



Describe activities for which grant funds will be used and how they will help recover from and respond to COVID-19: \_\_\_\_\_

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**Proposed Use of Funds:** Please provide detail on the eligible expenses your municipality has incurred. **NOTE: Blair County will provide funding on a reimbursement basis for those cost determined eligible. (Include additional sheets as necessary as well as documentation to support eligible expenditures such as invoices, payroll records and timesheets as applicable)**

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

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	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**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 applying for duplication of benefits.

**DETAILED RECORDS**

I AGREE to provide detailed records of eligible expenditures for which the municipality is seeking reimbursement to Blair County or its designee. Such records may include invoices, cancelled checks, bank statements, or payroll records, as deemed necessary by Blair County.

**AUTHORIZATION RESOLUTION**

**APPLICANTS MUST PROVIDE RESOLUTION AUTHORIZING SUBMISSION OF GRANT APPLICATION. DUE TO TIME CONSTRAINTS, RESOLUTIONS CAN BE UPLOADED AS PART OF THIS APPLCIATION OR EMAILED TO BLAIR COUNTY AT BLAIRCARES@BLAIRCO.ORG AFTER SUBMISSION.**

**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**

**Selected Applicants will be required to enter into a grant agreement with Blair County.**

Additional information may be required prior to disbursement under this program.

The completed grant application and all requested documentation must be submitted to blairCARES@blairco.org by 4:00 on September 18, 2020.

Inquiries regarding the grant can be submitted by email to info@blairco.org.