

## Luzerne County Ticketed Venue Application

Applicant: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Type of Entity: \_\_Arena \_\_Theatre \_\_Other (please specify \_\_\_\_\_)
2. How long has your establishment been in business? \_\_\_\_\_
3. Number of employees prior to March 16, 2020? \_\_\_\_\_
4. Number of employees currently on payroll? \_\_\_\_\_
5. What is the seating capacity of your venue? \_\_\_\_\_
6. How many events have you had to cancel since March 16, 2020? \_\_\_\_\_
7. What is the estimated loss of gross revenue, due to event cancellations? \_\_\_\_\_
8. Please describe the impact that COVID-19 had on your event. (*i.e. cancellation, etc...*)  
\_\_\_\_\_
9. Amount Requested: \$ \_\_\_\_\_  
Please provide invoices along with proof of payment.
10. Please provide a brief explanation on how you plan to use the funding, i.e. COVID-19 supplies, marketing/advertising (Please attached a copy of your marketing/advertising plan)
11. Has your organization received any prior COVID-19 financial assistance? If yes, please list the programs and amounts received.

Signature & Title of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# CERTIFICATION

## COVID-19 COUNTY RELIEF BLOCK GRANT REQUEST FOR PAYMENT

I, \_\_\_\_\_, \_\_\_\_\_ (Title),  
of \_\_\_\_\_ (“Organization”), hereby certifies that:

1. A resolution, motion, or order has been duly adopted, passed, or enacted as an official act of the Organization, authorizing and directing the undersigned to execute and deliver this certification and request for payment on behalf of the Organization for approved costs and expenditures.
2. The funds requested will or have been used for eligible costs, in accordance with the Community and Economic Development COVID-19 County Relief Block Grant entered into between the Commonwealth of Pennsylvania and Luzerne County (the “County”), and evidence and receipts of use of such funds for eligible costs are attached hereto and made a part hereof.
3. The Organization has followed all appropriate purchasing and/or bidding requirements in connection with its expenditures subject to this reimbursement request.
4. The Organization has not received any reimbursement for the expenditures at issue from any other agency. If the Organization does receive such reimbursement, it will return the appropriate funds to the County. Specifically, it is understood and agreed that the Organization under no circumstances will receive two (2) reimbursements for the same expenditures.
5. The Organization agrees to hold harmless and indemnify the County for any payments made by the County to the Organization that are subsequently determined to be ineligible for reimbursement under the provisions of the COVID-19 County Relief Block Grant. In said event, the Organization agrees to repay the County for any funds paid by the County that the County cannot recoup under the COVID-19 County Relief Block Grant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Name and Title