**COVID-19 County Relief Block Grant Application for Tourism Entities**

Applicants: Please review program eligibility guidelines to ensure your organization qualifies for the funding and you have all the information needed to complete the application. Applications must include all the documentation requested in order to be considered for funding. Completed applications must be transmitted electronically to gshelman@franklincountypa.gov by November 6, 2020.

**Organization Information**

Date: Click here to enter a date.

Applicant Organization Name: Click here to enter text.

Employer Identification Number (EIN): Click here to enter text.

Type of tourism organization: Click here to enter text.

DUNS Number: *A registered DUNS number must be provided and will be required in order to successfully submit an application. DUNS numbers are unique for each physical location you are registering. DUNS numbers are free to do business with the U.S. Federal government by making a request at Dun & Bradstreet at* [*https://fedgov.dnb.com/webform*](https://fedgov.dnb.com/webform)*. It takes 1-2 business days to obtain a DUNS number.*

Applicant Services: Click here to enter text.

**Applicant Contact Information**

Contact Person Name: Click here to enter text.

Contact Person Title: Click here to enter text.

Business Address: Click here to enter text.

Email: Click here to enter text.

Phone Number: Click here to enter text.

1. Is your organization appropriately licensed and operating in Franklin County? 
2. Does your organization operate from a location in Franklin County: 
3. Is your organization headquarters in Franklin County: 

If no, where is headquarters located? Click here to enter text.

1. List all addresses where your organization operates in Franklin County.
	1. Click here to enter text.
	2. Click here to enter text.
	3. Click here to enter text.
	4. Click here to enter text.
	5. Click here to enter text.

**Evaluation Criteria**

**Use of Funds:** Please provide a description of how the applicant will use grant funding to offset necessary expenditures due to the COVID-19 public health emergency in serving the tourism efforts in Franklin County. *Eligible activities must have occurred from March 1, 2020 through December 30, 2020.*

Click here to enter text.

**Tourism Benefit:** Please describe how this funding will allow your organization to support tourism in recovering from the social, economic, and health impacts of the COVID-19 public health emergency in Franklin County.

Click here to enter text.

**Budget:** Please use the table below to develop a budget for this application. Each eligible use should have a separate budget line item. *Add rows as necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expenses(Eligible uses only) | Quantity | Item Price | Cost Incurred to Date\* | Total Cost During Funding Period |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Funding Requested |  |

\*Please provide supporting documentation such as receipts for expended costs. This documentation must be included with your application and it must match the amount for each line item.

**Other Funding Sources:**

Did your organization apply for or receive funding related to the COVID-19 public health emergency (such as but not limited to SBA Payroll Protection Program, other SBA Disaster/Emergency Funds)?

 If no, skip section **Other Funding Applied For** and go to section **Grant Administration.**

Please note: Receipt of such funds will not disqualify applicants, but first priority is given to applicants that did not receive such funds.

If yes, please use the table below to document funding the applicant applied for or received and what expenses those funds cover. *Add rows as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| Grantor | Purpose | Amount of Approved Funding | Amount of Pending Funding |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Grant Administration:** Please describe your experience administering grant funding.

Click here to enter text.

Identify primary staff responsible for the proposed project and briefly describe their relevant experience.

Click here to enter text.

**Financial and Organizational Information:** Please provide the following.

* Most recent tax return and/or IRS Form 990 (if applicable)
* Retrofit receipts and estimates
* Corresponding receipts/statements for purchases/bills to match budget requests
* Articles of Incorporation

**\*\*The above-listed information and documents must be included in order for the application to be considered.**

The final award of funding will be contingent upon the applicant supplying all required documentation.

After submission, applications will initially be reviewed to ensure eligibility according to CARES and DCED regulations. Applications will then be examined by a grant review team and funding recommendations will be made to the Franklin County Board of Commissioners for approval. Once approved, contract agreements will be issued by Franklin County along with reimbursement requirements.

**Please Note:**

The acceptance of these grant funds may have tax implications. You are strongly encouraged to contact your accountant or financial advisor prior to receipt of funds to seek guidance. Franklin County cannot provide advice on how recipients should account for grant funding.

**Acknowledgements**

I acknowledge that I have read the COVID-19 County Relief Block Grant Program informational materials and hereby certify the following:

* All information and statements contained in this application, and all documents and exhibits submitted with this application, to the best of the applicant’s knowledge are true, accurate, complete, and not misleading, as to this application.
* Applicant will report any changes to the scope of work or proposed activities including expenses, etc.
* Upon request, Applicant will submit additional information and documentation in support of this application. Any further information or documentation submitted by Applicant in connection with this application shall also be subject to these acknowledgements.
* The expenses enumerated in this grant application occurred or will occur between March 1, 2020 and December 30, 2020.
* The proposed use of funds included in this application represents an eligible use as identified in Section 5001 of the CARES Act and Pennsylvania Act 24 of 2020. The Application is based on the Applicant’s reasonable estimate and all funds received from this program by Applicant shall be used for such purposes.
* The expenditures outlined in this application have not been reimbursed and are not eligible for reimbursement for another federal program.
* The Applicant has fully complied with, and will fully comply with, all federal, state, and local laws and regulations applicable to this grant and the Applicant’s business, assets, and/or operations, and the Applicant is not currently under investigation with respect to any violation of, or failure to comply with, any such applicable law or regulation. No funds will be used for any purpose or in any manner that violates federal, state, or local laws or regulations.
* The Applicant will adhere to U.S. Treasury CARES Act compliance requirements, including but not limited to, 2 C.F.R. (Congressional Federal Register) subpart F, Audit Requirements, U.S. OMB Uniform Guidance (2 C.F.R. Part 200) applicable to federal financial assistance, including 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. § 200.330 through 200.332 regarding subrecipient monitoring and management, and Subpart F regarding audit requirements (as may be applicable).
* If successful, program funding will be expended by December 30, 2020.
* AVAILABLE FUNDS ARE LIMITED AND A SIGNIFICANT NUMBER OF APPLICATIONS ARE ANTICIPATED. Applicant recognizes that there is no assurance that Applicant will be awarded any grant of any size, regardless of how well the Applicant may meet the criteria for awarding these grants and regardless of what the Applicant may have been told or read with respect to this grant program.

**Acknowledgements Continued**

* All decisions and recommendations with respect to this application and this grant are final and non-appealable. Applicant acknowledges that grant award determinations will be made based on both the objective and subjective analysis of information available and the award determinations need not follow strictly or consistently the scoring methods utilized. The Applicant also acknowledges that the identity of funding and recipients, award amounts, and application scores and recommendations will become public information.
* As a condition of Applicant’s submission of the application and receipt of any Benefits made available in the Program, the Applicant hereby releases the County of Franklin, Pennsylvania, respective partners, designees, and all affiliates in facilitating and administrating this benefit program and their respective elected officials, officers, employees, representatives, volunteers, and committees of and from any claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of the application, (b) the administration of the Program and/or distribution or delivery of the Benefits available under the Program, (c) the Benefits received by the Applicant, and (d) any other matter or thing related to the Program.

Name of Applicant Signer: Click here to enter text.

Applicant Signature:

Title: Click here to enter text.

Date: Click here to enter a date.