

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION



LEONARD PARRISH
DIRECTOR OF COMMUNITY AND
ECONOMIC DEVELOPMENT

SMALL BUSINESS COVID-19 RELIEF GRANT APPLICATION

OFFICE USE ONLY:

Grant Application Number:

Date Approved:

QUALIFICATION QUESTIONS:

If you answer NO to any of the following questions, then your business does not qualify for this grant. Please visit <https://govstatus.egov.com/md-coronavirus-business> for additional financial assistance.

Is the business in good standing with the State of Maryland and Harford County and registered with the state if required to do so by law as of March 9, 2020? Visit <https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx> to obtain certificate of status.

yes no

Did the business employ at least two Full-Time Equivalent (FTE) non-owner employees, but no more than 50 FTE employees, as of March 9, 2020? (FTE = average of 30 hours or more per week)

yes no

Do the business affiliates, subsidiaries and parent company have combined revenues less than \$5 million?

yes no

Have you applied for other COVID-19 funding (loans and/or grants) to date?

yes no

If yes, please list and provide status.

Business Profile

Business Name _____

Tax ID/EIN _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Business Website _____

Contact Name _____ Title _____

Phone Number _____ Email _____

Type of Business: *(services provided, or product sold)* _____

Year established _____

Do you own or lease your business site? Own Lease

Number of employees before March 9, 2020: Full-time _____ Part-time _____

Current number of employees: Full-time _____ Part-time _____

Business Structure

Sole Proprietorship Limited Liability Company (LLC) Corporation

Partnership S-Corporation

Please describe any adverse impacts COVID-19 has had on your business (provide supporting documentation if available):

Specify the expenses for which the grant funds will be utilized:

Maryland Public Information Act Disclosure

I understand that any document deemed a public record by said law is subject to disclosure in response to a request under said law. *(Please initial with your legal, inked signature).*

Applicant Initials:

By signing this application, I certify the following under penalty of perjury:

1. The information contained in this application is true and complete to the best of my knowledge, information and belief.
2. I have read and understand the April 22, 2020 Guidance for State, Territorial, Local, and Tribal Governments posted at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf> and any amendments or supplements to that guidance, and agree to use any Small Business Relief Grant funds received pursuant to this application for purposes that are authorized under the CARES Act. The funds must be solely utilized for expenditures that occur between March 1, 2020 and December 30, 2020 and fall under one or more of the following categories:
 - Payroll
 - Operating expenses
 - Business lease or rent
 - Business telework equipment cost
 - Inventory acquisition
 - Personal protective equipment (PPE) purchase
 - Facility readiness (social distancing preparedness, business modifications, etc.)
3. I agree to maintain documentation following generally accepted accounting principles for how the funds are expended, including but not limited to financial records, payroll records, or receipts.
4. I understand and agree that records of how grant funds are used must be produced promptly upon receiving a request from the federal government, the State of Maryland or Harford County and are subject to audit.
5. I understand and agree that if I receive a Small Business Relief Grant and I do not use all of the funds for authorized purposes, I will return those funds.
6. I understand and agree that if I receive a Small Business Relief Grant and it is determined that I have used the funds for a purpose which is not authorized by the CARES Act, I will return those funds.
7. I understand and agree that if the business, which is currently operating, closes permanently before receiving the Small Business Relief Grant or, if the business is currently closed, it does not open within 30 days of receiving funds, or within 30 days of the Governor's announcement to lift closure orders (whichever is later), I must return the Small Business Relief Grant.
8. I agree to indemnify and hold harmless the County, its directors, officers and employees, for any Small Business Relief Grant funds it receives from the County that the federal government, the State of Maryland or the County determines were not used for eligible expenditures.
9. I certify that I have the authority to legally bind the business.

If all of the above outlined requirements are not met in full or if any information provided on this application is found to be false or incorrect, the business will be deemed immediately in default and funds must be returned to the County within 30 days of written notification of default. I also agree that, if I accept a Small Business Relief Grant, I will be bound by the obligations and liabilities described in this application and that Harford County shall have the right to enforce those obligations and liabilities in any manner provided by law.

APPLICANT SIGNATURE

By signing below, the applicant represents, warrants and certifies that the information provided herein is true, correct, and complete. I also understand that this application, combined with award of a Small Business Relief Grant, constitute a binding contract and shall be deemed a valid original instrument if delivered electronically (e.g., facsimile, PDF, ink or digital stamp, etc.). *(Please sign with your legal, inked signature).*

Authorized Signer/Owner

Date

Print Name

Business Name

REQUIRED SUPPORTING DOCUMENTATION

- Fully completed application
- Certificate of good standing with the State of Maryland and Harford County, and registered with the state, if required to do so by law, as of March 9, 2020 (Certificate of Good Standing can be found at <https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx>) Certificate of Good Standing may be provided via screenshot or printed from the webpage – no need to pay for official certificate
- Payroll report as of March 9, 2020 or W2 forms to support employment requirement
- Completed W9 form
- Completed treasury direct deposit form

Submit application and required documents via email to: businessrelief@harfordcountymd.gov.

QUESTIONS?

Review the FAQ page at www.harfordcountymd.gov/2887/24382/Frequently-Asked-Questions,
or email COVIDgrantquestions@harfordcountymd.gov.