



COVID-19 Hospitality Industry Recovery Program (CHIRP)

JIDC has been designated to serve grants awarded to Cambria, Bedford, Fulton, and Somerset County as part of the county block grant appropriated for COVID Relief.

CONTACT INFORMATION

Point of Contact: _____ Email: _____

Phone: _____ Cell Phone: _____

COMPANY INFORMATION

Borrower Name: _____

DBA Name, if applicable: _____

Street Address: _____ County: _____
STREET ADDRESS, CITY, STATE, ZIP

Date Business Opened: _____ NAICS Code (as on tax return): _____

EIN Number: _____ Date Founded: _____ State in Which Organized: _____

Is the business for-profit? _____ Yes _____ No

Ownership Structure

- Limited Liability Partnership
- Partnership
- S Corporation
- Sole Proprietorship
- Limited Liability Company
- Corporation

BUSINESS OWNER INFORMATION

NAME/TITLE	% OF OWNERSHIP

Short Description of Business:

SALES DATA			
	2019	2020	*GRAY BOXES TO BE FILLED BY CEDO*
January			
February			
March			
Quarter 1 Subtotal			
April			
May			
June			
Quarter 2 Subtotal			
July			
August			
September			
Quarter 3 Subtotal			
October			
November			
December			
Quarter 4 Subtotal			
TOTAL SALES			

EMPLOYEE DATA		
	As of February 15, 2020	Currently
Full-Time Employees		
Part-Time Employees		

OTHER COVID ASSISTANCE RECEIVED			
	NO	YES	If Yes, How Much
EIDL			
PPP LOAN – First Draw			
PPP LOAN – Second Draw			
CWCA			
PA SMALL BUSINESS GRANT			
County Grant:			
Municipality Grant:			
Other Grant:			

Was your business **forced** to shut down as a result of Governor’s Orders on March 6, 2020? ____YES ____NO

Date Closed: _____ Date re-opened: _____

Did your business **voluntarily** close as a result of COVID-19 Pandemic? ____YES ____NO

Date Closed: _____ Date re-opened: _____

ELIGIBLE EXPENSES

If approved for a grant, please identify eligible expenses that you have incurred between March 31, 2020 and the date of this application. Please note, funding will not be awarded to pay for the same expenses that you have already received payment or reimbursement from other COVID-19 related programs. If approved, copies of invoices must be submitted to receive payment.

Vendor Name	Expense Type: payroll, mortgage/rent, utilities, inventory/supplies, advertising, repair/maintenance, insurance, etc.	Total Amount (\$)
TOTAL EXPENSES LISTED:		
TOTAL EXPENSES LISTED:		\$

Please describe the financial impact of a grant award:

SUPPORTING DOCUMENTS REQUIRED FOR COMPLETE APPLICATION:

- Business Tax Returns for 2019 and 2020, if completed
- Quarterly Financial Statements for 2019 and 2020, including profit and loss
- Proof of Business Organization (Certificate of Organization, Articles of Incorporation, or Fictitious Name Filing)
- W-9
- Copy of Business Owners Driver's License

CERTIFICATIONS

To be eligible, the applicant must comply with all certifications. If you are not in compliance, please contact JIDC to discuss.

- The applicant was in operation prior to February 15, 2020
- The applicant has filed Federal and State tax returns, and all taxes are current
- The applicant has less than 300 Full-time Equivalent Employees
- The applicant has a net worth less than \$15,000,000
- The applicant remains in operation, or will resume operations when possible, and does not intend to close within 1 year
- The applicant has had an adverse economic impact due to the COVID-19 pandemic
- A grant is necessary to support ongoing business operations
- The grant will be used to pay for COVID-19 related economic impacts
- The applicant will not apply for or receive another grant under this program
- The information reported in this application and all supporting documents is true and accurate
- The applicant will not use proceeds of this grant for expenses previously paid by, or reimbursed from, other COVID related assistance programs

I certify that the information provided in this Application and in all supporting documentation is true and accurate in all material respects and I further acknowledge and understand that knowingly making a false statement to obtain a grant under the COVID-19 Hospitality Industry Recover Program is punishable under penalty of perjury and fines pursuant to 18 Pa. C.S.A. § 4904 (relating to unsworn falsification to authorities).

Signature: _____

Title: _____

Print Name: _____

Date: _____

Please submit completed application with required supporting documents to one of the following JIDC team members:

Michele Clapper – (814) 262-8368 - mclapper@jari.com

Blake Fleegle – (814) 254-4023 – bfleegle@jari.com

Lauren Thompson – (814) 262-8367 – lauren@jari.com