

Bradford County Cares Act

Small Business Support Grant

Program Application

County Commissioners

Daryl Miller – Chairman

Doug McLinko - Vice Chairman

John Sullivan - Commissioner

Administered by the Progress Authority

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

Business Employment

Number of full-time employees on business payroll on September 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 August/September? (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

Bradford County (Sayre Borough) CDBG Small Business
Support Program

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)

- | | | | |
|-------------------------------|--------------|-------------------|--------|
| Marketing/Promotion | Accounting | Legal | Safety |
| Cleaning of physical location | Health | Finding Employees | |
| Working Capital Resources | Supply Chain | Technology | |

Other:

Contact Information

Name: _____

Title: _____

Phone Number: _____

Email: _____

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 and 2nd Quarter 2020 financial statements (January through June)
- W9 Executed by the Business
- Copies of invoices for grant award consideration included with submission