Lackawanna County
Non-Profit COVID-19 Support Grant Program

Program Manual & Application Form
11/4/2020

Prepared by
Lackawanna County Department of Economic Development
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**Introduction**

In an effort to effectively respond to the COVID-19 pandemic the Lackawanna County Commissioners have established the Lackawanna County Non-Profit COVID-19 Support Grant Program to assist tax-exempt organizations under the Internal Revenue Code section 501 (c) (3) and 501 (c) (19) that have been harmed by the COVID-19 pandemic. These funds can be utilized to support COVID-19 related organization operations and/or upgrades and will provide the emergency assistance that the tax-exempt organizations desperately need to remain operational.

**Applicants are eligible for a county grant up to a maximum cap of $5,000.** The county monies may also be used as a local match for state or federal grant applications.

**Qualified Tax-Exempt Organizations/Qualifying Criteria**

A qualified tax exempt organization eligible for the grant program is an organization that:

- is located in Lackawanna County; and
- has been in operation for at least 2 years; and
- has experienced a financial hardship as a result of Covid-19 pandemic; and
- deploys 100% of the grant funds in Lackawanna County; and
- has NOT received a Community Re-invest Grant in 2020.

**Tax-Exempt Organizations NOT eligible for this Program**

The following types of Tax-Exempt Organizations, as defined by the Internal Revenue Service, are NOT eligible for this grant program:

- Churches and Religious Organizations
- Political Organizations
Type of Funding and use of Grant Funds

Funding provided through this program will be in the form of a one-time, up to $5,000 grant payment to the applicant upon grant application approval. The grant may be used for expenses related to supporting ongoing operations (e.g., Program related, Rent, Utilities, Product/Vendor costs, Payroll and other operating expenses); and/or prevent, prepare for, or respond to COVID-19 from March 1, 2020 to December 11, 2020. Proof of use of funds will be required by December 11, 2020 (e.g., cancelled check, paid invoice, and/or receipt).

Procedure for Program Consideration

For a qualified tax-exempt organization to take advantage of the Non-Profit COVID-19 Support Grant Program, complete and submit the APPLICATION FORM LC-NPS-5000

Submit to: Director, Economic Development
Lackawanna County Department of Economic Development
123 Wyoming Avenue, 5th Floor
Scranton PA 18503
Phone: 570-963-6830
Fax: 570-963-7596
or Email to pined@lackawannacounty.org

Application Packet

Two (2) copies of the Non-Profit COVID-19 Support Grant Program application packet, containing original signatures, must be submitted. The packet must include the following documentation:

- Completed and signed APPLICATION FORM LC-NPS-5000
- Signed understanding and agreeing to the “Terms and Conditions of the Program.”
- Proof of IRS Tax Exemption Status
Selection Criteria for Applications

The Lackawanna County Department of Economic Development will manage this program and will evaluate the applications. Funding recipients will be chosen based upon the clearly demonstrated compliance with eligibility requirements and the overall impact on the county. Applications will be processed on a first-come, first-served basis.
**APPLICATION FORM LC-NPS-5000**

**$5,000 One-Time Payment**

### SECTION 1. QUALIFIED TAX-EXEMPT ORGANIZATION INFORMATION

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Federal Employer ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tax Exempt ID Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address of Headquarters (Street/PO Box):</th>
<th>(City/Town/Post Office)</th>
<th>(ZIP Code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>FAX:</th>
<th>E-mail (MANDATORY):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Person:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification of IRS tax exemption 501(c) (i.e. social welfare, veterans', fraternal society, etc):</th>
</tr>
</thead>
</table>

### SECTION 2. PROGRAM QUALIFYING CRITERIA

<table>
<thead>
<tr>
<th>Lackawanna County municipality in which the organization is located?</th>
<th>(city, borough, or township NOT POST OFFICE)</th>
</tr>
</thead>
</table>

Please provide a brief description of the service or activity provided by the organization:

<table>
<thead>
<tr>
<th>Has the organization been in operation for at least two (2) years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
</tbody>
</table>

Please provide the reason(s) the organization has experienced a financial hardship because of the COVID-19 pandemic:

Will 100% of the grant funds be utilized within Lackawanna County?

| □ Yes | □ No |

If no, please explain:

Has the organization received a Community Re-invest Grant in 2020?

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
<th>If yes, please explain:</th>
</tr>
</thead>
</table>
SECTION 3. GRANT INFORMATION
In this space, provide a brief summary of how the grant funds will be utilized? (i.e. payroll, rent, utilities, vendor payments, loan/mortgage payments, COVID-19 upgrades, etc.)

SECTION 4. CERTIFICATION & ACCEPTANCE
By signing this application, I certify that to the best of my knowledge that the information provided in Sections 1, 2, and 3 on this form and related attachments are true and correct, and the Qualified Tax-Exempt Organization agrees to the terms and conditions of the grant and will be bound by the Terms and Conditions Attachment if Lackawanna County awards the grant.

I understand that providing a written false statement that I do not believe to be true to Lackawanna County is a misdemeanor of the third degree and is punishable as perjury under PA Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under the section shall be sentenced to pay a fine of at least $1,000.

(If the Applicant uses these grants funds for unauthorized Program purposes, Lackawanna County and the Commonwealth of Pennsylvania will direct the Applicant to repay those amounts. If Applicant knowingly uses the funds for unauthorized purposes, Applicant will be subject to additional liability, such as charges for fraud. If one of the Applicant's board members, officers, or employees uses these grant funds for unauthorized purposes, the Commonwealth will have recourse against the board member, officer, or employee for the unauthorized use.)

(Please sign below and on Terms and Conditions Attachment)

Qualified Organization:

________________________________________
Signature

________________________________________
Type or Print Name for Signature Above

________________________________________
Title

________________________________________
Date

SECTION 5. COUNTY USE ONLY (Do not complete)
Date received: ________________________ Date approved: ________________________

Approved: _____ Yes (Amount: $_______) _____ No Approved by: ________________________
**TERMS AND CONDITIONS OF THE NON-PROFIT COVID-19 SUPPORT GRANT PROGRAM**

We suggest that your legal counsel review these TERMS and CONDITIONS before you submit an application for the grant program. They are mandatory for all Qualified Organizations awarded a grant through this program and are not negotiable.

If the Qualified Organization is selected for the grant program, the TERMS AND CONDITIONS OF THE NON-PROFIT COVID-19 SUPPORT GRANT PROGRAM will be binding, and SECTION 4. CERTIFICATION & ACCEPTANCE included in this application package (Page 7) will become the signature page for the acceptance of these TERMS and CONDITIONS.

**TERMS AND CONDITIONS OF PROGRAM**

“COUNTY” in the TERMS and CONDITIONS below means the Board of Commissioners of Lackawanna County. “GRANTEE” means the Qualified Organization as determined by the Department of Economic Development that has been awarded a Non-Profit COVID-19 Support Grant.

**ARTICLE I**

**INCENTIVE AMOUNT; GRANT ACTIVITIES**

Subject to the availability of funds, the COUNTY makes available to the GRANTEE a check in the amount up to $5,000.

The GRANTEE shall deploy 100% of the grant on or in a facility within Lackawanna County and shall utilize said funds on operating expenses that cannot otherwise be met due to the COVID-19 pandemic or necessary upgrades to meet federal and state guidelines for operation during the pandemic.
ARTICLE II
GRANT PERIOD

These TERMS and CONDITIONS are not binding on the COUNTY until the grant application has been properly executed by all required signatories for the COUNTY. Any payment of expenses incurred by the GRANTEE prior to such approval is incurred at the GRANTEE’S risk.

The TERMS and CONDITIONS period shall end on December 11, 2020.

ARTICLE III
COMPLIANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS

The GRANTEE shall be in compliance with all applicable federal and state statutes and regulations and local ordinances.

ARTICLE IV
PAYMENTS

The COUNTY will issue a payment to the GRANTEE upon approval of the Application. The GRANTEE’S application shall be supported by proof of IRS tax exemption status under Section 501 (3).

The COUNTY may deny payment for any grant request that is not in accordance with these TERMS and CONDITIONS.

The GRANTEE shall utilize the grant funds for operating expenses or upgrades by December 11, 2020.
ARTICLE V
PROOF OF EXPENDITURE

The GRANTEE shall furnish to the COUNTY proof of eligible expenditure by December 11, 2020. Such proof shall be in the form of receipts, paid invoices and/or cancelled checks. THE COUNTY reserves the right to request such proof of expenditure if not provided by the GRANTEE within the period stated.

ARTICLE VI
REFUND

The GRANTEE shall refund to the COUNTY the grant should the GRANTEE fail to adhere to these TERMS and CONDITIONS within the time frame as prescribed by these TERMS and CONDITIONS. (If the Applicant uses these grants funds for unauthorized Program purposes, Lackawanna County and the Commonwealth of Pennsylvania will direct the Applicant to repay those amounts. If Applicant knowingly uses the funds for unauthorized purposes, Applicant will be subject to additional liability, such as charges for fraud. If one of the Applicant’s board members, officers, or employees uses these grant funds for unauthorized purposes, the Commonwealth will have recourse against the board member, officer, or employee for the unauthorized use.)

By signing below, I hereby agree to these TERMS and CONDITIONS as part of my application for the Non-Profit COVID-19 Support Grant. (Signature must match that in Section 4 of the grant application)

________________________________________
Signature

________________________________________
Print Name

________________________________________
Date