

**BEAVER COUNTY
COVID RECOVERY MUNICIPAL APPLICATION**

GENERAL INFORMATION

Municipality: _____

REQUEST AMOUNT:\$ _____

Address: _____

Contact Person and Title _____

Telephone _____ Fax _____

Email _____

Eligible expenses for municipalities: must be incurred between the period of March 1, 2020 and December 30, 2020. Eligible expenses must be unbudgeted, related to preparing for and responding to coronavirus and can include: purchase of PPE, municipal building alterations (signage, installation of plastic dividers, purchase of equipment to enhance building safety), costs for transitioning to virtual and tele-meetings, website and communications expenses, teleworking expenses including equipment and software purchases to facilitate employee telework, temperature screening equipment, personnel expenses for front-line responders (police, fire, EMS, public safety)*, publication of information related COVID, and other costs that can be attributed to preparing and responding to coronavirus. Municipalities must document that these expenses are a direct response or planning effort to COVID-19 and are not otherwise reimbursable.

*Personnel expenses for frontline public safety employees include all payroll costs for those employees including salaries and wages, health insurance, pension costs, and any other fringe benefits. Eligible employees include only those public safety employees who are "public facing". Employees in administrative positions not dealing with the public are not included.

Proposed Use of Funds: Please provide an estimated budget outlining planned use of funds. Please include support for eligible expenditures (ie payroll reports, invoices, price quotes).

<u>Item</u>	<u>Amount</u>	<u>How Item Relates to COVID Planning/Response</u>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

DUPLICATION OF BENEFITS

Prior Assistance: *The Stafford Act directs administrators of federal assistance to ensure that no person, business concern or other entity will receive duplicative assistance. As such, all applicants are required to accurately report all prior and anticipated financial assistance received for this project.*

Describe any federal or state funding that you may have received, have applied for, or is available for your municipality in relation to the CARES Act or COVID: _____

I AGREE that the municipality is not duplicating government benefits.

Inquiries regarding the grant along with all documents can be submitted by email to CARES@beavercountypa.gov.

SIGN-OFF ON APPLICATION SUBMISSION

Name of Authorized Official _____

Title _____

*By signing below I attest that the information provided in this application is truthful to the best of my knowledge and recognize that the funding requested is in the form of a reimbursement, only if I meet the eligibility criteria outlined on the grant term sheet.

Signature of Authorized Official

Date

Any false statement made knowingly and willfully may subject the signer to penalties under Section 1001 of Title 18 of the United State Code, and could result in repayment of funds to the County

DECLARATION OF BENEFIT

I, the undersigned, do hereby certify that the above-named person is entitled to the benefits of the plan as of the date hereof.

Witness my hand and seal this _____ day of _____, 20__.

Signature of the Plan Administrator

I, the undersigned, do hereby certify that the above-named person is entitled to the benefits of the plan as of the date hereof.

DECLARATION OF BENEFIT

Signature of the Plan Administrator

Date

I, the undersigned, do hereby certify that the above-named person is entitled to the benefits of the plan as of the date hereof.

Date

Signature of the Plan Administrator

I, the undersigned, do hereby certify that the above-named person is entitled to the benefits of the plan as of the date hereof.