

# Huntington County

## Small Business PPE Reimbursement Grant

COVID-19 has altered the work environment for almost every business. Huntington County wants to help keep our local businesses safe by reimbursing the cost of Personal Protective Equipment (PPE). If you have a small business, this reimbursement grant program can help you outfit your employees with the PPE needed to do their jobs safely.

### For the purposes of this grant, PPE includes:

- Washable face masks
- Face mask filters
- Disposable face masks
- Face visors
- Gloves
- Hand sanitizer
- Hand wipes

### Who qualifies for this grant?

1. A small business with 1-20 staff members.
2. A for-profit or not-for-profit small business that is registered with the State of Indiana.
3. A small business that also meets a. or b. below:
  - a. A business physically located in Huntington County or any of its municipalities.OR
  - b. A business comprised of a freelance worker whose business address and home address are the same, with a contract to work in Huntington County during the year 2020.

### What does this grant cover?

1. This grant will reimburse a business for the purchase of its PPE, as listed above.
2. All purchases must have been made on or after March 1<sup>st</sup>, 2020, through October 31<sup>st</sup>, 2020.
3. As a reimbursement grant, small businesses must submit an invoice (or invoices) for all PPE items purchased, along with a receipt or other proof of purchase.
4. Alternatively, small businesses may provide itemized receipts for the PPE items purchased. If the itemized receipt is not clear as to the items purchased, be sure to submit a short explanation of each line item.

### How much grant funding can be requested?

1. The maximum amount of this PPE reimbursement grant is \$2,000 per business, per application period.
2. There will be two (2) opportunities to request reimbursement from this grant program, allowing a total of \$4,000 to be reimbursed per business.

### When can I apply for this grant?

1. The 1<sup>st</sup> application period is from August 15<sup>th</sup> – August 31<sup>st</sup>, 2020. Grants will be awarded in September. Purchases must have been made between March 1<sup>st</sup>, 2020 and August 31<sup>st</sup>, 2020.
2. The 2<sup>nd</sup> application period is from October 15<sup>th</sup> – October 31<sup>st</sup>, 2020. Grants will be awarded in November. Purchases must have been made between March 1<sup>st</sup>, 2020 and October 31<sup>st</sup>, 2020.
3. Applicants awarded a grant during the 1<sup>st</sup> application period will be disqualified if they submit the same invoices and receipts in the 2<sup>nd</sup> application period as they did in the 1<sup>st</sup> application period.
4. Application material will NOT be accepted until the grant opens on August 15<sup>th</sup> or October 15<sup>th</sup>. Applications submitted outside of the two-week application periods will be discarded.
5. Application forms must be filled out completely, signed, and the requested attachments must be included (such as invoices, receipts, Indiana Secretary of State Business Entity Report, etc.); otherwise, an application is incomplete and cannot be processed for review.

### Who do I contact if I have questions?

Please contact Aliza Tourkow at [aliza.tourkow@huntington.in.us](mailto:aliza.tourkow@huntington.in.us) or (260) 999-8600 with any questions.

# Huntington County

## Small Business PPE Reimbursement Grant

### Business Information

Date of application submittal: \_\_\_\_\_

Legal business name: \_\_\_\_\_

Trade name (dba), if any: \_\_\_\_\_

Business address: \_\_\_\_\_ County: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business email: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Applicant must be authorized to sign on behalf of business and is preferably one of the Owners. Can be same as Contact.*

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Name of person to contact with questions about this application. If same as Applicant, state "same" in the blanks.*

If Freelance Worker, provide name and address of contracted employer in Huntington County:

\_\_\_\_\_  
*\*Attach your contract as proof that you work in Huntington County for the year 2020.*

EIN: \_\_\_\_\_ Number of employees at this business: \_\_\_\_\_

*\*If more than 20 employees, you are not eligible for this grant.*

### Business Structure

- General Partnership     
  Limited Liability Partnership (LLP)     
  Limited Liability Company (LLC)  
 Sub-C Corporation     
  Sub-S Corporation     
  Domestic Non-profit Corporation

Date of Organization: \_\_\_\_\_ State of Organization: \_\_\_\_\_

*\*Attach your most recent Indiana Secretary of State Business Entity Report (available at [inbiz.in.gov](http://inbiz.in.gov)).*

### Ownership

Name	Title	% Ownership

Describe the basic nature of the business (i.e. Attorney's Office, Hair Salon, Landscaping Business, etc.):

\_\_\_\_\_

\_\_\_\_\_

# Huntington County

## Small Business PPE Reimbursement Grant

### Reimbursement Grant Requests

Amount of PPE reimbursement being requested under this grant: \$ \_\_\_\_\_

*\*Maximum request is \$2,000.00 per business, per open-application period.*

Circle the PPE types included in the attached receipt(s):  
Disposable face masks      Face visors      Hand sanitizer      Hand wipes      Washable face masks      Face mask filters      Gloves

**Invoices & Receipts from March 1, 2020 through August 31, 2020 (if applying in August):**

**OR Invoices & Receipts from March 1, 2020 through October 31, 2020 (if applying in October):**

- How many invoices have you attached for the PPE purchased? \_\_\_\_\_ invoices  
*\*If you include invoices, you must provide proofs of payment (i.e. receipts, cancelled checks (front & back), etc.) that match the invoices.*
- In lieu of invoices, how many itemized receipts have you attached for the PPE purchased? \_\_\_\_\_ receipts  
*\*If you include itemized receipts, make sure they are easy to read. If a line states "XL OR GL," write what that item is beside the item, such as "Extra Large Orange Gloves."*
- **NOTE:** If an invoice or itemized receipt contains items that are not reimbursable PPE items, cross those items out with a line and calculate the actual PPE cost, as this expresses your reimbursable amount.
- **NOTE:** If applying in October, you cannot use invoices or receipts reimbursed by this grant in August. Attempting to do so disqualifies you from being awarded a grant.

### Grant Awards

- Applicants will be notified in September or November regarding the status of their grant applications.
- Grant awards will be provided via ACH (i.e. electronic deposit). Please complete the attached ACH form and submit it with this grant application. If your business lacks the capability of receiving ACH deposits, you may request a paper check via the ACH form.

### Certifications

1. The applicant acknowledges that the PPE being reimbursed by this grant must be used in Huntington County for business purposes.  
Applicant signs here:  X
2. The applicant acknowledges that the PPE being reimbursed by this grant has NOT been reimbursed under any other grant program (no "double-dipping" of grant funds).  
Applicant signs here:  X
3. The applicant acknowledges that the PPE being reimbursed by this grant will NOT be sold to any individual, business, or other entity and will only be used by the applicant business.  
Applicant signs here:  X

By signing below, I, on behalf of the applicant business, additionally certify that:

- I am fully authorized to sign this application on behalf of the business.
- If awarded grant funding, the business and its employees agree to abide by the terms and conditions contained herein.
- I have reviewed and verified the content of this application and certify that the information provided is true and accurate.

X \_\_\_\_\_  
Signature of authorized Applicant, on behalf of the Business      Date

Printed Name      Title

# Huntington County

## Small Business PPE Reimbursement Grant

### Upon Completion

- Print all pages and sign the form in every required space.
- Scan the application and all of the required attachments into a PDF document and email it to: [aliza.tourkow@huntington.in.us](mailto:aliza.tourkow@huntington.in.us)
- Alternatively, send a paper copy of this application form, along with all required attachments to:  
**Aliza Tourkow, Grant Program Manager**  
**Huntington County Emergency Management Agency**  
**332 E. State Street**  
**Huntington, IN 46750**

### Check List

- \_\_\_\_\_ 1. Attach completed application form, including EIN, signed in all signature spaces.
- \_\_\_\_\_ 2. If you are a freelance worker, attach your contract to work in Huntington County during 2020.
- \_\_\_\_\_ 3. Attach most recent Indiana Secretary of State Business Entity Report.
- \_\_\_\_\_ 4. Attach invoices and proofs of payment for PPE purchased during the eligible time period.  
OR
- \_\_\_\_\_ 5. Attach itemized receipts for PPE purchased during the eligible time period.
- \_\_\_\_\_ 6. If receipts are not clear, include a short explanation of the unclear line items.
- \_\_\_\_\_ 7. Attach completed ACH form with your business's information.
- \_\_\_\_\_ 8. Scan and email a PDF of the above items to the County at [aliza.tourkow@huntington.in.us](mailto:aliza.tourkow@huntington.in.us).  
OR
- \_\_\_\_\_ 9. Send a paper copy of the application and its attachments to:  
**Aliza Tourkow, Grant Program Manager**  
**Huntington County Emergency Management Agency**  
**332 E. State Street**  
**Huntington, IN 46750**

# Huntington County

## Small Business PPE Reimbursement Grant

The Huntington County Auditor/Treasurer's Office provides the opportunity to receive a grant award via ACH (electronic deposit). Please complete this form with your banking information and attach it to the grant packet. This is the fastest way to receive a grant award.

If your business lacks the capability of receiving ACH deposits, you may request a paper check. Please complete that section below and return this form by attaching it to the grant packet.

Name on the Banking Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

E-mail Address to send ACH Remittance (email alert of deposit) \_\_\_\_\_

Is this a Business **Checking** or **Savings** Account? \_\_\_\_\_

**My business lacks the ability to receive ACH deposits.** Please mail my grant award to my business at:

First and Last Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

*\*Must match the address on the 1<sup>st</sup> page of the grant.*