

## Local Municipality Grant Application

Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”), which became law on March 27, 2020, establishes a Coronavirus Relief Fund. The CARES Act requires that governmental recipients of Coronavirus Relief Fund money use it for expenditures that (1) were necessary expenditures incurred due to the COVID-19 public health emergency; (2) were not accounted for in the governmental budget most recently approved as March 27, 2020; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Pennsylvania Act 24 of 2020 (“Act 24”) distributes CARES Act Coronavirus Relief Fund money to the 60 Pennsylvania counties that did not receive it directly from the U.S. Treasury due to their population. Act 24 establishes 7 categories of permissible expenditures. Those expenditures include the following:

- (1) Offsetting the cost of the County’s COVID-19 direct response, planning and outreach efforts, including the purchase of Personal Protective Equipment.
- (2) Grant programs to support certain small businesses.
- (3) Grant programs to support certain designated types of entities for costs related to assisting businesses during the COVID-19 disaster emergency.
- (4) Assistance to municipalities in the County for COVID-19 response and planning efforts, including the purchase of Personal Protective Equipment.
- (5) Behavioral health and substance abuse disorder treatment services.
- (6) Nonprofit assistance programs for tax exempt entities covered by Section 501(c)(3) or 501(c)(19) of the Internal Revenue Code of 1986.
- (7) Broadband internet deployment, with priority to unserved or underserved areas.

The Commissioners have allocated \$100,000 to cover funding requests made by the thirteen eligible municipalities. Any unused funds will be reallocated by the Commissioners.

**Instructions:**

Answer all questions completely and accurately. It is important that this form be completed in its entirety.

Date: \_\_\_\_\_

Legal Name of Applicant: \_\_\_\_\_

Class of Municipality : \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

EIN: \_\_\_\_\_

Name of Representative  
Submitting Application: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

During the period that began on March 1, 2020 and runs through December 30, 2020, how has your organization been financially affected by COVID-19, including but not limited to due to required closure orders, voluntarily closures to promote social distancing measures, or decreased customer demand as a result of the COVID-19 public health emergency?

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**Funding Request**

Based on the eligible uses of Pennsylvania Act 24 of 2020 (“Act 24”) distributes CARES Act Coronavirus Relief Fund money, the municipality is requesting the following amounts:

Eligible Use	Amount Requested
COVID-19 related medical expenses	\$
Public health expenses	\$
Where the statutory requirements have been met, certain payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency	\$
Expenses of actions to facilitate compliance with COVID-19-related public health measures	\$
Expenses related to providing economic support in connection with the COVID-19 public health emergency	\$
TOTAL Request	\$

Additional information on the eligible uses of Coronavirus Relief Fund Money can be found in the FAQ document for Municipalities available on the County website.

Please submit such documentation electronically (preferred) along with your completed application by 3:00 p.m. on August 14, 2020 to:

Fulton County  
Attn: Wessel & Company  
116 West market Street, Suite 200  
McConnellsburg, PA 17233  
[CountyRelief@co.fulton.pa.us](mailto:CountyRelief@co.fulton.pa.us)

**Applicants will be required to sign a Municipal Recipient Agreement upon approval of the request by the Fulton County Commissioners.**

**I certify that all information on this application is truthful and complete to the best of my knowledge and that I am authorized to submit this application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Organization