

MIFFLIN COUNTY COVID-19 PANDEMIC DISASTER RELIEF
SMALL BUSINESS GRANT APPLICATION
Round 2

Applicant Information:

Today's Date: _____, 2020

Entity Legal Name: _____

Business Name or DBA: _____

Employer Identification Number (EIN): _____ I do not have an EIN number.

Social Security Number (if no EIN): _____

Business Activities: Retail Accommodation/Hospitality/Restaurant
 Agriculture Construction Education Healthcare Manufacturing Other: (_____)

Brief Summary of Services/Goods Produced:

NAICS Code: _____ # FT Employees (as of 3/1/2020) _____ % Employees laid-off or provided reduced hours since 3/1/2020: _____%
First Year of Operations: _____ # PT Employees (as of 3/1/2020) _____

Please check all that apply: African-American owned business: Asian-American owned business:
Other minority-owned business: Hispanic-owned business: Veteran-owned business:
Women-owned business: Disabled-owned business:

Business Location:

Street Name: _____

City: _____, PA

Zip Code: _____

Municipality: _____

Mailing Address (if different from Business 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 business operations, and any possible changes in business operations to accommodate the current pandemic environment:

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 Profit/Loss March 1 through May 31, **2019** \$ _____

Total Profit/Loss March 1 through May 31, **2020** \$ _____

Depreciation included in operating expenses on most recent year's submitted tax return: \$ _____

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

What is the status of other funding the applicant 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 the current operating status of your operation (i.e. partial open, limited operations, etc.) and how you have adapted your business model to maintain positive cashflow.

PLEASE ATTACH

___ Most recently filed (2019) federal income tax return, with all schedules.

___ Current financial statements (B/S & Inc. Stmt.) for the business.

___ Internal financial statements (B/S & Inc. Stmt.) from March 1 - May 31, 2020.

___ Internal financial statements (B/S & Inc. Stmt.) from March 1 - May 31, 2019.

___ Schedule of all expenses incurred for the period March 1 through August 31, 2020, to accommodate/endure the conditions and mitigation required due to the Covid-19 Pandemic, for which you wish to receive these grant funds

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

___ Copies of all invoices, receipts, canceled checks and other proving documents, i.e. bank statements/credit card statements (listed in aggregate on the above schedule), for which you wish to receive these grant funds.

___ List of the board of directors and officers.

___ 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 ineligible

Revised 10/28/2020