



# COVID-19 Hospitality Industry Recovery Program (CHIRP)

Please complete the application in its entirety. The application and documentation should be submitted to: [chirpgrant@fcadc.com](mailto:chirpgrant@fcadc.com)

For additional information of if you have questions, please visit [www.fcadc.com](http://www.fcadc.com) or call (717) 263-8282.

## Applicant Information

Business Name (to include DBA name) \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_ No EIN\*

\*If you do not have an EIN, please enter your social security number: \_\_\_\_\_

Total # of Full-Time Employees worldwide (as of February 15, 2020) \_\_\_\_\_ Month & Year Established \_\_\_\_\_/\_\_\_\_\_

Please select the NAICS code for your business:

Accommodations (721)      Food Services & Drink Places (722)

Is your Business publicly traded?

Was your business subject to the closure order issued by the Governor on March 6, 2020 or any subsequent renewal of the order?

Was your business in operation on or before February 15, 2020?

## Business Location

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality \_\_\_\_\_

## Mailing Address (If different than above)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Primary Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**COVID-19 Assistance Received**

Have you received Covid-19 Assistance?

(If you answered **YES**, please proceed.)

(If you answered **NO**, please skip to Addendum A.)

Please List Sources and Amount of COVID-19 Assistance

Payroll Protection Program (PPP)	\$ _____
Economic Injury Disaster Loan (EIDL)	\$ _____
County Small Business Recovery Grant (SBRG)	\$ _____
PA Statewide Small Business Assistance Program	\$ _____
Other (please explain) _____	\$ _____
<b>TOTAL RECEIVED:</b>	<b>\$ _____</b>

**Addendum-A Business Expenses**

Complete **Addendum A** detailing expenses

**Addendum-B Business Revenue**

Complete **Addendum B** detailing **QUARTERLY** revenue (**Quarterly Profit and Loss statements required**)

**Please include the following required documents - Please refer to Grant Guidelines**

- \* Addendum A Business Expenses
- \* Addendum B Business Revenue
- \* Profit & Loss Statement **Quarterly** for 2019 (required to confirm Revenue & Expenses)
- \* Profit & Loss Statement **Quarterly** for 2020 (required to confirm Revenue & Expenses)
- \* Applicant's most recent year's submitted federal tax return (if applicable)
- \* Signed W-9 Form

**COVID-19 HOSPITALITY INDUSTRY RECOVERY PROGRAM (CHIRP)**

**ADDENDUM A – BUSINESS EXPENSE**

**BUSINESS NAME:** \_\_\_\_\_

**EIN / SSN:** \_\_\_\_\_

List costs incurred for the period March 1, 2020 through submission of this application.

<b>EXPENSE</b>	<b>COSTS PER P&amp;L</b>	<b>NOTES</b>
Rent		
Mortgage Interest		
Utility Bills		
Cable		
Internet		
Telephone		
Spoilage		
PPE Purchases		
Cleaning Supplies		
Unemployment Costs		
Business Insurance		
Technology		

**TOTAL ELIGIBLE EXPENSES**    \$ \_\_\_\_\_

**COVID-19 Hospitality Industry Recovery Program Grant Application**

**Addendum B-Business Revenue**

Business Name (to include DBA name)

\_\_\_\_\_

**\*2019 - Gross Revenue Statement**

1st Quarter 2019 \$ \_\_\_\_\_

2nd Quarter 2019 \$ \_\_\_\_\_

3rd Quarter 2019 \$ \_\_\_\_\_

4th Quarter 2019 \$ \_\_\_\_\_

**Total 2019 Gross Revenue:** \$ \_\_\_\_\_

**\*2020 - Gross Revenue Statement**

1st Quarter 2020 \$ \_\_\_\_\_

2nd Quarter 2020 \$ \_\_\_\_\_

3rd Quarter 2020 \$ \_\_\_\_\_

4th Quarter 2020 \$ \_\_\_\_\_

**Total 2020 Gross Revenue:** \$ \_\_\_\_\_

**\*Note: Quarterly Profit and Loss statements for 2019 and 2020 are required to verify gross revenues**

## COVID-19 Hospitality Industry Recovery Program (CHIRP) – Certification by Applicant

The Applicant certifies that:

1. All information and statements contained in this Application, and all required documents submitted with this Application, are to the best of the Applicant's knowledge, true, accurate, complete, and not misleading, as of the date of this Application. Any further information or documentation submitted by the 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 and regulations applicable to this grant; 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. 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 CHIRP grant.
3. The Application is based on the Applicant's reasonable estimate of financial need, and all funds will be utilized by the Applicant solely for eligible expenses.
4. Applicant will submit additional information and documentation in support of this application and/or the grant requested or awarded with respect to the Application, in each case, upon request, and will permit the County of Franklin or the Franklin County Area Development Corporation, as its designee, 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 Franklin County, Pennsylvania 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 program, the Applicant hereby releases and will hold harmless the County of Franklin and the Franklin County Area Development Corporation in facilitating and administering this grant program and their respective Board of Commissioners, Board of Directors, officers, and employees 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 avail under the program, the Applicant hereby releases the County of Franklin and the Franklin County Area Development Corporation, their respective partners, designees and affiliates in facilitating and administering this benefit program and their respective Board of Commissioners, Board of Directors, officers, employees, representatives, volunteers, and committees from any claims and/or cause of action of any kind of 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 and award amounts will become public information. All financial and proprietary information used to evaluate the application will be confidential to the extent permissible under applicable federal and state law. All applicants are advised that expenditures of government funds are subject to the Pennsylvania Right to Know Law and the federal Freedom of Information Act. The applicant acknowledges that the application, as well as information and documents provided in support of an application, may be subject to disclosure under either law.
8. The applicant certifies to the County of Franklin and the Franklin County Area Development Corporation that it will not discriminate against any customer, employee, or any person seeking employment by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the Pennsylvania Human Relations Act, which prohibits discrimination on the basis of race, color, religious creed, ancestry, age, sex, national origin, handicap or disability, or in violation of any applicable local, state, or federal laws. All contracts for work to be paid with program assistance must contain this official Nondiscrimination Clause.
9. The applicant was in operation on/or before February 15, 2020 and if required, paid income taxes to the local, state, and federal government, as reported on individual or business tax returns. The eligible applicant shall remain in operation and does not intend to permanently cease operations within one year of the date of application.
10. During the period beginning on January 1, 2021 and ending June 30, 2021 the applicant has not and will not receive another grant from CHIRP.

11. The individual signing below is legally authorized by the Applicant to submit this application, to sign this certification, and to legally bind the Applicant. An applicant that knowingly makes a false statement to obtain a grant under the program is punishable under penalty of perjury and fines pursuant to 18 Pa C.S. Section 4904 (relating to unsworn falsification to authorities)

**I agree to all of the above requirements. By submitting this application, I agree that this application is final and cannot be edited.**

**Signature\*:** \_\_\_\_\_

**Print Name\*:** \_\_\_\_\_ **Date\*:** \_\_\_\_\_