



CHIRP APPLICATION

Date business established*

Number of total Full-time equivalent employees (FTE) as of

February 15, 2020

December 31, 2020

Please include the full 6 digits of your business' NAICS code

- 721110 Hotels and Motels
- 721120 Casino Hotels
- 721191 Bed and Breakfast Inns
- 721199 All Other Traveler Accommodations
- 721211 RV Parks and Recreational Campgrounds
- 721214 Recreational and Vacation Camps
- 721310 Rooming and Boarding Houses, Dormitories, and Worker's Camps
- 722310 Special Food Services
- 722310 Food Service Contractors
- 722320 Caterers
- 722330 Mobile Food Services
- 722410 Drinking Places (Alcoholic Beverages)
- 722511 Full Service Restaurants
- 722513 Limited Service Restaurants
- 722514 Cafeterias, Grill Buffets, and Buffets
- 722515 Snack and Non-alcoholic Beverage Bars

Was your business subject to closure by the proclamation of disaster emergency issued by the Governor on March 6, 2020, published at 50 Pa.B. 1644 (March 21, 2020), and any renewal of the state of disaster emergency?

Yes No

Please include a detailed list of operating expenses you intend to use on any funds received from this grant

Please provide gross receipts (revenues) for 2019 quarters
(If not in business during (a) particular quarter(s), please enter zero)

First

Second

Third



Fourth

Please provide gross receipts (revenues) for 2020 quarters
(If not in business during (a) particular quarter(s), please enter zero)

First

Second

Third

Fourth

Have you received a loan or grant issued under the following programs?

Yes No

(Please note, receiving a grant or loan under these programs does not disqualify you from eligibility for this grant)

If Yes, select COVID-19 Relief Programs where funds were received.

- PPP
- EIDL
- CARES Act
- Other

If Other, please specify

Please specify dollar amount received

PPP

EIDL

CARES Act

Other

Is your business current on all local, state and federal taxes?

Yes No

Are there any local, state or federal tax liens filed against you?

Yes No



Are there any outstanding judgments entered against you?

Yes No

Are you presently a party to any lawsuits?

Yes No

Please provide driver's license for all business owners.

Please provide copies of your Profit & Loss statements for 2019 AND 2020 for the quarter(s) you are claiming at least a 25% reduction in gross receipts

Please provide a copy of your filed 2019 Business Federal Tax Returns without schedules. If you are a sole proprietorship, please provide your Schedule C

Please provide a copy of your filed 2020 Business Federal Tax Returns if completed without schedules. If you are a sole proprietorship, please provide your Schedule C

Please provide a copy of your 2020 Profit & Loss covering the full calendar year

I also understand that all applications will become property of ECRDA and all applications are subject to the Pennsylvania Open Records Act, provided that the County and ECRDA will use its best efforts to maintain the confidentiality of any confidential financial information submitted, as permitted by law.

Yes

The undersigned, hereby verifies that the statements made in the application are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature

By signing this application, you are authorizing ECRDA to verify any information contained in this application. I understand that, by not providing the required documentation my application may not be processed. I understand that making a false statement on this form is a violation of law and could result in criminal prosecution, significant civil penalties, and a denial of the grant.

IMPORTANT: CLICK YES WHEN YOUR ENTIRE APPLICATION—INCLUDING ALL FILE ATTACHMENTS—HAS BEEN COMPLETED. CHECKING YES ACKNOWLEDGES YOUR APPLICATION IS FINAL AND CAN BE REVIEWED IN ITS ENTIRETY. *

Yes No