



LEBANON COUNTY CARES Grant Application

Please submit your application below for **Phase I** of Lebanon County CARES Grant. Incomplete or incorrect applications will not be considered. Applications for round one must be submitted between September 1-15. Fund rules, information, and an FAQ document can be found at LebanonCountyCares.com. You can also find a step-by-step guide on the application portal at LebanonCountyCares.com.

We are applying for:

- Non-Profit
- Tourism/Hospitality
- Small Business (less than 100 employees)

*** Required question**

Sec A: Applicant Information

1. Entity Legal Name* _____
(If different than above) Business Name or DBA _____
2. Employer Identification Number (EIN) * _____ I do NOT have an EIN
Social Security Number (If no EIN) _____
3. **Please select the industry option that most closely represents the majority of the applicant's activities. ***
 - Accommodation/Hospitality/Restaurant Business/Prof. Services Retail Agriculture Healthcare
 - Manufacturing/Distribution Non-Profit Construction Gym _____
 - Other _____
4. Brief Summary of Services or Goods Produced*
5. NAICS Code* _____ 5a. First Year of Operations* _____
6. Number of employees as of March 1, 2020* Full-Time _____ Part-Time _____
7. **Please check all that apply for your business (optional)** for informational use only:
 - African-American owned Hispanic-owned Asian-American owned Woman-owned
 - Other minority-owned Disabled-owned Veteran-owned

Sec B: Business Location

8. Street Name* _____ City* _____
9. Zip Code* _____ Municipality* _____

Sec C: Mailing Address

If different than above for fund distribution.

10. Street Name _____ City _____ Zip Code _____

Sec D: Primary Contact

11. First Name* _____ Last Name* _____
12. Title* _____ Phone* _____
13. Email* _____

Sec E: Additional Business Information

14. **Lebanon County** is applicant's*
 Only or headquarters location Branch location with headquarters in another county
15. **Structure** (check all that apply)
 Corp LLC LLP Sole Proprietorship Partnership Non-Profit

Sec F: Financial Impact Information

16. Please describe the current and projected future impact of COVID-19 to your operations and intended use of funds*
(use an additional sheet if needed)

17. Total Revenue March 1 to July 31, 2019* \$ _____ Total Revenue March 1 to July 31, 2020* \$ _____
18. Total operating expenses reported on most recent year's submitted tax return* \$ _____
19. Net Profit or Loss (line 31 Schedule C) or revenue less expenses (line 19 on 990) reported on most recent year's submitted tax return* \$ _____
20. Amount of grant requested* \$ _____ (please review guidelines in FAQs by annual revenue)
21. **Check this box if your need exceeds the maximum grant request allowed per annual revenues.**
 Please review this application as an exception to the grant request limitations.
22. **We received the following in CARES Act Funding to-date** (Paycheck Protection Program or EIDL Advance): *
 More than \$50,000 \$30,001-\$50,000 \$15,001 and \$30,000 \$5,001-15,000 Up to \$5,000 None
23. *(For nonprofits only)* **What are your current and expected revenue losses (March 1-Dec. 31) due to cancelled fundraisers/events?**
 More than \$30,000 \$20,001-\$30,000 \$10,001 and \$20,000 \$5,001-10,000 Up to \$5,000 None
24. *(For nonprofits only)* **Please confirm your registered designation:** 501(c)(3) 501(c)(19)
25. **What are your unbudgeted expenses (to-date) as a direct result of COVID? ***
 More than \$30,000 \$20,001-\$30,000 \$10,001 and \$20,000 \$5,001-10,000 Up to \$5,000 None
26. **Were you considered an 'essential business' during Pennsylvania's stay-at-home orders? ***
 Yes No
27. **What is your current operating status? ***
 We cannot operate at all due to current restrictions.
 We can only operate up to 25% capacity
 We can only operate up to 50% capacity
 We can only operate up to 75% capacity
 We can operate at full capacity

Sec G: Please include the following:

- Internal financial statement or summary of March-July 2019 revenues*
- Internal financial statement or summary of March-July 2020 revenues*
- Business' most recent year's submitted federal tax return (schedule C or F) (business or tourism grant only)
- Non-profit determination letter from the IRS and Form 990 (non-profit only)

Sec H: Lebanon County CARES Grant Certification by Applicant

The Applicant certifies that:

1. All information and statements contained in this Application, and all documents and exhibits submitted with this Application, are to the best of Applicant's knowledge, true, accurate, complete, and not misleading, as of the date of this Application. Any further information or documentation submitted by 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, regulations and orders applicable to this grant and 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. This includes following all emergency orders by the Governor and Secretary of Health and operational restrictions under the Governor's reopening plan. 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 Security Act (the "CARES Act").
3. The Application is based on the Applicant's reasonable estimate of financial need for, and all funds will be utilized by the Applicant solely for, working capital, operational costs or COVID-19 health or safety related expenses necessary to maintain or continue the Applicant's operations in Lebanon County, Pennsylvania, including (without limitation) payroll, rent, mortgage interest, supplies, personal protective equipment and other operating expenses, and retrofitting capital costs, and all funds received from this program by Applicant shall be used for such purposes.
4. Applicant will submit additional information and documentation in support of this application and/or the grant requested or awarded with respect to this Application, in each case, upon request, and will permit the County of Lebanon or its representatives, designees or affiliates 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 Lebanon, Pennsylvania, and the commissioner-appointed application review committee 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 application, the Applicant hereby releases and will hold harmless the County of Lebanon, Pennsylvania, the Lebanon Valley Chamber of Commerce, the United Way of Lebanon County, Lebanon County Tourism Promotion Agency, Inc., Garcia Garman & Shea, PC, their respective partners, designees and affiliates in facilitating and administering this grant program and their respective Board of Commissioners, Boards of Directors, officers, employees, representatives, volunteers and committees 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 or 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 Lebanon, Pennsylvania, the Lebanon Valley Chamber of Commerce, the United Way of Lebanon County, Lebanon County Tourism Promotion Agency, Inc., Garcia Garman & Shea, PC, their respective partners, designees and affiliates in facilitating and administering this benefit program and their respective Board of Commissioners, Boards of Directors, officers, employees, representatives, volunteers and committees of and from any claims and/or causes of action of any kind or 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, award amounts and application scores and recommendations will become public information.
8. The individual signing below is legally authorized by the Applicant to submit this application, to sign this certification and to legally bind the Applicant.
9. The parties acknowledge and agree that this document may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.
- 10. By submitting this application, I agree that this application is final and cannot be edited.**

I _____ (*print name*) agree to all of the above requirements. I certify all information on this application is truthful and complete to the best of my knowledge and I am authorized to submit this application. I acknowledge that the County is relying on this application to determine eligibility for this grant, and any false information will result in the repayment of grant funds back to the County. I verify the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 PA. C.S. § 4904) related to unsworn falsification to authorities.

Applicant Signature* _____



Drop Off Instructions for Lebanon County CARES Grants Application

Applicants are strongly encouraged to fill in your application online at LebanonCountyCares.com. If you are unable to do so, you can deliver your completed application, and all required supporting documents by following these guidelines.

Please drop off or mail your completed application and all supporting documents in a single envelope or folder to:

Garcia Garman & Shea, CPA
ATTN: Lebanon County Cares
216 S 8th Street
Lebanon, PA 17042

(717) 274-5600

*Please note, any paperwork submitted will not be returned. Please make copies of your submitted paperwork BEFORE you drop it off.

*All applications must be received by September 15, 4:00 pm. No late applications will be considered. Applications delivered by mail after September 15 will not be considered. Please make sure to allow ample time for postal delivery.

*You may deliver applications to Garcia Garman & Shea, CPA at any time using the secure drop slot on the left, front door.