

Bucks Business Recovery 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 Business Recovery 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 April 29, 2022. Any funds that are not utilized must be returned to the County by April 29, 2022.
- Funds may be used for the reason set out in Section 602 of Title VI of the Social Security Act, to respond to the COVID-19 public health emergency or its negative economic impacts, including assistance to small businesses and non-profit. This may include the following:
 - o Payroll expenses.
 - o Rent and mortgage for the business.
 - o Operational expenses:
 - Equipment leases
 - PPE
 - Other operational expenses
 - o Capital Expenses related to implementing new safety measures related to COVID-19 including but not limited to:

- Physical changes to enable social distancing
- Enhanced cleaning efforts
- Barriers or partitions
- COVID–19 vaccination, testing, or contact tracing programs
- Signage to facilitate social distancing
- Provision of masks or PPE
- Consultation with infection prevention professionals to develop safe reopening measures
 - Technical assistance, counseling, or other services to assist with business planning needs
- Expenses must not have incurred prior to March 3, 2021
- 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 Business Recovery 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; (v) that I do not plan to close my business within six months following the receipt of these grant funds; and that I am up to date on any loans issued by the Federal, State, or local government. By signing, you are on notice that any facts, information, self-attestations, or verifications submitted with your Application that are found to be false may be subject to the penalties of Section 4904 of the Pennsylvania Crimes Code (18 Pa.C.S. Sec 4904) relating to unsworn falsification to authorities and/or a violation of the County of Bucks False Claims Ordinance, Ordinance No. 163.

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: