

**Bradford County  
COVID-19 Hospitality  
Industry Recovery  
Program**

**CHIRP**

**Program Application**

**County Commissioners**

**Daryl Miller – Chairman**

**Doug McLinko - Vice Chairman**

**John Sullivan - Commissioner**

**Administered by the Progress Authority**

**Bradford County  
COVID-19 Hospitality Industry  
Recovery Program**

The Progress Authority is administering the COVID-19 Hospitality Industry Recovery Program (CHIRP) stimulus package aimed at providing those businesses in the hospitality industry located in Bradford County with financial relief due to the varied business disruptions caused by the COVID-19 pandemic.

**The Bradford County CHIRP stimulus grant program has a LIMITED fund of \$683,240.00 designated for Bradford County.**

**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 limitations.

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 CHIRP 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 CHIRP Entitlement Program.**

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

- Completed application questionnaire
- A copy of your most recently submitted tax return, with signature
- 2019 financial statements including quarterly breakdown
- 2020 financial statements including quarterly breakdown
- W9 executed by the business
- Invoice copies of qualifying operating expenses, such as, but not limited to: inventory purchases, supply purchases, rent/mortgage, and/or Utility invoices (discretion will be used to determine amount of grant)

**Eligibility to be determined as follows:**

- Must be a FOR-PROFIT entity
- Must have a North American Classification System (NAICS) designation within the Accommodation subsector (721) or Food Services and Drinking Places subsector (722) and where accommodations, food or drink is served to or provided for the public, with or without charge.
- It has fewer than 300 full-time equivalent employees.
- It has a maximum tangible net worth of not more than \$15 million.
- It was in operation on February 15, 2020 and remains in operation and DOES NOT intend to permanently cease operations within one year of the date of application.
- COVID-19 has had an adverse economic impact on the eligible applicant which makes the grant request necessary to support the ongoing operations of the eligible applicant.
- Applicant had gross receipts in calendar year 2020 that demonstrate at least a 25% reduction from the applicant's gross receipts in 2019.
- Applicant had gross receipts during the first, second, third OR fourth quarter in calendar year 2020 that demonstrate at least a 25% reduction from the applicant's gross receipts during the SAME quarter in calendar year 2019.
- Business must be located in 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 applicants that:**

- Have not received a loan or grant issued under the authority of the commonwealth or the commonwealth's political subdivisions or by the federal government;
- Were subject to closure by the Governor's disaster declaration; or
- Can demonstrate one of the following:
  1. A reduction in gross receipts of 50 percent or more for the period beginning after March 31, 2020, and ending before December 31, 2020, in comparison to the period beginning after March 31, 2019, and ending December 31, 2019.
  2. If the eligible applicant was not in operation during the entire comparison period, but was in operation on February 15, 2020, a monthly average reduction in gross receipts of 50 percent or more for the period beginning after March 31, 2020 and ending before December 31, 2020, in comparison to the period beginning after January 1, 2020, and ending before April 1, 2020.

**Example of Scoring**

<b>Project Name:</b>		
<b>Project Characteristic</b>	<b>Max Value</b>	<b>Score</b>
Application/Description	25	
Need for the Project	35	
Future Viability	15	
COVID-19 Operational Impact	25	
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 operating expenses, which include but are not limited to; rent/mortgage, utilities, insurance, legal fees, marketing and inventory costs from April 1, 2020 through December 31, 2020. Grant amount will be determined using discretion for each business entity. Grant awards will be from \$5,000 to a maximum of \$50,000, in increments of \$5,000.

**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 COVID-19 Hospitality Industry Recovery 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: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

## Business Ownership

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

Line Item	Average Monthly Expenses	Comments
<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		
5		
6		
<b>Insurance (list payee)</b>		
1		
2		
3		
<b>Accountant/Attorney (list payee)</b>		
1		
2		
<b>Inventory Supplier (list payee)</b>		
1		
2		
3		
<b>Supplies (list payee)</b>		
1		
2		
3		
<b>TOTALS</b>		

**Business Employment**

Number of full-time employees on business payroll on February 15, 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

Was 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 2020 as compared to 2019?

(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 Small Business Assistance Fund	Yes	No
Bradford County CDBG COVID19 Relief Funding	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**

What challenges has COVID-19 presented? Any opportunities?

Pre and post COVID, what sort of market/supply chain opportunities/challenges have you incurred?

Workforce Issues?

Moving past COVID, what opportunities/challenging do you see on the horizon? For example, what growth opportunities exist, do any financing/capital improvement opportunities exist, any infrastructure issues, etc.



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 with quarterly breakdown
- 2020 financial statements with quarterly breakdown
- W9 Executed by the Business
- Copies of invoices for grant award consideration included with submission