

MIFFLIN COUNTY COVID-19 PANDEMIC DISASTER RELIEF
BROADBAND DEPLOYMENT RELIEF GRANT PROPOSALS
Round 2

Applicant Information:

Today's Date: _____, 2020

Entity Legal Name: _____

Operating Name or DBA: _____

Employer Identification Number (EIN): _____

Brief Summary of services provided:

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

What percentage are you currently operational?

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

How do you intend to use the grant funds?

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, Economic Injury Disaster Loan/EIDL or PA DCED Community Development Finance Institution/CDFI grant funds.

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

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

Describe how you have adapted your operating model during the current pandemic:

PLEASE ATTACH:

____ Plans outlining service area that was expanded or will be expanded to with Relief Grant Funds

____ List of other areas of Mifflin County that are served by your organization

____ Explanation on how benefit will only be to those that are either using broadband connectivity for telework or remote education

____ Map showing service area

____ Budget of Planned expenses for the distribution of Broadband to unserved and underserved areas of Mifflin County (including design documents if available) from which you wish to have paid for by the Broadband Relief Grant

____ Certification of who can file on behalf of your organization.

____ Signed and Initialed Certification

(Please see Excel Document on www.restoremifflincounty.com for certification)

NOTE: If any of the above items are not supplied with the application, the application will be deemed

Revised 10/28/2020.