Small Business Grant Application

If you have any questions or need assistance with your application, please email <u>CVanhooser@</u> <u>talbotcountymd.gov</u>

Legal Company Name *

Trade Name (if applicable)

Amount of Request *

Please explain how COVID-19 has impacted your business and how this grant will be used. *

Business Address

Street Address (Business) *

Street Address 2 (Business)

City (Business) *

Zipcode (Business)*

Country (Business) *

If your mailing address is different from your business address (above) please list your mailing address

Mailing Address

Street Address (Mailing)

Street Address 2 (Mailing)

City (Mailing)

Zipcode (Mailing)

Country (Mailing)

State *

State

Primary Contact

i innary contact	
First Name *	Last Name *
Primary Contact Job Title *	
Phone Number *	Mobile Number *
Primary Contact Email *	Primary Contact Fax
Federal Tax ID or Social Security	y Number (no dashes)*
Maryland Department of Assess Department ID Number *	ments and Taxation Business

Are you open for business now? *

 \bigcirc Yes \bigcirc No

If yes, at what percent of your pre-pandemic capacity are you operating?

 \bigcirc 25% or less \bigcirc 50% \bigcirc 75% \bigcirc 100%

Have you received funds from the Paycheck Protection Program or SBA's Economic Injury Disaster Loan? *

 \bigcirc Yes \bigcirc No

If you have not applied or do not intend to apply, please state the reason.

Is this business a not-for-profit? *

 \bigcirc Yes \bigcirc No

Does the applicant have a relationship with a subsidiary or affiliated company? *

⊖ Yes ⊖ No

Fiscal Year End *

Date Founded *

State of Incorporation *

If other than Maryland, date qualified/registered to do business in MD:

Does the applicant, or any partner, director, officer, member, principal stockholder or guarantor:

Owe any outstanding judgments? *

○ Yes ○ No

Owe any delinquent taxes? *

 \bigcirc Yes \bigcirc No

I affirm that the information provided is truthful and accurate. I understand that any payments made directly to me or my business may be taxable income and will be reported to the IRS at the end of the calendar year. I give my permission for my application and related information to be shared with various Talbot County Government departments as needed for the purpose of determining eligibility and processing payment. *

⊖ Yes

Signature *	Date *