

COUNTY OF ELK

AID TO SMALL
BUSINESSES AND
NONPROFITS FORM

STATE AND LOCAL FISCAL
RECOVERY FUND

Version: 1.0 FINAL EMS Sept 2021

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Statement of Purpose

On March 11, 2021 the American Rescue Plan Act was signed into law, establishing the Coronavirus State and Local Fiscal Recovery Fund. This program is intended to support local governments in their efforts to respond to the impacts of the COVID-19 pandemic.

This form is to be used by businesses, nonprofit organizations, and impacted industries, such as tourism, travel, and hospitality, that are seeking economic relief from the financial hardships that were caused by the COVID-19 pandemic.

Applicants will be asked to supply their revenue for calendar year 2019, the year proceeding the pandemic, as well as their revenue for calendar year 2020. If revenue decreased from 2019 to 2020, the applicant will be asked to explain if and how this decrease was the result of the COVID-19 pandemic. The difference in revenue (or a portion thereof) from 2019 to 2020 may be considered for reimbursement. Supporting documentation must accompany this application.

Note on Sources

Unless indicated otherwise, information in this form is derived from the Department of The Treasury Coronavirus State and Local Fiscal Recovery Funds Interim Final Rule and Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds.^{1,2}

Application Deadline

Applications will be accepted until 4:00 pm on Friday October 8 2021. (EMS Version 1 Sept 2021)

¹ [Interim Final Rule](#)

² [Compliance and Reporting Guidance](#)

Applicant Information

Business/Organization Name*	Click or tap here to enter text.
Address Line 1	Click or tap here to enter text.
Address Line 2	Click or tap here to enter text.
City and State	Click or tap here to enter text.
Zip Code	Click or tap here to enter text.
Contact Person	Click or tap here to enter text.
Title	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Email Address	Click or tap here to enter text.
Employer ID Number (if applicable)	Click or tap here to enter text.

* If the organization is a non-profit or a public benefit corporation, include a copy of not-for-profit determination letter or evidence of corporation status

Applicant Economic Information

Funds received from the Paycheck Protect Program (PPP) and/or the Economic Industry Disaster Loan (EIDL) Program are to be reported as income in 2020 if the loans were converted into grants. Other forms of assistance from federal, state, or local government in 2020, such as the COVID-19 County Relief Block Grant, are to be reported as income in the year 2020.

Organizations that have not received other forms of assistance, which are small businesses, or are members of the tourism, travel, or hospitality industry may receive greater consideration depending on the level of demand for assistance.

Awards will be capped at \$10,000.

Revenue from January 1, 2019 – December 31, 2020	Click or tap here to enter text.
Revenue from January 1, 2020 – December 31, 2021	Click or tap here to enter text.
Difference in Revenue Collected from 2019 to 2020	Click or tap here to enter text.
Did your organization received grant aid in 2020, including, but not limited to, PPP, EIDL, and/or COVID-19 County Relief Block Grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this Organization/Business ever violated Title VI of the Civil Rights Act of 1964? ³	Yes <input type="checkbox"/> No <input type="checkbox"/>

³ [Title VI, Civil Rights Act of 1964](#)

Description of Economic Harm

If your organization experience a decrease in revenue from 2019 to 2020, please describe below how it was caused by the COVID-19 pandemic.

Please reference any supporting documentation in this section. An application that is not accompanied by supporting documentation, such as accounting information, will be denied.

Click or tap here to enter text.

Application Category

Select the category(s) that best describe your business or organization. More than one may be selected.

2.09	Small Business	<input type="checkbox"/>
2.10	Nonprofit Organization	<input type="checkbox"/>
2.11	Member of the Tourism, Travel, or Hospitality Industry	<input type="checkbox"/>
If your organization is a nonprofit, but is something other than a 501(C)3, please list it's nonprofit structure		Click or tap here to enter text.

Number of Full-Time Equivalent Employees

Please indicate below the number of full-time equivalent (FTEs) employees for your businesses or organization. This information is needed to determine whether or not you may be considered a small businesses.

FTEs are calculated by taking “an employee's scheduled hours divided by the employer's hours for a full-time workweek. When an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs.

An employer with a 35-hour workweek would simply divide the employee's scheduled hours by 35 to determine the FTE. For example, an employee scheduled to work 21 hours per week would be 0.6 FTE when the full-time workweek is 35 hours.

FTE calculations are about hours worked rather than number of employees. You could have four employees and only one FTE. Four 0.25 employees would be 1.0 FTE. Amir, Mark, Phyllis and Sue could each work 10 hours per week and the total would be 40 hours worked, or one FTE based on a 40-hour workweek.”⁴

Number of FTEs	Click or tap here to enter text.
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⁴ [SHRM. How do I calculate full-time equivalent \(FTE\) hours?](#)

Submission

Applications can be submitted in one of three ways:

By Mail:

Pat Straub, Chief Clerk
Elk County Courthouse Annex
300 Center Street
PO Box 448
Ridgway, PA 15853

By Fax: 814-776-5379

By Email: covidgrant@countyofelkpa.com.

If you have questions, please feel free to contact the email above or call 814-776-1161.

Application Certification

By signing below, the applicant acknowledges the information provided on this application and any accompanying documents is true and correct to the best of the applicant's knowledge. The applicant further acknowledges that grant funds must be used in a manner permitted by the American Rescue Plan Act of 2021 and regulations issued by the Department of The Treasury and/or any federal agency having jurisdiction over this grant program. Applicants will be expected to maintain adequate and complete records regarding the disbursement of all grant funds received. Applicants will be required to refund moneys used in violation of program requirements.

Electronic signatures will be accepted and can be inserted in the field below. The signature page can be printed, signed, and delivered separately as well.

Application Completed by:

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

Application Approved by Authorized Representative:

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

INTERNAL USE ONLY

Date Application Received	Click or tap to enter a date.		
Application Reviewed by	Click or tap here to enter text.		
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	
Grant Amount Approved	Click or tap here to enter text.		
Approval Date	Click or tap to enter a date.		
Identification Number	Choose an item.	Choose an item.	Click or tap here to enter text.
Project Expenditure Category	Choose an item.		
Transmit Payment to	Click or tap here to enter text.		

Notes on approval or denial:

Click or tap here to enter text.

Application Version: 1.0
Version Date: 6/29/2021