



Southwestern Pennsylvania Corporation Covid-19 Hospitality Recovery Program (CHIRP) Grant Application

This application is only for businesses that are located and operating in Butler, Greene, and Indiana counties. If your business is located outside of these counties, please visit www.spcregion.org/chirp for more information. SPC's CHIRP website will be live on March 15, 2021. **Please note that funding for this program will remain available until each county's allotment has been fully exhausted, or until June 15, 2021, whichever occurs first.**

Before completing this application, please complete the pre-application eligibility questionnaire below. Please place a check in either the Yes or No boxes. Eligible applicants must check Yes for all of the boxes below in order to be eligible for a COVID-19 Hospitality Industry Recovery Program (CHIRP) grant

Pre-Application Questionnaire

Yes	No	Eligibility Criteria
		My business is located in Butler, Greene, or Indiana Counties in PA.
		My business is organized as a for-profit business
		My business is not publicly traded.
		I am applying for a CHIRP grant for one business entity ONLY
		My business's primary North American Industrial Classification System (NAICS) code begins with 721 or 722 and where accommodations, food or drink is served to or provided for the public, with or without charge (Reference sheet on page 5)
		My business was in operation on February 15, 2020.
		My business remains in operation and does not intend to permanently cease operations within one year of the date of application for this grant.
		COVID-19 has had an adverse economic impact on the eligible applicant that makes the grant request necessary to support ongoing operations.
		The grant will be used to pay for COVID-19 related eligible expenses.
		My business has not received ANOTHER grant under the CHIRP program between January 1, 2021 and June 30, 2021. (Note: PPP, EIDL, CWCA, etc. are not considered here. Only CHIRP.)
		My business employs fewer than 300 employees (based on full time equivalents) in total, whether at one or more locations.
		My business's net worth is less than \$15,000,000.
		My grant request is at least \$5,000 but not more than \$50,000.

Additional 25% Revenue Decline Eligibility Determination. Complete **ONLY** if all Initial Eligibility Determination Criteria are met. Select **ONLY ONE** of the following based on your specific circumstances as outlined. All years are defined as calendar years.

Check	Additional 25% Revenue Decline Eligibility Determination (Select only one)
	(i) In business all of 2019: Gross receipts during either the first, second, third, or fourth quarter in 2020 with at least a 25% reduction in gross receipts compared to the same quarter in 2019.
	(ii) In business only during the third and fourth quarters of 2019: Gross receipts during either the first, second, third, or fourth quarter of 2020 with at least a 25% reduction in gross receipts compared to either the third or fourth quarter of 2019.
	(iii) In business only during the fourth quarter of 2019: Gross receipts during either the first, second, third, or fourth quarter of 2020 with at least a 25% reduction in gross receipts compared to the fourth quarter of 2019.
	(iv) Not in business during 2019, but in business on February 15, 2020: Gross receipts during either the second, third, or fourth quarter of 2020 with at least a 25% reduction in gross receipts compared to the first quarter of year 2020.
	(v) In business all of 2019: Gross receipts during 2020 with at least a 25% reduction in gross receipts compared to 2019.
	(vi) Change of ownership or control during 2020: Measure gross receipts reduction during 2020 under (i), (ii), (iii), (iv) or (v) above and indicate which method was used in the column to the left.

If your business meets all of the above mentioned eligibility criteria, please complete the CHIRP grant application on the following pages.

To Be Submitted with Your Completed Grant Application

Please submit this completed application and all below requested items to: chirp@spcregion.org.

In the subject line of your application submission email, please place the county in which your business is located, the name of your business, and the amount of your grant request.

- 2019 Business Tax Return
- 2020 Business Tax Return (If available)
 - If 2020 Tax Return is not available, submit 2020 Accountant-prepared financial statements (if Accountant Prepared Financial Statements are NOT available, company prepared financial statements will be sufficient)
- Completed, signed W9 form
- Copies of articles of incorporation/LLC operating agreement/partnership agreement

Company Information

Company Name: _____

DBA/Trade Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Municipality: _____

NAICS Code: (Reference sheet on page 5) _____ FEIN: _____

Date Founded: _____ State in Which Organized: _____

Owner Name: _____ Length of Ownership: _____

Ownership Structure:

Please select one. If your company is a Limited Liability Company, please select how your entity is taxed, either as a Sole Proprietorship, Partnership, or S-Corporation

Sole Proprietorship

Partnership

S Corporation

C Corporation

Limited Liability Company

Please note that your business's primary North American Industry Classification System (NAICS) code must start with either 721, or 722. Please see the attached list of NAICS codes that begin with either 721 or 722 to determine your business's NAICS code. If your business's primary NAICS code starts with something other than those numbers, please visit www.spcregion.org/chirp for additional resources and assistance

Contact Information

Contact Name: _____ Contact Title: _____

Phone: _____ Cell: _____ Email: _____

Company Profile and Revenues

What products or services does your company provide? _____

What was your company's total revenue in 2019, as reported on your 2019 business tax return? _____

What was your company's total revenue in 2020, as reported on your business's 2020 tax return (if available) or business's financial statements? _____

Grant Request

The COVID-19 Hospitality Industry Recovery Program (CHIRP) grant is designed to help eligible businesses in the hospitality industry recover revenue that was lost due to the COVID-19 pandemic, and pay for eligible operating expenses. Please place the amount of grant funds that you are requesting on the line below, and please submit a copy of your 2019 and 2020 business tax returns. If you have not yet completed your 2020 business tax return, please submit a copy of your business's 2020 profit and loss sheet, so that we can verify that you are eligible for the amount of grant money that you are requesting for your business.

Grant Request (applicant can request grants in \$5,000 increments up to \$50,000) \$ _____

Please note, the grant amount requested may not be the amount that your business receives, as your business's awarded grant amount will be contingent upon your business's eligibility, and availability of funding.

Grant awards may not be used to pay the same eligible operating expenses for which an eligible business received payment, reimbursement or loan forgiveness from any of the following:

- The Coronavirus Aid, Relief, and Economic Security Act, commonly known as the CARES Act (Public Law 116-136, 134 Stat. 281)
- The Consolidated Appropriations Act, 2021 (Public Law 116-260, 134 Stat. 1182)
- The COVID-19 Emergency Supplement to the General Appropriation Act of 2019 (Act 2A of 2020)
- Greene County Forgivable Advance for Small Businesses (FASBA)

You are not permitted to use a CHIRP Revenue Recovery grant to pay for expenses that are currently being paid with the proceeds of a Paycheck Protection Program loan, Economic Injury Disaster Loan, or any other loan/grant program funded via the legislation or programs listed above. Have you applied for or are you currently receiving funding from any federal sources that are paying expenses that you intend to use a CHIRP grant to pay? ___Yes ___No

If yes, please disclose the source of those funds (ex: PPP loan, EIDL loan, etc)

In the table below, please list the amount of money from your grant request that you intend to allocate towards the following expense categories. Please make sure that the total amount of money allocated to the following expenses when added together equals, but does not exceed the amount of your total grant request. Please note that the expenses you list must have been incurred between March 1, 2020 and the date of this application.

Revenue Recovery \$ _____

Utilities \$ _____

Payroll \$ _____

Contractor Expenses \$ _____

Rent/Mortgage \$ _____

Contractor expenses must be directly related to COVID-19 health and safety measures

COVID-19 Impact on Business

Was your business subject to closure and/or reduced capacity or output due to Governor Wolf's COVID-19 Emergency Disaster Declaration?

Yes _____ No _____

Legal Notices

As consideration for any Management and Technical Assistance that may be requested, I/We waive all claims against SPC and its consultants.

I/We give the assurance that we will comply with Sections 112 and 113 of Volume 13 of the Code of Federal Regulations. These Code Sections prohibit discrimination on grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of federal financial assistance and require appropriate report and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these nondiscrimination requirements, SPC can terminate my/our grant.

Authority to Collect Personal Information – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974).

Effects of Nondisclosure – Omission of an item means your application might not receive full consideration.

Agreement of Non-employment of SPC Personnel – I/We agree that if SPC approves this grant application, I/We will not, for at least one year, hire as an employee or consultant anyone that was employed by SPC during the one-year period prior to the disbursement of the grant.

All applications, forms, letters and other documents produced by SPC in conjunction with this specific project shall be the sole property of the County. SPC shall retain, for not less than one (1) full year, all notes, working papers, documents and materials utilized by SPC in this process. Access to the same shall be restricted to participating Counties or those who are authorized/permitted access via those counties. This clause is required in order to comply with Commonwealth Right to Know Law (RTKL) requests.

Confidentiality

Because SPC is a public agency, their meetings are open to the general public. Therefore, certain information about your project may be released to the public through the newspaper, radio or social media. This includes, but is not limited to, use of funds, funding source and grant amount. SPC cannot control what other parties choose to report about your project. Press releases directly from SPC generally only include general information about the company, funding source and amount, use of funds and jobs to be created and/or retained.

SPC and the participating counties reserve the right to accept or reject any or all CHIRP applications contingent upon available funding sources and respective applicant eligibility.

Under penalty of perjury, I certify that the above information is true and accurate, and that I am only applying for one CHIRP grant within the Commonwealth of Pennsylvania for my business entity.

Applicant Signature: _____ Date: _____

Print Name: _____ Title: _____

Please submit this completed application and all below requested items to: chirp@spcregion.org.

In the subject line of your application submission email, please place the county in which your business is located, the name of your business, and the amount of your grant request.

This application was created in accordance with Pennsylvania Act 1 of 2021, the Pennsylvania Department of Community and Economic Development (DCED), and Butler, Greene, and Indiana counties.

For more information chirp@spcregion.org
please contact:

Accommodation and Hospitality NAICS Codes Reference Sheet

721 Accommodation
7211 Traveler Accommodation
72111 Hotels (except Casino Hotels) and Motels
721110 Hotels (except Casino Hotels) and Motels
72112 Casino Hotels:
721120 Casino Hotels
72119 Other Traveler Accommodation
721191 Bed-and-Breakfast Inns
721199 All Other Traveler Accommodation
7212 RV (Recreational Vehicle) Parks and Recreational Camps
72121 RV (Recreational Vehicle) Parks and Recreational Camps
721211 RV (Recreational Vehicle) Parks and Campgrounds
721214 Recreational and Vacation Camps (except Campgrounds)
7213 Rooming and Boarding Houses, Dormitories, and Workers' Camps
72131 Rooming and Boarding Houses, Dormitories, and Workers' Camps
721310 Rooming and Boarding Houses, Dormitories, and Workers' Camps

722 Food Services and Drinking Places
7223 Special Food Services
72231 Food Service Contractors
722310 Food Service Contractors
72232 Caterers
722320 Caterers
72233 Mobile Food Services
722330 Mobile Food Services
7224 Drinking Places (Alcoholic Beverages)
72241 Drinking Places (Alcoholic Beverages)
722410 Drinking Places (Alcoholic Beverages)
7225 Restaurants and Other Eating Places
72251 Restaurants and Other Eating Places
722511 Full-Service Restaurants
722513 Limited-Service Restaurants
722514 Cafeterias, Grill Buffets, and Buffets
722515 Snack and Nonalcoholic Beverage Bars