



COVID-19 Small Business Emergency Micro Grant Application

Rev. 4/1/2020

This Section Staff Use Only

Grant Application No.: _____ Date Application Received: _____

Amount Requested* \$ _____

*(Maximum award not to exceed a 2-month average of operating expenses and is capped at \$10,000 per business)

Have you applied for other COVID-19 relief funding (loans and/or grants) to date? Yes No If yes, please list and provide status.

BUSINESS PROFILE

Business Name: _____ Tax ID. No./EIN: _____

Contact Name & Title: _____

Street Address: _____

City, State. Zip Code: _____

Phone No.: _____ Email: _____ Business Website: _____

Business Type (i.e., restaurant, bar, retail shop, manufacturer etc.): _____

Year Business Established: _____ Length of Time as Owner: _____

Business Structure: Sole Owner S-Corp Partnership C-Corporation LLC Other _____

Own or Rent Business Site: _____ Monthly Mortgage/Rent Payment: \$ _____

of Employees before COVID-19 MD State of Emergency: Full-time _____ Part-time _____

Current # of Employees: Full-time _____ Part-time _____

PROPOSED USE OF FUNDS

Describe the adverse impact of COVID-19 on your business:

How will the grant funds be utilized?

Please answer the following questions:

Has the applicant, owner, partner, director, officer, member, or principal:

1. Been convicted of a criminal offense other than a traffic violation? Yes No If yes, please explain.

2. Been a debtor in bankruptcy or insolvency proceedings in the last seven years? Yes No If yes, please explain.

3. Been a party to any pending lawsuits or outstanding judgements in the past two years? Yes No If yes, please explain.

4. Been delinquent on any taxes in the past three years? Yes No If yes, please explain _____

APPLICANT SIGNATURE: By signing below, the applicant represents, warrants, and certifies that the information provided herein is true, correct, and complete.

If applicant is an individual:

Print Name Date

If applicant is a corporation/partnership/LLC, etc.:

(Authorized Officer/Managing Member/Partner) Print Name Date

REQUIRED SUPPORTING DOCUMENTATION CHECKLIST

- Completed application form
- Financial information:
 - a. Financial statements from last 2 years and most recent interim statement
 - b. W-9 IRS Form
 - c. Monthly operating expenses and revenues for the past year
 - d. Evidence of business disruption (i.e. reduced sales, inability to make loan payments, etc.)
- Certificate of Status (generally referred to as a Certificate of Good Standing or COGS) can be obtained at:
<https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx>

Submit application and required documents via email to: covidrelief@ccgov.org

QUESTIONS? Please contact...

Sandra Edwards, Economic Development Manager
PHONE: 410-996-8468 | [EMAIL: sedwards@ccgov.org](mailto:sedwards@ccgov.org)
Cecil County Office of Economic Development
200 Chesapeake Blvd., Suite 2700
Elkton, Maryland 21921
www.cecilbusiness.org