



Delco Strong 3
Application Questionnaire

This application is for for-profit business applicants.

Business Information General:

Business Legal Name: _____

d/b/a if operating under a different name: _____

Year business was founded: _____ **State incorporated/registered in:** _____

Business Physical Address: _____
(number and street)

(suite number or location such as "rear")

_____, _____, _____
(city) (state) (zip code)

Does the Business own or lease the property? Own Lease

If business leases the property, is property owned by business owner or relative of business owner?
Yes No

If yes, please provide name of property owner and relationship to the business owner:

What is the business website address? _____

Federal FEIN: _____ - _____
(2 digit - 7 digits)
(or last 4 digit of social)

2-Digit NAICS: _____
(2 digit)
(Please see NAICS info doc on website for help)

Please provide a short description of what the business does:

Is the business 51% or more –

Minority Owned

Women Owned

Veteran Owned

Business Ownership:

Please list the names and addresses of all individuals/companies with 20% or more ownership in applicant business. ***If 20% or more of the business is owned by a different entity (ie an LLC or partnership) and not an individual please include a breakdown of ownership (20% or more) of individuals who own that entity with your application.***

Owner 1 Name: _____ Percent: _____

Address: _____

Owner 2 Name: _____ Percent: _____

Address: _____

Owner 3 Name: _____ Percent: _____

Address: _____

Owner 4 Name: _____ Percent: _____

Address: _____

Owner 5 Name: _____ Percent: _____

Address: _____

Business Employment:

Include the owners of the business if they are on the business payroll.

Number of employees on business payroll on March 1, 2020: _____ full time _____ part-time _____ Contract

Number of employees on business payroll today: _____ full time _____ part-time _____ Contract

Have you furloughed or laid off employees? Yes No

COVID-19 Related Questions:

Is the business open today? Yes Partially No

Was or is this business closed or partially closed due to COVID-19? Yes No

If the business is open today, are you in compliance with current public health guidelines? Yes No

Has the business complied with Pennsylvania's phased reopening restrictions? Yes No

Please describe how long your business was closed, or if partially closed please describe the extent of your operation: *Include dates that business was completely shut down, what normal business took place & when (dates)? what normal business did not take place (dates)? and how you modified your operation to continue operating if you did.*

What is the estimated revenue loss, the business has or expects to experience for all of 2020 due to COVID-19 shutdown? *Estimated loss of income to the business because of COVID-19.*

100% 75% 50% 25% 0%

Has business applied for and has the business received any funding from other COVID-19 relief programs?

SBA Economic Injury Disaster Relief (EIDL)	Yes	No	Amount Awarded: \$ _____
SBA Paycheck Protection Program (PPP)	Yes	No	Amount Awarded: \$ _____
PA COVID-19 Working Capital Loan (CWCA)	Yes	No	Amount Awarded: \$ _____
Delco Strong Round 1 or 2:	Yes	No	Amount Awarded: \$ _____
Other Program: _____	Yes	No	Amount Awarded: \$ _____

Post COVID-19 Questions:

Is the Business interested in resources as we emerge from COVID-19 shutdown? Please check all that apply.

Marketing	Health/Cleaning/Safety	Working Capital
Accounting	Legal	Supply Chain
Technology	Finding Employees	Other: _____

Acknowledgements: (applicant will have to initial 7 blocks indicating they have read and understand)

I acknowledge that I am an owner or authorized by the owners of the business to submit this application, and that all of the information submitted is true to the best of my ability on the date of submission.

_____ **(initial block)**

I attest that the business is current on all taxes. Further, I acknowledge that if awarded through this program I am responsible for any reporting requirement and tax payment obligation at the state and federal level

_____ **(initial block)**

I acknowledge that applicants and grantees for this program are responsible for following the rules, regulations, and contract stipulations of loan and grant programs regardless of the source of funds; furthermore, I acknowledge that it is the responsibility of a grantee to use and report on all funds appropriately whether sourced from County Level Authority, State, or Federal government programs. The County currently intends to fund this program with money received under the Federal CARES Act.

_____ **(initial block)**

I acknowledge that grants under this program are intended to provide economic support for businesses suffering from the coronavirus public health emergency, and that to receive a grant under this program, a certification will be required to the effect that the business has suffered a loss or incurred additional expenses caused by the coronavirus public health emergency in an amount at least equal to the amount of the grant received under the program and which loss has not been compensated by any other loan or grant (federal, state, county or otherwise).

_____ **(initial block)**

I acknowledge that by submitting this application, I am not automatically awarded funding.

_____ (initial block)

I acknowledge that if my business is awarded funding that all owners that hold 20% or more interest in the business will be required to execute a contract with the Delaware County Economic Development Oversight Board in order to receive grant funds.

_____ (initial block)

I certify that the business applicant is not an ineligible entity listed below

_____ (initial block)

Ineligible Entities:

- Businesses not physically located/headquartered in Delaware County, PA.
- Businesses that did not experience revenue loss due to COVID-19.
- Businesses that were not operational by December 31, 2019.
- Passive businesses such as commercial or residential landlords.
- Government or government-owned or related entities.
- Non-Profits including churches or other religious organizations.
- For-profit businesses with a direct tie to a non-profit.
- Private clubs/businesses that limit membership for reasons other than capacity.
- Businesses primarily engaged in lobbying or political activities.
- Businesses with annual revenue that exceeds \$9M.
- Business not compliant with all federal, state, & local laws including taxation.
- Businesses which are not in compliance with current public health guidelines.
- Businesses which have not complied with phased reopening restrictions.
- Businesses that do not have a 2018 or 2019 Federal and Pennsylvania Tax Return.
- Businesses engaged in any activity that is deemed illegal under Federal, State or Local law.
- Businesses awarded funding in Delco Strong 1 or Delco Strong 2.

SIGNATURE:

PRINT FULL LEGAL NAME:

DATE:

Contact Information:

Phone: _____

Email: _____

Title: _____