

**POCONO MOUNTAINS INDUSTRIES, INC. D/B/A PMEDC
APPLICATION FOR MONROE COUNTY'S
COVID-19 HOSPITALITY INDUSTRY RECOVERY PROGRAM (CHIRP)**

BUSINESS CONTACT INFORMATION

Business Name		Date of Application	
Contact Person		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone			
E-mail			
Business address City, State ZIP Code			

BUSINESS INFORMATION

Number of Current Full Time Employees		Number of Current Part Time Employees	
Type of Business		NAICS Code (5 Digit Code)	721_____ OR 722_____
Date Business was established		Was the business operating on February 15, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT INFORMATION

Grant Amount Requested (Increments of \$5,000 up to \$50,000)	\$_____	Did you attach a brief narrative description of how COVID-19 impacted your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?
Did you experience at least a 25% reduction in business receipts as defined in the Requirements section of the Program Guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Funds will cover what expenses incurred after March 1, 2020 to present?	1. _____ 2. _____ 3. _____ 4. _____

REQUIREMENTS

Did you already receive any COVID-19 funding (CARES Act or COVID-19 Emergency Supplement to the Appropriation Act of 2019)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you attach documentation of operating expenses incurred after March 1, 2020 due to COVID-19 that were not already covered by the other funding you received?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?
If Yes, which program? <input type="checkbox"/> Paycheck Protection Program <input type="checkbox"/> Economic Injury Disaster Loan <input type="checkbox"/> PA Small Business Grant (CDFI) <input type="checkbox"/> Monroe County Small Business Grant <input type="checkbox"/> Other _____		Did you attach your 2019 and 2020 Federal & State tax return? OR Did you attach accountant prepared financial statements from 2019 and 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?

AGREEMENT

My signature below indicates that I have read and agree to the Program Requirements as stated in the Monroe County CHIR Program Guidelines. I hereby certify that the information provided in this application and supporting documentation is true and accurate in all material respects.

SIGNATURE

Signature		Printed Name	
Title		Date	

MONROE COUNTY COVID-19 HOSPITALITY RECOVERY PROGRAM

PROJECT NARRATIVE OUTLINE

APPLICANT NAME:

DATE:

CURRENT NUMBER OF FULL TIME EMPLOYEES:

CURRENT NUMBER OF PART TIME EMPLOYEES:

BRIEF DESCRIPTION OF HOW COVID-19 HAS IMPACTED YOUR BUSINESS:

BRIEF DESCRIPTION OF THE BUSINESS OPERATING EXPENSES YOU WANT THE GRANT TO COVER:

APPLICATION CERTIFICATION:

I _____ as an official representative of _____
(NAME) (BUSINESS NAME)

hereby attest the information presented in this CHIRP application package is true and accurate.

(SIGNATURE)

(DATE)

permit access to their books, records, and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for the purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

8. The Grantee, any subgrantee, contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant agreement, contract or subcontract so that those provisions applicable to subgrantees, contractors or subcontractors will be binding upon each subgrantee, contractor or subcontractor.
9. The Grantee's and each subgrantee's, contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the grant agreement through the termination date thereof. Accordingly, the Grantee and each subgrantee, contractor and subcontractor shall have an obligation to inform the Commonwealth if, at any time during the term of the grant agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.
10. The Commonwealth may cancel or terminate the grant agreement and all money due or to become due under the grant agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, contractor, or subcontractor in the Contractor Responsibility File.

Signature Date

Printed Name Title

Company