

County of Perry  
Cares Act Block Grant Funding  
Individual Assistance Application

**Date** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

**Address of Applicant** \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone** \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

**Person Filing Application** (If different than applicant) \_\_\_\_\_

**Address of Filer** \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone number of Filer** \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

**Are you applying for these funds as a direct result of the COVID-19 pandemic?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Amount of CARES Relief funding requested \$** \_\_\_\_\_

**Please attach narrative stating justification, what funds will be used for, and timeline of when funds will be spent.**

**Have you previously filed for and COVID related funding? If funds have been applied for, provide copy of determination letter.**

Your current employment status \_\_\_\_\_ **Employed** \_\_\_\_\_ **Unemployed** \_\_\_\_\_ **Laid off**  
or furloughed \_\_\_\_\_ **Retired**

Last date of employment \_\_\_\_\_

Are you currently collecting any unemployment, workmen's compensation, or  
disability of any nature? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes to the above question, state amount \$ \_\_\_\_\_

Name of Employer \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone \_\_\_\_\_

Do you \_\_\_\_\_ **Own** \_\_\_\_\_ **Rent** your home?

How many occupy your home? \_\_\_\_\_

Combined household income \$ \_\_\_\_\_

Do you have cash reserves, savings, investments, own additional property, stocks,  
bonds, or any other source of income? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \$ \_\_\_\_\_ **Value**

Please attach copies of your last three years tax returns.

Please list all banks and account numbers

\_\_\_\_\_ **Bank** \_\_\_\_\_ **Account number**

\_\_\_\_\_ **Bank** \_\_\_\_\_ **Account number**

\_\_\_\_\_ **Bank** \_\_\_\_\_ **Account number**

\_\_\_\_\_ **Bank** \_\_\_\_\_ **Account number**

**Please provide three character references** (Cannot be relative or living in same household)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone** \_\_\_\_\_

## Acknowledgements

- I acknowledge that I have read the Perry County 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 of this application.
  
  - 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 will be utilized by the Applicant solely for operations in Perry County 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 from 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 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.
  
- I 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.

- 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 objective and subjective analysis of information available and that 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 under the Program, the Applicant hereby releases the County of Perry, Pennsylvania designees and affiliates in facilitating and administering this benefit program and their respective elected officials, Boards of Directors, 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.  Check to authorize.

- Check to authorize.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_