaged in the Trades (Plumbing, HVAC, Electrical, Carpentry, etc.)
- Businesses that reported 5 or more full-time employees on payroll in Bradford County prior to March 1, 2020.
- Businesses that demonstrate capability to survive with strong cash flow prior to pandemic shutdown.

**Example of Scoring**

<b>Project Name:</b>		
<b>Project Characteristic</b>	<b>Max Value</b>	<b>Score</b>
Application/Description	15	
Need for the Project	40	
Future Viability	15	
LMI Served	30	
Total	100	0

**Grant Amount Determination:**

Final grant determination will be made based on the invoices submitted as the "project". Eligible costs for this program are limited to rent/mortgage, utilities, insurance, legal fees, marketing and inventory from February 15, 2020 through June 30, 2020. Grant amount will be determined using discretion for each business entity. Expenses are capped at a maximum of 90 days and up to \$5,000 per business.

**Program Guidance:**

Please review the Application Guidelines for this program. These items are being published in advance of the application window so that Bradford County Businesses can prepare their applications. Questions not addressed in the guidelines or FAQ should be forwarded to the Progress Authority – [cbpa@epix.net](mailto:cbpa@epix.net) or 570-265-0937

# Bradford County Small Business Support Grant Program

## General Business Information

Business Legal Name: \_\_\_\_\_

d/b/a if operating under a different name: \_\_\_\_\_

Year Business was founded: \_\_\_\_\_

State business was organized or incorporated in: \_\_\_\_\_

Business Physical Address Street Address: \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Business Website Address: \_\_\_\_\_

Federal EIN: \_\_\_\_\_ - \_\_\_\_\_

Type of Business: \_\_\_\_\_

2-digit NAICS Code: \_\_\_\_\_ ( 2-Digit NAICS List is at the end of form)

## Business Ownership

Please list the names and addresses of all individuals/companies with 20% or more ownership in applicant Business:

Line Item	Monthly Expenses	Comments
<b>Personnel (list by name &amp; position)</b>		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
<b>Fringe (total for all personnel listed above)</b>		
1		
2		
<b><u>Operating Expense Projections</u></b>		
<b>Rent/Mortgage (list payee)</b>		
1		
2		
3		
<b>Utilities (list payee)</b>		
1		
2		
3		
4		
<b>Insurance (list payee)</b>		
1		
2		
<b>TOTALS</b>		

**Business Employment**

Number of full-time employees on business payroll on March 1, 2020:

\_\_\_\_\_

Number of full-time employees on  
business payroll today:

\_\_\_\_\_

Have you furloughed or laid off  
employees? (circle one)

Yes    No

If Yes, How Many

\_\_\_\_\_

COVID-19 Related Questions

Is the business open?  
(circle one)

Yes    No    Partially

Is this business closed or partially closed due to COVID-19 shut down? (circle one)

Yes    No

If yes, what is the estimated revenue loss the business experienced for March/April? (circle one)

0%    25%    50%    75%    100%

Has business or owner applied for relief programs? (circle  
one for each)

SBA Economic Injury Disaster Relief (EIDL)

Yes    No

SBA Paycheck Protection Program  
(PPP)

Yes    No

Pennsylvania COVID-19 Working Capital  
(CWCA)

Yes    No

Pennsylvania Pandemic Unemployment Assistance (PUA)

Yes    No

If you answered yes has Business been awarded  
funding?

Please indicate from which program and amount of  
award:

Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Post COVID-19 Questions**

Does the business have a plan for emerging from the Commonwealth of Pennsylvania COVID-19 shutdown?  
(please describe in 500 characters maximum)



Is the Business interested in resources for coming out of Commonwealth of Pennsylvania COVID-19 shutdown? (circle all that apply)

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Marketing/Promotion

Accounting

Legal

Safety

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Cleaning of physical location

Health

Finding Employees

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Working Capital Resources

Supply Chain

Technology

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Other:

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### Contact Information

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Name: \_\_\_\_\_

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Title: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

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Email: \_\_\_\_\_

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Primary Language Spoken of Business contact person: \_\_\_\_\_

### Acknowledgements

I acknowledge that I am an owner or authorized by the owners of the business to submit this application, and that all of the information submitted is true to the best of my ability on the date of submission. \_\_\_\_ (initial block)

I attest that the business is current on all taxes. Further, I acknowledge that if awarded through this program I am responsible for any reporting requirement and tax payment obligation at the state and federal level. \_\_\_\_ (initial block)

I acknowledge that applicants and grantees for this program are responsible for following the rules, regulations, and contract stipulations of loan and grant programs regardless of the source of funds; furthermore, I acknowledge that it is the responsibility of a grantee to use and report on all funds appropriately whether sourced from County Level Authority, State, or Federal government programs. \_\_\_\_ (initial block)

I acknowledge that by submitting this application, I am not automatically awarded funding. \_\_\_\_ (initial block)

PRINT FULL LEGAL \_\_\_\_\_  
NAME:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

**Application Submission (How to Submit)**

Paper submission of application for this program will only be accepted at the following location:

Full Application

Only full and complete applications will be reviewed for this grant program.

Full and complete applications include:

- Application Questionnaire completed with acknowledgements initialed and signed by submitter.
- A copy of the most recent tax return submitted for business, signed.
- 2019 Financial Statements
- 1st Quarter 2020 financial statements (January through March)
- W9 Executed by the Business
- Copies of invoices for grant award consideration included with submission