

**Cumberland County Covid-19 Hospitality Industry
 Recovery Program (CHIRP)
 Application Sample**

Please use this sample version to plan for the preparation of your application. Only online submissions will be accepted starting March 15, 2021.

| Grant Applicant Information | |
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| Full Legal Business Name (Same as on Tax Return - Do not show your dba name, if different.) | |
| Business Name/Disregarded entity name if different from above. This is your Doing Business As (DBA) as reflected in Box 2 of your W-9. | |
| Business Physical Address (where Customers are served in Cumberland County) | |
| Municipality of Physical Address (must be in Cumberland County) | |
| Business Mailing Address (where check will be mailed) | |
| Business Contact Name | |
| Business Phone Number | |
| Contact Phone Number | |
| Contact Email Address: | |
| NAICS Code (must be 721 or 722) | |
| Number of Full-Time Equivalent Employees in 2019 (Please enter a number from 0 to 299.) | |
| Net worth in 2019 (Please enter a number from 1 to 15000000.) | |
| Has your business received CARES Act COVID Relief Funding? | |

| | | | |
|---|---------------------------------|--|--------------------------------------|
| Were you in business prior to February 15, 2020 | | | |
| Were you in business in 2019? (If no, answer question below.) | | | |
| Do you have a 2020 Tax Return? If no, please explain why. | | | |
| Have you received Emergency Supplemental 2019 Funding? | | | |
| Was your business subject to closure by the proclamation of disaster emergency; or by the Governor on March 2020 and any renewal of the state of disaster emergency? | | | |
| Are you currently open/operating? | | | |
| EIN or SSN: Include which tax ID you wish to submit. | | | |
| Legal Structure (select one) | C-Corp <input type="checkbox"/> | LLC <input type="checkbox"/> | LLP <input type="checkbox"/> |
| | S-Corp <input type="checkbox"/> | Sole Proprietorship <input type="checkbox"/> | Partnership <input type="checkbox"/> |
| What is your total number of operating locations? | | | |
| How many locations are in Cumberland County? | | | |
| What is the percent of Total Gross Revenue earned by combined locations in Cumberland County? | | | |

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| Use of Funds (check at least one) |
| <input type="checkbox"/> Working Capital (including payroll, mortgage, rent ,utilities, supplies, inventory) |
| <input type="checkbox"/> Personal Protective Equipment or retrofits required for public health |

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|---|
| Please describe how this grant will alleviate revenue losses and/or pay for eligible operating expenses that have not already been funded through other programs. (100 word max) |
| |

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|--|--|
| <p>Were all utility providers under agreement or contract to provide the applicant service as of February 15, 2020?</p> <p>If no, Provide a brief description of the changes that occurred to your mortgage or lease agreement(s) in Cumberland County between February 15, 2020 and now (refinanced, relocated, expanded, etc.):</p> | |
| <p>Were all mortgage agreements or lease agreements for the space(s) where the applicant operates in (Cumberland County) in place as of February 15, 2020 and have not been changed in any way since that date?</p> <p>If no, provide a brief description of the changes that occurred to your mortgage or lease agreement(s) in Cumberland County between February 15, 2020 and now (refinanced, relocated, expanded, etc.):</p> <p>You will be required to upload your original or new mortgage or lease agreements and the modified or current versions, if you answer No.</p> | |
| <p>What total amount did you pay for your Cumberland County location(s) lease(s) or mortgage(s) between March 1, 2020 and the date of this application?</p> | |

Business Operational Status & Monthly Gross Sales Receipts and Expenses to Determine Eligibility

USE THE CHIRP GRANT GROSS SALES RECEIPTS & EXPENSES WORK SHEET TO PREPARE THIS SECTION (STARTING ON PAGE 4)

| |
|--|
| <p>Checklist:</p> |
| <p><input type="checkbox"/> My business is current with all local, state, and federal taxes.</p> |
| <p><input type="checkbox"/> I have attached Comparative quarterly year 2019 vs 2020 and 2021 profit and loss statements.</p> |
| <p><input type="checkbox"/> I have attached my complete and signed W-9.</p> |
| <p><input type="checkbox"/> As a sole proprietor, I have attached my 2019 Federal Schedule C.</p> |
| <p><input type="checkbox"/> As any other business type, I have attached my 2019 Federal Tax Return.</p> |

CHIRP GRANT GROSS SALES RECEIPTS & EXPENSES WORK SHEET (SAMPLE)

On page 3 of the online application you will be asked a series of Business Operational Status questions that, depending on your answers, you will need to input either quarterly or monthly gross receipts and expenses to determine eligibility. You **should** use this sheet to prepare your numbers prior to filling out the online application.

Questions include:

- Did your business start prior to July 1, 2019?
- Was your business started between July 1 – December 31, 2019?
- Was your business in continuous operation during the entirety between April 1, 2020 to December 31, 2020?*

Based on the qualifying questions, you will need to fill in the quarterly numbers unless you were not in continuous operation during April 1, 2020 – December 31, 2020. If you were closed, you will be prompted to fill in the monthly numbers. All fields presented are mandatory. If a field is not applicable, enter \$0. Be advised that one of the basic eligibility criteria is that you must be able to show at least a 25% reduction in gross sales/receipts.

QUARTERLY GROSS SALES/RECEIPTS

Please fill in receipt dollar amounts for each quarter.

2019

Quarter 1 2019 Gross Sales Dollar Amount*

Quarter 2 2019 Gross Sales Dollar Amount*

Quarter 3 2019 Gross Sales Dollar Amount*

Quarter 4 2019 Gross Sales Dollar Amount*

2019 Gross Sales Total Dollar Amount: Please confirm that it matches your financial reports.

2020

Quarter 1 2020 Gross Sales Dollar Amount*

Quarter 2 2020 Gross Sales Dollar Amount*

Quarter 3 2020 Gross Sales Dollar Amount*

Quarter 4 2020 Gross Sales Dollar Amount*

2020 Gross Sales Total Dollar Amount: Please confirm that it matches your financial reports.

2021

Quarter 1 2021 Gross Sales Dollar Amount* *To application date or full quarter.*

Quarter 2 2021 Gross Sales Dollar Amount* *To application date to June 15, 2021.*

2021 Gross Sales Total Dollar Amount: Please confirm that it matches your financial reports.

QUARTERLY EXPENSES

Please fill in receipt dollar amounts for each quarter.

2019

Quarter 1 2019 Expenses*

Quarter 2 2019 Expenses*

Quarter 3 2019 Expenses*

Quarter 4 2019 Expenses*

2019 Expense Total: Please confirm that it matches your financial reports.

2020

Quarter 1 2020 Expenses*

Quarter 2 2020 Expenses*

Quarter 3 2020 Expenses*

Quarter 4 2020 Expenses*

2020 Expense Total: Please confirm that it matches your financial reports.

2021

Quarter 1 2021 Expenses* *To application date or full quarter.*

Quarter 2 2021 Expenses* *To application date to June 15, 2021.*

2021 Expense Total: Please confirm that it matches your financial reports.

MONTHLY RECEIPTS

Please fill in receipt dollar amounts for each month.

2019

January 2019 Gross Sales Dollar Amount*

February 2019 Gross Sales Dollar Amount*

March 2019 Gross Sales Dollar Amount*

April 2019 Gross Sales Dollar Amount*

May 2019 Gross Sales Dollar Amount*

June 2019 Gross Sales Dollar Amount*

July 2019 Gross Sales Dollar Amount*

August 2019 Gross Sales Dollar Amount*

September 2019 Gross Sales Dollar Amount*

October 2019 Gross Sales Dollar Amount*

November 2019 Gross Sales Dollar Amount*

December 2019 Gross Sales Dollar Amount*

2019 Gross Sales Dollar Amount Total: Please confirm that it matches your financial reports.

2020

January 2020 Gross Sales Dollar Amount*

February 2020 Gross Sales Dollar Amount*

March 2020 Gross Sales Dollar Amount*

April 2020 Gross Sales Dollar Amount*

May 2020 Gross Sales Dollar Amount*

June 2020 Gross Sales Dollar Amount*

July 2020 Gross Sales Dollar Amount*

August 2020 Gross Sales Dollar Amount*

September 2020 Gross Sales Dollar Amount*

October 2020 Gross Sales Dollar Amount*

November 2020 Gross Sales Dollar Amount*

December 2020 Gross Sales Dollar Amount*

2020 Gross Sales Dollar Amount Total: Please confirm that it matches your financial reports.

2021

January 2021 Gross Sales Dollar Amount*

February 2021 Gross Sales Dollar Amount*

March 2021 Gross Sales Dollar Amount* *To application date or full month.*

April 2021 Gross Sales Dollar Amount* *To application date.*

May 2021 Gross Sales Dollar Amount* *To application date.*

June 2021 Gross Sales Dollar Amount* *To application date to June 15, 2021.*

Gross Sales Dollar Amount Total: Please confirm that it matches your financial reports.

MONTHLY EXPENSES

Please fill in receipt dollar amounts for each month.

2019

January 2019 Expenses*

February 2019 Expenses*

March 2019 Expenses*

April 2019 Expenses*

May 2019 Expenses*

June 2019 Expenses*

July 2019 Expenses*

August 2019 Expenses*

September 2019 Expenses*

October 2019 Expenses*

November 2019 Expenses*

December 2019 Expenses*

2019 Expense Total: Please confirm that it matches your financial reports.

2020

January 2020 Expenses*

February 2020 Expenses*

March 2020 Expenses*

April 2020 Expenses*

May 2020 Expenses*

June 2020 Expenses*

July 2020 Expenses*

August 2020 Expenses*

September 2020 Expenses*

October 2020 Expenses*

November 2020 Expenses*

December 2020 Expenses*

2020 Expense Total: Enter the total. Please confirm that it matches your financial reports.

2021

January 2021 Expenses*

February 2021 Expenses*

March 2021 Expenses* *To application date or full month.*

April 2021 Expenses* *To application date.*

May 2021 Expenses* *To application date.*

June 2021 Expenses* *To application date to June 15, 2021.*

2021 Expenses Total: Please confirm that it matches your financial reports.