



DELCO STRONG: *RAPID RESPONSE*

A program specific for the Delaware County Small Businesses directly affected by the current additional mitigation mandate in effect December 12th through January 4th.

APPLICATION CHECKLIST FOR PREVIOUS DELCO STRONG GRANTEES

_____ Review all program guidelines posted on [DelcoStrong.delcopa.org](https://delcostrong.delcopa.org)

_____ Check the dashboard to make sure you were a previous grantee in a previous round of Delco Strong: <https://experience.arcgis.com/experience/d520d12db64d408cb1b4723efcd6b1bc/>

If you find your business on the Delco Strong dashboard above, continue.

If you do not find your business on the Delco Strong dashboard, you should continue with the “Checklist for New Applicants to Delco Strong”

_____ Previous Delco Strong Grantees are asked to submit a short form to indicate they want to be considered for Delco Strong: *Rapid Response*. That form begins on the next page. Please be prepared to answer the questions on that form before submitting your short application through our portal. The portal will not allow you to save progress, once you begin you must finish to submit your application.

Should we require any additional documentation from you/your business we will reach out to you directly.

Please ensure that your contact information on your submission is the best way to reach you. Submitting a request to be considered is not a guarantee of funding. We anticipate funding for this program will begin to be distributed mid-January.

Stay Strong.



**Delco Strong: RAPID RESPONSE
Application Questionnaire**

This application is for for-profit business applicants who are grantees in a previous round of Delco Strong, and have been directly affected by the current mitigation mandate.

Business Information General:

Business Legal Name: _____

d/b/a if operating under a different name: _____

Business Physical Address: _____
(number and street)

(suite number or location such as "rear")

_____, _____, _____
(city) (state) (zip code)

Is the business currently open partially open temporarily closed permanently closed

Does the business comply with current public health guidelines? Yes No

Does the business intend to be operational in 2021? Yes No

Acknowledgements: (applicant will have to initial 9 blocks indicating they have read and understand)

I acknowledge that I am an owner or authorized by the owners of the business to submit this application, and that all of the information submitted is true to the best of my ability on the date of submission.

_____ (initial block)

I attest that the business is current on all taxes. Further, I acknowledge that if awarded through this program I am responsible for any reporting requirement and tax payment obligation at the state and federal level

_____ (initial block)

I acknowledge that applicants and grantees for this program are responsible for following the rules, regulations, and contract stipulations of loan and grant programs regardless of the source of funds; furthermore, I acknowledge that it is the responsibility of a grantee to use and report on all funds appropriately whether sourced from County Level Authority, State, or Federal government programs. The County currently intends to fund this program with money received under the Federal CARES Act.

_____ (initial block)

I acknowledge that grants under this program are intended to provide economic support for businesses suffering from the coronavirus public health emergency, and that to receive a grant under this program, a certification will be required to the effect that the business has suffered a loss or incurred additional expenses caused by the coronavirus public health emergency in an amount at least equal to the amount of the grant received under the program and which loss has not been compensated by any other loan or grant(federal, state, county or otherwise).

_____ (initial block)

I acknowledge that by submitting this application, I am not automatically awarded funding.

_____ (initial block)

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 the Delaware County Economic Development Oversight Board in order to receive grant funds.

_____ (initial block)

I attest that the business is operating in compliance with all current public health guidance, including Governor Wolf's mitigation order of December 10, 2020.

_____ (initial block)

I attest that, following the expiration of such mitigation order on January 4, 2021, grantee will operate the business for the remainder of 2021 and does not intend to close the business prior to January 4, 2021.

_____ (initial block)

I certify that the business applicant is not an ineligible entity listed below

_____ (initial block)

Ineligible Entities:

- Businesses not physically located/headquartered in Delaware County, PA.
- Businesses that did not experience revenue loss due to COVID-19 in 2020.
- Businesses that were not operational by December 31, 2019.
- New business applicants that did not file a 2019 Federal Tax Return.
- Franchises.

**Only independently owned and operated franchises of local or regional chains are eligible.*
Passive businesses such as commercial or residential landlords.
Government or government-owned or related entities.
Non-Profits and for-profit businesses with a direct tie to a non-profit.
Private clubs/businesses that limit membership for reasons other than capacity.
Businesses primarily engaged in lobbying or political activities.
Businesses with annual revenue that exceeds \$10M.
Business not compliant with all federal, state, & local laws including taxation.
Businesses which are not in compliance with current public health guidelines.
Businesses which have not complied with phased reopening restrictions.
Businesses engaged in any activity that is deemed illegal under Federal, State or Local law.
Businesses that are not directly affected by Governor Wolf's mitigation order of 12.10.2020

**THIS IS THE APPLICATION TO BE USED BY A BUSINESS PREVIOUSLY AWARDED FUNDING THROUGH DELCO STRONG.
IF ADDITIONAL DOCUMENTATION IS NEEDED TO UPDATE YOUR PREVIOUS APPLICATION WE WILL CONTACT YOU.**

SIGNATURE:

PRINT FULL LEGAL NAME:

DATE:

Contact Information:

Phone: _____

Email: _____

Title: _____