



COVID ERC PROGRAM FEE GRANT APPLICATION

PARISH/SCHOOL NAME: _____

DATE: _____

STREET: _____

CITY: _____

PHONE: _____

PERSON COMPLETING THIS FORM: _____

Fees expected or billed by Janet Sienicki Tax & Business Service for ERC Filing services?

\$ _____

Expected ERC proceeds if known?

\$ _____

Intended use of ERC proceeds if known?

Please explain any upcoming obligations:

Average Monthly Payroll Cost: _____

Number of Employees on Payroll: _____

Average Monthly Non-Payroll Cost: _____

Any Outstanding Accumulated Bills: _____

Please describe any cash flow issues unique to your Parish or School that you would like to share with the committee:

PASTOR OR PRIEST ADMINISTRATOR APPROVAL: _____

Thank you for applying for the Covid ERC program fee grant. The Covid Task Force will review all applications and make recommendations for approval. You will hear results shortly.