

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION



LEONARD PARRISH
DIRECTOR OF COMMUNITY AND
ECONOMIC DEVELOPMENT

COVID-19 BUSINESS OWNERS ASSISTANCE 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 Harford County Government with no outstanding taxes, fees, or other charges as of March 9, 2020?

yes no

Do you own (with a mortgage), rent, or lease a commercial business location in Harford County which serves as the primary base of operation for the business applicant?

yes no

I understand all funds granted through the Business Owners Assistance Grant are to be used solely for the purpose of paying commercial business mortgage, lease, or rent.

yes no

At the time of this application (June 10, 2020), the business has not received funding or a funding commitment notification through any other Harford County COVID-19 Relief Grants.

yes no

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

yes no

If yes, please list and provide status.

Has the business applied for other Harford County COVID-19 Relief Funding?

yes no

If yes, please indicate: Small Business Relief Grant Homegrown Harford Farm Relief Grant

Business Profile

Business Name _____

Tax ID/EIN _____

Street Address shown on commercial business lease, rental, or mortgage agreement

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 (with a mortgage), lease, or rent your business site?

Lease Rent Own with a mortgage Own without a mortgage

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

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

Monthly rent, lease, or mortgage payment: _____

Business Structure

Sole Proprietorship Limited Liability Company (LLC) Corporation

Partnership S-Corporation

Please describe any adverse impacts COVID-19 has had on your business :

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, typed or 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 Business Owners Assistance 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 be used exclusively for commercial business mortgage, rental or lease payments.
3. I agree to maintain documentation following generally accepted accounting principles for how the funds are expended, including but not limited to financial 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 Business Owners Assistance 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 Business Owners Assistance 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 Business Owners Assistance 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 Business Owners Assistance Grant.
8. I agree to indemnify and hold harmless the County, its directors, officers and employees, for any Business Owners Assistance 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 Business Owners Assistance 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 Business Owners Assistance Grant, constitute a binding contract which may be executed in counterparts and shall be deemed a valid original instrument if delivered electronically (e.g., facsimile, PDF, ink or digital stamp, etc.).

Authorized Signer/Owner *(must be signed in ink)*

Date

Print Name

Business Name

REQUIRED SUPPORTING DOCUMENTATION

- Fully completed application
- Completed W9 form
- Completed treasury direct deposit form
- Copy of most recent commercial mortgage statement (April or May 2020), commercial rental or lease agreement showing ownership and primary occupancy as of March 9, 2020.
- Completed application checklist

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

QUESTIONS?

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