



SUSQUEHANNA COUNTY

FIRE AND EMS GRANT PROGRAM

2020

COVID-19 GRANT PROGRAM

Since March, 2020, most non-profit fire companies and first responders have suffered financial losses due to Covid-19. Susquehanna County seeks to provide assistance to those agencies with the following Grant Program.

- Grant funding will provide up to 1 million dollars in funding to local fire companies and EMS.
- Local fire companies and first responders that are operating as a non-profit are encouraged to apply.
- Grant funds can be used to help offset losses due to the cancellation of fund-raising activities.
- Grant money can also help to offset the cost of additional PPE and supplies purchased due to Covid-19.
- To offset any losses caused by call volume.

How it Works:

1. Fill out the application at the end of this document.
2. Follow verification procedures for non-profit status.
3. Follow all verification procedures for Covid-19 related losses.
4. Submit to Susquehanna County Covid-19 Grant Committee. You may submit via email to grants@susqco.com or drop off at the Courthouse to the Chief Clerk.
5. Applications are due July 17, 2020.
6. Questions? Contact the Chief Clerk at 570-278-6600 or GRANTS@susqco.com.

WHO IS ELIGIBLE?

Any non-profit fire company or EMS service.

- Please provide proof of non-profit status. This can be in the form of financial documents, a certified copy of the Articles of Incorporation, or IRS forms.
- Attach proof of losses due to Covid-19. The following items can be accepted, based on the type of losses:
 - ◆ Invoices/bills – for example, the purchase of additional PPE.
 - ◆ Financial statements – for example, to show the amount of income produced through fund-raising in 2019 that was unable to be raised in 2020 due to Covid-19.
 - ◆ Show the differences in income – March – July of 2019 and March – July 2020.
- All applicants will be required to certify that they have not received funding from other **federal** sources to supplement these losses.

Susquehanna County CARES Grant

SUSQUEHANNA COUNTY CARES GRANT SUB-GRANTEE

1. Name of Organization: _____
2. Telephone: () _____ Date: _____
3. Address: _____
4. Contact Person: _____
5. Email Address: _____
6. 501 (c) (3)? _____ IF yes, EIN _____
7. Any Grant money received this year? _____ If yes, provide the funding source and amount, description of use:

Describe how your organization benefits the Susquehanna County community.

Describe how you would use funds granted by Susquehanna County through the CARES grant.

EXPENSES

PLEASE REMEMBER TO ATTACH A PAID RECEIPT OR PROOF OF PAYMENT FOR EACH

Description	Unit Cost	Quantity	Total Cost

SIGNATURE VERIFICATION FORM

BY SIGNING BELOW, THE APPLICANT CERTIFIES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS, TO THE BEST OF OUR KNOWLEDGE AND ABILITIES, TRUE AND CORRECT. THE PARTIES HEREBY CERTIFY THAT IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO BE UNTRUE, ANY AND ALL FUNDS RECEIVED WILL BE COLLECTED, USING ANY LEGAL METHODS NECESSARY.

_____ **DATE** _____

SIGNATURE AND TITLE