



delaware county  
pennsylvania

## CHIRP Covid-19 Hospitality Industry Recovery Program

### APPLICATION QUESTIONS

#### SECTION 1: GENERAL INFORMATION ON THE BUSINESS

- 1) Business Legal Name
- 2) Business d/b/a or Trade Name:
- 3) What date did the business entity begin operating?
- 4) Was the business operational on or before February 15, 2020?
- 5) Is the business operationally open and engaged in commerce today?
- 6) Is the business entity a publicly traded firm?
- 7) Is the business entity a for-profit business?
- 8) Does the business entity have a tangible net worth of \$15,000,000 **or greater** in accordance with generally accepted accounting principles?
- 9) Enter the amount of full-time equivalent employees on the business entity payroll in 2020 for all locations. Calculation can be made by taking all employee hours worked for 2020 and **dividing** by 2,080.
- 10) Is the business 51% or more: Minority Owned, Women Owned Veteran Owned
- 11) Business FEIN (Federal Employer Identification Number)  
If business does not have a FEIN use last 4 of owners social security
- 12) Business NAICS Code: \_\_\_\_\_  
(first 2 digits as listed on tax return, if unknown see "Where to find your NAICS Code")
- 13) Briefly describe the goods or services your business supplies: (200-character text limit)
- 14) Business Physical Address:
- 15) Business Mailing Address if different from physical address:
- 16) Applicant Contact Information: Name, Phone, Email
- 17) Did the business entity change owners or control in the 2020 calendar year? If yes, please describe:
- 18) Does the Business entity own or lease the property?
- 19) If business leases the property, is property owned by business owner or relative of business owner?
- 20) If yes, please provide name of property owner and relationship to the business owner:
- 21) Is the business compliant with all Federal, State and Local Taxation?

## **SECTION 2: APPLICATION SPECIFIC INFORMATION:**

- 22) Did the business entity incur a 50% loss of revenue or greater for the period from April through December 2020 compared to April through December of 2019? OR If No because business became operational after April 1, 2019 but on or before February 15, 2020, did the business entity incur a revenue loss of 50% or greater on average in April through December of 2020 compared to January through March of 2020?
- 23) Was the business entity required to close temporarily due to one of the two Covid-19 mitigation orders issued by the Commonwealth of Pennsylvania in 2020?  
By proclamation of disaster emergency issued by the Governor, in March or December.
- 24) Has the business entity received any Covid-19 Relief Funding in 2020 or 2021?
- 25) If you answered Yes to question 24, please indicate which program and what amount:  
US SBA EIDL Economic Injury Disaster Loan, US SBA EIDL ADVANCE Grant, Paycheck Protection Program loan/grant, PA CWCA Covid-19 Working Capital Access loan; PA Main Street Business Grant Program, Delco Strong Grant
- 26) Briefly describe how Covid-19 has affected your business: (200-character text limit)
- 27) Describe what steps your business has taken to remain open during the Covid-19 pandemic: (200-character)
- 28) Has the business complied with applicable public health guidelines since March of 2020 including closure orders?
- 29) Briefly describe. if awarded a grant through this program the financial impact to your business and what funding will be used for: (200-character)

## **SECTION 3: APPLICATION CERTIFICATION:**

1. I certify all questions have been answered truthfully,
2. I acknowledge this is a reimbursement grant program intended to replenish business cash based on prior expenditures from March 31, 2020 to March 15, 2021. Any additional cash flow generated by this grant award will be utilized for business expenses.
3. I acknowledge that grants under this program are intended to provide economic support for businesses suffering from the coronavirus public health emergency, and that grant funds must be applied to alleviate certain revenue losses and pay certain eligible operating expenses as further described in the Program Guidelines which have not been compensated by any other loan or grant federal, state, county or otherwise.
4. I certify that my business has not and will not receive another grant under CHIRP, this program, during the 1/1/21 through 6/30/21 time period.
5. I certify that my business is engaged in NAICS code is 721 or 722 which falls within the Accommodation Subsector or the Food Services and Drinking Places Subsector.
6. I certify that my business currently employs less than 300 Full Time Equivalent (FTE) employees at all locations, and that my business has a tangible net worth LESS than \$15 million in accordance with generally accepted accounting principles.
7. I certify that my business was in operation before or on February 15, 2020 and, if required, paid Federal and State income taxes as reported on individual or business tax returns. Additionally, I acknowledge that my business is compliant with all federal, state, and local laws, including taxation.
8. I acknowledge certify that my business remains in operation and intends to remain in operation for at least one year from the date of this application.
9. I certify that COVID-19 has had an adverse economic impact on my business which makes this grant request necessary to support the ongoing operations of the business and that the grant will be used to pay for Covid-19 related economic impacts.
10. Applicant recognizes that this is a competitive grant program and that not all applicants will be awarded grants. Applicant recognizes that grant award determinations will be made based on both objective and subjective analysis of the information provided as part of the application with respect to which the judgment of prudent grant application analysts could differ. In exchange for the consideration of reviewing Applicant's submission, Applicant hereby releases and will hold Delaware County Economic Development Oversight Board, their

respective Board of Commissioners and Board of Directors, officers, employees and their committees harmless from and against any cost or expense incurred in submitting this application and/or arising out of their decisions related to the creation and administration of this program including, but not limited to, the processing of applications and award decisions made under this program, and acknowledges that all grant decisions are final when made.

11. 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 Delaware County Economic Development Oversight Board in order to receive grant funds.
12. I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects and that the certifications herein were made in good faith. I acknowledge that an applicant or an authorized representative of an 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

#### **SECTION 4: APPLICATION UPLOADS up to 5 All must be in PDF file Format:**

\*If Business was not operational for full calendar year 2019, upload the profit and loss by quarter, for the time the business has been in operation.

#### **REQUIRED:**

- Answer program questions in web application. (paper will not be accepted)
- 2019 Federal Business Tax Return Full, Complete, and Signed. (1065 1120(S))
- If company files Federal Tax Return using Schedule C Full, Complete, and Signed 2019 Federal Personal Tax Return must be uploaded.
- Business Profit and Loss by calendar quarter for 2019.  
*Business that began operating in 2019 should complete for quarters they were in operation. Breweries Wineries Distillers should only include financial information for onsite drink and food service at manufacturing location.*
- Business Profit and Loss by calendar quarter for 2020.  
*Business that began operating on or before February 15, 2020 should complete for quarters they were in operation. Breweries Wineries Distillers should only include financial information for onsite drink and food service at manufacturing location.*
- A list of business owners with 20% or more interest in the company. Please include percentage of ownership, and home mailing address. If an owner is another entity, include the legal signer for that entity.

#### **OPTIONAL:**

- 2020 Federal Business Tax Return, Full Complete and Signed (1065 1120(S))  
If complete and submitted.
  - If company files Federal Tax Return using Schedule C, Full Complete, and Signed 2020 Federal Tax Return if complete and submitted.
- If business has an address on the tax return or PA registration outside of Delaware County and business leases property in Delaware County in order operate, the full, complete, current executed lease agreement should be submitted.