

Bucks Back to Work Grant Program Award Agreement

Section I: Recipient Information

Business Name:

Primary Owner/Operator Name and Title:

Business Address:

Phone Number:

Primary Owner/Operator Email:

Section II: Use of Funding

By signing this document you are certifying that the funds received through the Bucks Back to Work Grant will be used appropriately as follows:

- No funds received through this program may be used for the same purpose that other grant or loan funding is reported to be used for. This includes but is not limited to payroll and personal protective equipment expenses. A duplication of benefits (DOB) occurs when a person, household, business, sub-recipient, or other entity receives assistance from multiple sources for a cumulative amount that exceeds the total need for the same purpose. The amount of the duplication is the amount of assistance provided more than need. When assistance covers only a part of the recipient's needs, additional assistance to cover needs not met by other sources will not cause a DOB; assistance may only pay for eligible activities to address unmet needs. If (Subgrantee) receives funding from another source for expenses that are reimbursed by this agreement, (Subgrantee) hereby attests to immediately notify the County of the duplication of benefits and return such funds.
- Funds that are used through this program MUST be itemized and reported to the County of Bucks by December 31, 2020. Any funds that are not utilized must be returned to the County by December 31, 2020.
- Funds may be used for necessary expenditures of the following types due to the public health emergency with respect to COVID-19: rent, mortgage, payroll, operating expenses, personal protective equipment for patrons and staff or other costs of business interruption including but not limited to those outlined in Section 501 of the CARES Act

- If the County determines that funds were used for any purpose not permitted by this Award Agreement or that a DOB has occurred as described above, Subgrantee agrees to return such funds to the County within ten days following the County's request.

Section III: Acknowledgements

By signing this document you are acknowledging that the information provided to the County through this program is subject to Right to Know Law and is available to the public upon request, with limited exceptions. If you need to declare any documents to be personal identifiable information or trade secret, please include a description as an attachment to this form.

Section IV: Signature; Certification

I certify with my signature that I read, understand and acknowledge the terms of this agreement, and that I will use the funds I receive through this program in accordance with the law and the regulations outlined on this form. Further, I certify that: (i) I have not received any additional financial awards for the expenses covered by this grant; (ii) all statements made in my Bucks Back to Work Grant Application ("Application") are true, correct and complete as of the date of this Award Agreement; (iii) all documents submitted with my Application are true, correct, and complete as the date of this Agreement; (iv) that there have been no material changes regarding my business since I submitted my Application; and (v) that I do not plan to close my business within six months following the receipt of these grant funds. If for any reason I no longer need the funds being awarded from this program, I agree to notify the County of Bucks immediately via e-mail to dmgiorno@buckscounty.org.

Business Name:

Signature:

Printed Name & Title:

Date: