



LEBANON COUNTY CARES. LET'S KEEP LEBANON OPEN FOR BUSINESS.

# LEBANON COUNTY CARES Grants

Application Walk-Through

# LEBANON COUNTY CARES GRANTS

The CARES Act was signed into law by the President on March 27, 2020 and provides funding for a variety of programs intended to alleviate the impact of COVID-19. Section 5001 of the CARES Act establishes the Coronavirus Relief Fund which offsets necessary expenditures incurred due to the COVID-19 public health emergency.

Act 24 of 2020 was signed by Governor Wolf on May 29, 2020. This legislation provides \$625 million in CARES Act Coronavirus Relief funding by means of block grants for counties in the commonwealth through the Department of Community and Economic Development (DCED). Lebanon County received \$12.8 million in block grant funding.

Small business, tourism, and non-profits have \$8.25 million of this funding available as grants that do not need to be paid back. \$5.6 million was awarded during round one of the grant process. There is approximately \$2.5 million remaining in this round.



# WHAT YOU NEED TO APPLY



- EIN/SSN number
- Industry by NAICS Code
- The year the business was established
- Number of employees (FT and PT) as of March 1, 2020
- Legal Structure (Corp, LLC, LLP, Sole Proprietorship, Partnership)
- Narrative of current and projected future impact on operations and intended use of funds
- March-July 2019 Revenue Statement
- March-July 2020 Revenue Statement
- Total Revenue from Last Submitted Federal Tax Return
- Copy of the Business' Last Submitted Federal Tax Return (schedule F, C or 990) and IRS determination letter (non-profits only)
- Net Profit or Loss or revenue less expenses on most recent business tax return
- Approximate amount of CARES Act Funding received to-date
- Unbudgeted expenses to-date as a result of COVID
- Current operating status (not open, 25% capacity, etc.)

# WHERE DO I FILL OUT THE APPLICATION



All applicants are *highly encouraged* to apply online at [LebanonCountyCares.com](https://LebanonCountyCares.com) to facilitate processing. Paper applications will be available with drop-off instructions at Garcia Garman & Shea, CPA (216 S 8th St, Lebanon) during business hours beginning October 15. The application and FAQs can be downloaded at [LebanonCountyCares.com](https://LebanonCountyCares.com).

# APPLICATION FAQs

Applications will be open for two rounds.

- Round one was open from September 1-15. **Round two is open October 15-30.**
- Applicants not awarded a grant in the first round may apply again in the second round.
- Visit [LebanonCountyCares.com](https://LebanonCountyCares.com) for FAQs and the online application.
- If you have questions after this walkthrough and reading the FAQs, please call Garcia Garman & Shea (717) 274-5600.
- Questions with an asterisk (\*) are required.
- Funding must be used by December 30, 2020.
- Applications are not on a first-come first-served basis. You may complete your application at any time during the open window until 4:00 pm on October 30.
- Late applications will not be considered.
- Applications must be complete and include all documents.
- You may not alter your application once it is submitted.



# What are eligible expenses?

Grant funds may be used to cover necessary working capital costs or for retrofitting expenses incurred (or to be incurred) until December 30, 2020.

Working capital can include:

- Payroll
- Rent
- Mortgage Interest
- Utility
- Bills
- Cable
- Internet
- Phone
- Spoilage
- PPE purchases
- Cleaning supplies
- Unemployment compensation costs
- Other operating expenses

The grant funds cannot be used to pay back loans to shareholders, partners, the sole proprietor, or family members. For non-profits, additional eligible expenses can include replenishing food pantries and the costs of increasing shelters.

# What are in-eligible expenses?

- Expenses incurred outside of the March 1 to December 30, 2020 timeframe
- Expenses that have been or will be reimbursed through another federal program or some other funding source (PPP, SBA EIDL Advance, City of Lebanon, private grants)
- Damages covered by insurance
- Reimbursing donors for donated items or services
- Expenses in preparation for future outbreaks
- Employee bonuses other than hazard pay or overtime
- Owner compensation
- Severance pay
- Legal settlements

Please submit your application below for **Phase 2** of Lebanon County CARES Grant. Incomplete or incorrect applications will not be considered. Applications for round one must be submitted between October 15-30. Fund rules, information, and an FAQ document can be found at [LebanonCountyCares.com](http://LebanonCountyCares.com). You can also find a step-by-step guide on the application portal at [LebanonCountyCares.com](http://LebanonCountyCares.com).

**\* Required**

**We are applying for \***

☐ Non-Profit

☐ Tourism/Hospitality

☐ Small Business (less than 100 employees)

**Sec A: Applicant Information**

**1. Entity Legal Name \***

(If different than above) Business Name or DBA

**2. Employer Identification Number (EIN) \***

Enter all zeros if no number

Business can apply for non-profit (501(c)3 or 501(c)19 only); tourism/hospitality, or small business - under 100 employees.

If you are not sure if you are tourism or small business, pick the category that most closely represents the majority of your business income.

**Question 1** - Enter your registered legal business name.

If you have a DBA (doing business as) different than your legal business name, enter it in the next box.

**Question 2** – Enter your Employer Identification number (EIN). If you do not have one, please enter your personal social security number in the next box. If you have an EIN, you do not need to enter your social security number.



**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 \***

Please limit to 2000 characters or approx. 300 words.

0 of 2000 max characters

**5. NAICS Code \***

[Search for your code.](#)

0 of 6 max characters

**Question 3** - Please choose the industry most closely related to your business. If it is not listed, you can fill in your industry in the 'other' category.

**Question 4** – Please provide a very brief description of what you do. It does not need to contain all products and services; it is just a quick overview.

**Question 5** – The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. You can search online for the code that fits your industry. It is a six-digit code.

**5a. First Year of Operations \***

MUST be a 4 digit year.

**6. Number of FULL-TIME employees as of March 1, 2020 \***

**6a. Number of PART-TIME employees as of March 1, 2020 \***

**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

**Question 5a** – What is the first year your business operated? If unsure, please use your best estimate. It must be a four-digit year.

**Question 6 and 6a** – The headcount is based on your full-time and part-time count on March 1, 2020. If the entity was not fully operational or closed on March 1 (which was a Sunday), use March 2 as the headcount date. Employee headcount includes full-time and part-time employees for which the entity will issue a form W-2. Third party subcontractors are not included in headcount. The owner is included if he/she works in the business.

**Question 7** – This is optional and does not affect your application.

## Sec B: Business Location

8. Street Name \*

8a. City \*

9. Zip Code \*

9a. Municipality \*

## Sec C: Mailing Address

If different than above for fund distribution.

10. (Mailing) Street Name

10a. (Mailing) City

10b. (Mailing) Zip Code

## Sec D: Primary Contact

11. Name \*

First

Last

12. Title \*

12a. Phone \*

13. Email \*

**Questions 8-9a** – Please fill in the physical business address and municipality

**Question 10-10b** – This is only required if you have a different mailing address than the business' physical address.

**Questions 11-13** – Please include the contact information of the primary contact for the business – the individual who will need to be notified in the event the grant is issued.

## Sec E: Additional Business Information

### 14. Lebanon County is applicant's \*

- ☐ Only or headquarters location
- ☐ Branch location with headquarters in another county

### 15. Legal Structure \*

- ☐ 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. \*

Please limit to 3000 characters or approx. 500 words.

**Question 14** – If your business' main or only location is in Lebanon County, check the first option. If your headquarters are in another county, check the second option.

**Question 15** – Please check the structure(s) that most closely represents your business/ organization. More than one is allowed.

**Question 16** – Please describe the impact COVID-19 has had on your business/ organization including past, current and projected future issues. Share what will you use the funds for – this can be in dollar figures or general descriptive terms. This is an important area that determines 20% of your application score. Tell your story and explain anything we may not understand in the numbers.

**17. Total Revenue March 1 to July 31, 2019 \***

Do not add dollar sign.



**Question 17** – How much revenue did your business/organization report from March 1 through July 31 during 2019? If you were not yet operational, enter zero. This must be numbers only.

**17a. Total Revenue March 1 to July 31, 2020 \***

Do not add dollar sign.



**Question 17a** – How much revenue did your business/organization report from March 1 through July 31 during 2020? This must be numbers only.

**17b. Total gross revenue reported on most recent year's submitted tax return or full-year financial statement \***

Do not add dollar sign.



**Question 17b** – What was your gross revenue on your most recent tax return? If you don't file a return or you are a new business, please use your most complete profit and loss statement.

**PLEASE NOTE:** If you have multiple locations, this should **ONLY** show revenue for Lebanon County.

**18. Total operating expenses reported on most recent year's submitted tax return \***

Do not add dollar sign.

**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 \***

Do not add dollar sign.

**Question 18** – What were your operating expenses on your most recent tax return? If you don't file a return or are a new business, please use your most complete profit and loss statement.

**Question 19** – How much money did your business make (net profit) as indicated on your most recent tax return? If you are a new business and have not yet filed a return, please use your most complete profit and loss statement. For a net loss, use a negative sign in front of the number.

**20. Amount of grant requested \***

(Please review guidelines by annual revenue) Do not add dollar sign.



Annual Business Revenue	Grant Amount Per Business
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Up to \$50,000.....	up to \$5,000
\$50,001 - \$75,000.....	up to \$10,000
\$75,001 - \$100,000.....	up to \$15,000
\$100,001 - \$250,000.....	up to \$20,000
\$250,001 - \$500,000.....	up to \$25,000
\$500,001 - \$750,000.....	up to \$35,000
\$750,001 - \$850,000.....	up to \$40,000
\$850,001 - \$1,000,000+.....	up to \$50,000



**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.

**Question 20** – Grants are capped by annual gross revenue, from most recent tax year or end of year statement, as outlined in the chart below. You may ask for what you need UP TO the allocated amount. You do not have to request the full amount in your category. If you are a new business, please use your average monthly income and multiply it by 12. See chart to the left.

**Question 21** – We understand there may be extraordinary circumstances that require a business to ask for a grant amount higher than the maximum. If your situation requires funding beyond your revenue limit, you can request a review of your special circumstances as described in your narrative. There is no guarantee that a review will provide any or additional funding. Not all applicants will receive the maximum award. Please indicate your specially requested amount in question 20.

**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. What are your current and expected revenue losses (March 1-Dec. 31) due to cancelled fundraisers/events? \***

(For nonprofits only)

- ☐ More than \$30,000
- ☐ \$20,001-\$30,000
- ☐ \$10,001 and \$20,00
- ☐ \$5,001-10,000
- ☐ Up to \$5,000
- ☐ None

**24. Please confirm your registered designation: \***

(For nonprofits only)

- ☐ 501(c)(3)
- ☐ 501(c)(19)

**Question 22** – How much money did you already receive (or have confirmed to receive) from other CARES Act grants? Do not include anything considered a loan (bank or EIDL). Do not include State Small Business Assistance grants or City of Lebanon Grants.

**Question 23** – *FOR NON-PROFITS only!*  
Please estimate the amount of current and expected revenue losses (for this year only) due to cancelled or diminished fundraisers/events.

**Question 24** – *FOR NON-PROFITS only!*  
Non-profits must be designated as a 501(c)3 or 501(c)19 only. At this time, as per the CARES Act, no other non-profit designations are eligible to apply.



**25. What are your un-budgeted expenses (to-date) as a direct result of COVID? \***

- ☐ More than \$30,000
- ☐ \$20,001-\$30,000
- ☐ \$10,001 and \$20,00
- ☐ \$5,001-10,000
- ☐ Up to \$5,000
- ☐ None



**Question 25** – How much have you spent on unbudgeted expenses – beginning March 1, 2020 – as a direct result of COVID? This can include PPE, cleaning supplies, partitions, technology for remote work, additional personnel hired for mitigation efforts, etc.

**26. Were you considered an 'essential business' during Pennsylvania's stay-at-home orders? \***

- ☐ Yes
- ☐ No



**Question 26** – Using the guidelines of the Governor's stay-at-home orders, were you allowed to remain open as an 'essential business'? This includes businesses eligible to remain open with a permitted waiver.

**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



**Question 27** – Due to ongoing restrictions, are you able to open at all? Can you only operate in a limited capacity? Please indicate your best estimate here.

## Sec G: You must include the following:

Applications will not be considered complete unless all supporting documents are uploaded.

Please use the document upload field below to upload all documents.

### Please include the following:

- Internal financial statement or summary of March-July 2019 revenues\*
- Internal financial statement or summary of March-July 2020 revenues\*
- Most recent year's submitted federal tax return or most recent full-year financial statement\*
- Non-profit determination letter from the IRS or other official document showing non-profit status (non-profit only)\*

### Document Upload \*

Allowable file types: pdf, doc, docx, xls, xlsx, jpg, gif, odt, ppt, pptx, jpeg. Maximum 10 files at 25mb.

Drop files here or

Select files

**Supporting Documents** – Please gather your company's internal financial statement showing March-July 2019 revenues and March-July 2020 revenues.

You will also need your business or organization's most recent tax return. If you are a non-profit and file a 990N postcard, please provide your most recent full-year financial statement.

Non-profits will also need their IRS determination letter or another official document indicating their designation.

Documents can be photocopies, clearly visible photos, PDFs, scans, etc. If you are delivering the documents in person with your application, please make copies as the documents you submit will NOT be returned.

# The Fine Print

All applicants will be required to sign off on the following conditions. Please read them carefully. The individual completing the application will need to provide their name and signature. Online applications will utilize an on-screen signature.

## **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 and 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 and 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.**

## The Final Signature

This is the name of the individual completing the application and signing. If you are not the signer, they will need to fill this in before signing.

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\*

You will need to 'sign' online using your mouse or (if using a touchscreen) your finger.

# How are applications scored?

Applications will be scored based on a rubric that has been carefully designed to help tell your business story.

**Non-profit** applications will be weighted as follows:

Year-over-year revenue decline	Narrative	Cost of unbudgeted expenses as direct result of COVID 19	Revenue loss due to cancelled fundraisers/events	Life sustaining nonprofit organization	Receipt of other funding	Number of employees
20%	20%	15%	15%	15%	10%	5%

**Small Business and Tourism** applications will be weighted as follows:

Year-over-year revenue decline	Narrative	Cost of unbudgeted expenses as a direct result of COVID 19	Receipt of other funding	Number of years in business	Industry Specific Economic Impact	Current business status	Number of employees
20%	20%	15%	10%	10%	10%	10%	5%

## I submitted my application, now what?

Applications will be reviewed and scored by a County Commissioner appointed Review Committee. Top scoring applications will be submitted to the commissioners for a final review and vote. At that time, those receiving grants will be notified with additional steps required to receive the funding.

A list of applicants and their grant allocation will be made public. No personal details about the business will be released.

Distribution of funds will come from the County of Lebanon as soon as possible.



# LEBANON COUNTY CARES

Thank you!

[LebanonCountyCares.com](http://LebanonCountyCares.com)



LEBANON COUNTY CARES. LET'S KEEP LEBANON OPEN FOR BUSINESS.