



## GARRETT COUNTY KICK-START GRANT PROGRAM GRANT APPLICATION

### ELIGIBILITY REQUIREMENTS AND GRANT APPLICATION CHECKLIST

#### ELIGIBILITY REQUIREMENTS:

To be eligible for the grant of a maximum of \$2,500, the applicant business must:

- Be native and located within Garrett County;
- Be a restaurant or other food service business of any size or a small business with 2 to 25 employees;
- Be a “for-profit” business;
- Be solvent and plan to reopen for business once Governor Hogan’s Executive Orders related to the COVID-19 pandemic are lifted;
- Have applied for financial assistance from at least one other source (state, federal, local, regional) as a result of the COVID-19 pandemic;
- Have been open for at least one year prior to the entry of Governor Hogan’s Executive Orders related to the COVID-19 pandemic;
- Have been forced to reduce business services or operations, or had to close, due to Governor Hogan’s Executive Orders related to the COVID-19 pandemic; AND
- Prove significant loss of revenue due to Governor Hogan’s Executive Orders related to the COVID-19 pandemic.

Grant applications will be accepted beginning on Monday, May 11, 2020. Grants will be on a first-come, first-serve basis until the pool of funds has been depleted. Funds will be available commensurate with government executive orders establishing reopen dates.

To apply, a business owner must provide the following:

	Submitted	Accepted
1. Copy of your application for financial assistance from at least one other source (state, federal, local, regional) due to financial impact or damage from the COVID-19 pandemic OR a copy of an email confirmation of that the application has been submitted and received		
2. Copy of the General Information Page for your business from the MD Dept. of Assessments and Taxation ( <a href="http://www.dat.state.md.us">www.dat.state.md.us</a> ) verifying your business location and good standing with Maryland		
3. Income/Revenue Statements for the period of March/April 2019 and March/April 2020, which prove a financial impact/damage to your business due to the COVID-19 pandemic		
4. Payroll report as of March 1, 2020 detailing all full- and part-time employees		
5.. Grant application		
6. Current W-9 Form		

**NOTE TO GRANTEE APPLICANT:**

Grant funds will be remitted via electronic deposit to your business account. Please provide the following information:

Name on Business Account: \_\_\_\_\_

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

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

This bank account is a: \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

If you choose not to have the grant funds remitted via electronic deposit, it will delay the remittance of the grant funds.

**ALL GRANT APPLICATIONS MUST INCLUDE THE ABOVE INFORMATION. GRANT REVIEW WILL NOT BEGIN UNTIL ALL INFORMATION HAS BEEN RECEIVED.**

**Completed applications and all accompanying documentation MUST be submitted electronically to: [kdurst@garrettcounty.org](mailto:kdurst@garrettcounty.org).**

**GARRETT COUNTY KICK-START GRANT PROGRAM  
GRANT APPLICATION**

**GRANT APPLICATION**

**I. GENERAL INFORMATION:**

**A. Applicant:**

Business Name	
Street Address	
Mailing Address (if different)	
City or Town	
State and Zip Code	
Federal Employer Tax ID Number	
Contact Person/Title	
Telephone Number	
Fax Number	
E-Mail Address	

**B. Grant Request:**

Amount Requested (maximum of \$2,500)	\$
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**C. Business Information:**

Legal form of business	
Date founded	
Is business in good standing with the State of Maryland? (documentation required)	
# of Employees on March 1, 2020 (documentation required):	
# of Full-Time Employees	
# of Part-Time Employees	
# of Employees laid off after March 1, 2020 as a result of COVID-19	

**II. IMPACT OF COVID-19:**

***Notice to Grant Applicant: All financial data provided with this application will be held in the strictest confidence and will not be disseminated to the public.***

Revenue in March and April 2019 (documentation required)	\$
Pre-COVID-19 projected revenue for March and April 2020 (documentation required)	\$
Actual revenue for March and April 2020 (documentation required)	\$

Please provide an explanation of the impact of COVID-19 on your revenue (please continue on a separate sheet of paper, if necessary):

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Please provide an explanation of any staffing reductions you have made as a result of COVID-19:

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I HEREBY CERTIFY, that that my business:

- Is a solvent business located in Garrett County, Maryland and is in Good Standing with the State of Maryland's Department of Assessments and Taxation;
- Has been open for at least one year prior to the entry of Governor Hogan's Executive Orders related to the COVID-19 pandemic;
- Has been forced to reduce business services or operations, or had to close, due to Governor Hogan's Executive Orders related to the COVID-19 pandemic;
- Has had a significant loss of revenue due to Governor Hogan's Executive Orders related to the COVID-19 pandemic; and
- Plans to reopen for business once restrictions currently in place pursuant to Governor Hogan's Executive Orders related to the COVID-19 pandemic are lifted.

DATE: \_\_\_\_\_, 2020

BY: \_\_\_\_\_  
(signature of authorized business representative)

\_\_\_\_\_  
Printed name and title