

# Tioga County COVID-19 Relief Block Grant Application

Please be sure to read the guidelines before submitting your application.

Deadline to submit: Monday, August 17, 2020, 4:30pm

## Where to submit your application:

If you are a small Business or Municipality

[khamilton@developtioga.org](mailto:khamilton@developtioga.org)

If you are a nonprofit organization or fire/ambulance associations

[ssticklin@tiogapartnership.org](mailto:ssticklin@tiogapartnership.org)

## Date of Application:

### Type of Applicant:

Small Business < 100 employees

Tourism-Related Business > 100 employees

Nonprofit (501c3 or 501c19 designations)

Municipality

Police Department

Fire Company

Ambulance Association

Legal Name of Applicant:

Mailing Address:

Municipality:

Primary Contact Name:

Contact Phone Number:

Contact Email:

Business Phone Number:

Business Website:

Date Business Established:

EIN or SSN:

NAICS (if known):

Type of Legal Entity:

C-Corp

S-Corp

LLC

Sole Proprietorship

LLP

Partnership

Nonprofit (501c3 or c19)

Is business/organization appropriately licensed? Yes  No

Is your business current with all local, state, and federal taxes? Yes  No

Number of Employees:	# Full Time	# Part Time
On March 1, 2020		
Currently		

Describe your **worst** operational status during COVID-19 (if applicable)

Closed       1%-25% Open       26%-50% Open   
 50%+ Open       Did Not Close

Current Operational status

Closed       1%-25% Open       26%-50% Open   
 50%+ Open       Did Not Close

Estimated amount of income lost:

Amount of unanticipated expenses incurred from March 1 to present due to COVID-19 requirements:

Amount of funding received to date from various sources:

Type of funding your business/organization has received to date: Check all that apply:

PPE       EIDL (grant/loan/both)       PA Working Capital Assistance Loan   
 CARES-Small Business Assistance (CDFI)       PA 30 Day Fund   
 Other (please specify)

During the period that began on March 1, 2020, and runs through December 30, 2020, how was your organization been financially affected by COVID-19, including but not limited to, due to required closure orders, voluntary closures to promote social distancing measures or decreased customer demand as a result of the COVID-19 public health emergency?

Amount Requested:

Proposed Use of Funds

Working capital, including payroll       PPE       Marketing   
 Lost revenue through fundraising   
 Other  please describe:

I certify that all information on this application is truthful and complete to the best of my knowledge and that I am authorized to submit this application.

Signature of applicant:

Name of Organization:

**Selected applicants will be required to sign a COVID-19 Relief Fund Recipient Agreement.**

<b>Required Documents:</b>	Small Business	Tourism - Related Business	Police Department	Nonprofits 501c3 or 501c19	Fire Companies	Ambulance Associations	Municipalities
Most Recent Tax Return	X	X	X				X
Most Recent 990 Form				X	X	X	
IRS Determination Letter				X	X	X	
Financial Statement				X	X	X	
Profit & Loss Statement	X	X	X				X
Gross Monthly Revenues for March, April, May, and June 2019 and 2020	X	X	X	X	X	X	X
Documentation demonstrating impact of COVID-19 on your organization	X	X	X	X	X	X	X

Please list the required documents you are attaching to your application: