

MIFFLIN COUNTY COVID-19 PANDEMIC DISASTER RELIEF
NON-PROFIT ORGANIZATION GRANT APPLICATION

Applicant Information:

Today's Date: _____, 2020

Entity Legal Name: _____

Operating Name or DBA: _____

Employer Identification Number (EIN): _____

501 (C) 3: _____ or 501 (C) 19: _____

Operating Activities: ___ Retail ___ Accommodation/Shelter
 ___ Agriculture ___ Construction ___ Education ___ Healthcare ___ Manufacturing ___ Other

Brief Summary of Services Rendered/Goods Produced:

NAICS Code: _____

First Year of Operations: _____ # FT Employees (as of 3/1/2020) _____

PT Employees (as of 3/1/2020) _____

Organization's Location:

Street Name: _____

City: _____, PA

Zip Code: _____

Municipality: _____

Mailing Address (if different from Organization's Location):

Street Name: _____

City: _____

State: _____

Zip Code: _____

Primary Contact:

First Name: _____ Last Name: _____

Title: _____ Phone: _____

Email: _____

Financial Impact Information:

Please describe the impact Covid-19 Pandemic has had on your operations:

By percentage, what has been your worst case operational status during the Pandemic?

___ Closed ___ 1-25% Open ___ 26-50% Open ___ 50%+ Open For how many weeks? _____

What percentage are you currently operational? _____ %

___ Closed ___ 1-25% Open ___ 26-50% Open ___ 50%+ Open

How do you intend to use the grant funds?

Total Revenue, March 1 through May 31, **2019** \$ _____

Total Revenue, March 1 through May 31, **2020** \$ _____

Net proceeds/loss reported on most recent year's submitted tax return: \$ _____

What is the status of other funding the applicant has received since March 1, 2020?

___ We have **not** received funds from US SBA Paycheck Protection Program/PPP loan forgiveness or Economic Injury Disaster Loan/EIDL advances.

___ We have received \$ 5,000 or less from PPP and/or EIDL, in aggregate. If so, how much: \$ _____

___ We have received \$ 5,001 or more from PPP and/or EIDL, in aggregate. If so, how much: \$ _____

Describe the current operating status of your operation (i.e. partial open, limited operations, etc.) and how you have adapted your operating model.

PLEASE ATTACH

- ___ Most recently filed (2018 or 2019) federal income tax return (Form 990), with all schedules.
- ___ If not 2019 taxes, internally generated 2019 financial statements (Balance Sheet-B/S & Income/Expense Statement-I/E).
- ___ Current financial statements (B/S & I/E) for the organization.
- ___ Internal financial statements (B/S & I/E) from March 1 - May 31, 2020.
- ___ Internal financial statements (B/S & I/E) from March 1 - May 31, 2019.
- ___ Schedule of all expenses incurred and anticipated, for the period March 1 through December 30, 2020, to accommodate/endure the conditions and mitigation required due to the Covid-19 Pandemic, for which you wish to receive these grant funds: MINUS any such expenses charged toward loan advances from EIDL or loan forgiveness from PPP.
- ___ Copies of all invoices, receipts, canceled checks and other proving documents (listed in aggregate on the above schedule), for which you wish to receive these grant funds: MINUS any such expenses charged to loan advances from EIDL or loan forgiveness from PPP.
- ___ List of the board of directors and officers.

Revised 8/19/2020.