

# COVID-19 PA Hazard Grant Program

## Survey Questionnaire

**Instructions:** Please answer the following questions in their entirety, and include this survey questionnaire with your application. Failure to do so will result in dismissal of your grant application.

### **Contact Information:**

- 1.) Employer's Name:
- 2.) Main Contact Person's Name:
- 3.) Phone Number:
- 4.) E-mail:

### **Survey Questions:**

- 1.) Is this business or the business you are applying on behalf of, minority-owned (51% or more)?
- 2.) Is this business or the business you are applying on behalf of, woman-owned (51% or more)?
- 3.) Is this the first time you, or the business you are applying on behalf of, have applied for state business funding/assistance?
- 4.) If you answered No to Question 3, what program(s) have you or the business you are applying on behalf of, applied for before?