



## **Pike County COVID-19 Hospitality Industry Recovery Program (CHIRP)**

### **Application Instructions**

**March 15, 2021**

**Step 1:** Read the complete program guidelines at [PikeForward.com](http://PikeForward.com).

**Step 2:** Prepare all of the documentation required for the application.

**Step 3:** Email your complete application along with all required attachments to:  
[jdreistadt@hailstoneeconomic.com](mailto:jdreistadt@hailstoneeconomic.com).

Applications can also be submitted online: <https://form.jotform.com/210673974128057>

# Pike County COVID-19 Hospitality Industry Recovery Program (CHIRP)

## Application Form

<b>Date of Application</b>	
<b>CONTACT INFORMATION</b>	
<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Email Address</b>	
<b>Phone Number</b>	
<b>BUSINESS INFORMATION</b>	
<b>Business Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>NAICS Code</b>	
<b>FEIN</b>	

<b>Number of FTE Employees at All Locations on 2/15/20</b>		
<b>Number of FTE Employees at All Locations Today</b>		
<b>Form of Business</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	
<b>Did the Business Change Ownership or Control in 2020?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>ELIGIBILITY CRITERIA</b>	
<b>Was the business in operation in Pike County on February 15, 2020?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was the business required to shut down as the result of the emergency declaration and/or extensions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dates business was closed, if applicable</b>	
<b>Is the business for profit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the business publicly traded?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the business provide accommodations, food, and/or drink to the public, either with or without charge?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the business paid all federal and state taxes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the business have a tangible net worth of \$15 million or less, based on generally accepted accounting principles?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**BUSINESS INFORMATION, COVID-19 IMPACT, AND FUNDS REQUESTED**

**Describe the business and the products and services it offers**

**How has the business been impacted by the COVID-19 pandemic and/or the emergency declaration and extensions related to the COVID-19 pandemic?**

**Amount of funding requested**

**\$**

**BUSINESS INFORMATION, COVID-19 IMPACT, AND FUNDS REQUESTED**

**How will the business use funds from this grant? Provide a detailed budget.**

**Operating Expense**

**Amount**

**\$**

**\$**

**\$**

**\$**

	\$
	\$
<b>How will this grant assist the business?</b>	
<b>List the total amount of funding you have received from each of the following:</b>	
<b>Pike County COVID-19 Assistance Fund</b>	\$
<b>Pike County PPE Fund</b>	\$
<b>Paycheck Protection Program (PPP)</b>	\$
<b>Economic Injury Disaster Loan (EIDL)</b>	\$
<b>PA Small Business Assistance Program (MetroAction)</b>	\$
<b>Pandemic Unemployment Compensation</b>	\$
<b>Hazard Pay</b>	\$
<b>Other:</b>	\$
<b>Other:</b>	\$

<b>LOSS IN REVENUE</b>
<b>How will your business document loss in revenue? Check one.</b>

<input type="checkbox"/> The business was in operation for all of 2019 and experienced a reduction in annual receipts of at least 25% in 2020 compared to 2019.	
<input type="checkbox"/> The business did not operate in 2019 but was in operation on February 15, 2020 and the business had gross receipts during the second, third, or fourth quarter of calendar year 2020 that demonstrate at least a 25% reduction from the gross receipts during the first quarter of 2020.	
<input type="checkbox"/> The business did not operate in the first and second quarter of 2019 but did operate in the third and fourth quarters of 2019 and the gross receipts from any quarter of 2020 are at least 25% less than the third or fourth quarter of 2019.	
<input type="checkbox"/> The business did not operate in the first, second, or third quarter of 2019 but was in operation during the fourth quarter of 2019 and the gross receipts during any quarter of 2020 are at least 25% less than the fourth quarter of 2019.	
<input type="checkbox"/> The business had gross receipts during the first, second, third, or fourth quarter in calendar year 2020 that were at least 25% less than the business's gross receipts during the same quarter in 2019.	
<b>Has the business had a reduction in gross receipts of 50% or more between April 1, 2019 and December 31, 2019 in comparison to April 1, 2020 and December 31, 2020?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the business was not in operation from April 1, 2019 to December 31, 2019, but was in operation on February 15, 2020, did it have a monthly average reduction in gross receipts of 50% or more when comparing the period between April 1, 2020 and December 31, 2020 with the period between January 1, 2020 and March 31, 2020?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## ATTACHMENTS

**Attach all of the following documents to your application:**

- Signed and Dated W-9 Form
- 2019 Business Tax Return
- 2020 Business Tax Return or Profit and Loss Statement
- Balance Sheet Dated within One Month of Application
- Financial statements or other documentation that demonstrates at least a 25% reduction in gross revenue as described on Page 5 of this application
- Documentation showing business standing such as business license, occupancy permit, Pennsylvania Department of Revenue Sales Tax Certificate, License to operate a food and/or beverage facility from the Pennsylvania Department of Agriculture and/or Pennsylvania Liquor Control Board
- If your business is claiming a 50% reduction in gross receipts as described in the program guidelines, attach documentation to show this loss

## CERTIFICATIONS AND SIGNATURE

**By signing below, I hereby certify that:**

- 1) The business was in operation on February 15, 2020;
- 2) The business is up to date on all federal, state, and local income taxes;
- 3) The business remains in operation and does not intend to permanently close within one year of the date of this application;
- 4) COVID-19 has had an adverse impact on the business which makes the grant request necessary to support the ongoing operations of the business;
- 5) The grant will be used to pay for COVID-19-related economic impacts;

6) Grant funds will not be used to pay for the same operating expenses for which the business has already received payment, reimbursement, or loan forgiveness from another COVID-19 financial relief program;

7) The applicant and/or principals are not under criminal investigation or operating with a suspended license to operate the business;

8) The business has not and will not receive another grant under this program between January 1 and June 30, 2021; 9) I am authorized to submit this grant application; and

10) The information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects.

An eligible applicant or an authorized representative of the eligible 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. § 4904 (relating to unsworn falsification to authorities).

<b>Signature</b>	
<b>Printed Name</b>	
<b>Title</b>	
<b>Today's Date</b>	