



GARRETT COUNTY PERSONAL PROTECTION EQUIPMENT (PPE) GRANT PROGRAM GRANT APPLICATION

ELIGIBILITY REQUIREMENTS AND GRANT APPLICATION CHECKLIST

Home-based businesses, churches or religious institutions, banks and financial institutions, investment/real-estate entities, government agencies, and independent contractors **ARE NOT** eligible to apply.

Businesses that are/were awarded a Garrett County COVID-19 Business Assistance Grant, formerly known as the Garrett County Kick-Start Grant, **ARE NOT** eligible to apply.

Grants will be disbursed on a first-come, first-serve basis until the pool of funds has been depleted.

ELIGIBILITY REQUIREMENTS:

To be eligible for the grant of a maximum of \$1,000, the applicant business must:

- Be native to, and have a physical address located within, Garrett County;
- Business must be in good standing with the Maryland State Department of Assessments and Taxation;
- Be a "for profit" restaurant or other food service business or other "for profit" small business of any size **OR** a self-employed individual, provided the "for profit" business or self-employed individual does not fall into one of the excluded categories listed above;
AND
- Have no pre-existing tax liens or legal judgments

To apply, a business owner must provide the following:

	Submitted	Accepted
1. Grant application		
2. 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 Bank Account	
Bank Routing Number	
Bank Account Number	
Bank Name	
This business account is a:	_____ Checking Account _____ Savings Account

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@garrettcountry.org.**

**GARRETT COUNTY PERSONAL PROTECTION EQUIPMENT (PPE) GRANT PROGRAM
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 \$1,000)	\$
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C. Expected PPE Item Purchases (check all that apply):

Disposable Gloves	
Floor Stickers	
Masks	
Plexiglass	
Sanitizer	
Signage	
Other (please describe):	

D. Business Information:

Legal form of business	
Date founded	
Is business is in good standing with the State of MD. (<i>documentation required</i>)	

I HEREBY CERTIFY, that that my business has **NO** pre-existing tax liens or legal judgments against it.

DATE: _____, 2020

BY: _____
(signature of authorized business representative)

Printed name and title