

*Maryland Capital Enterprises and State of MD Dept. of Commerce
"MD State of Emergency Flooding 2021 Grant" Application*

1.) Business Legal Name: _____

2.) Business Address: _____

3.) Primary Owner's Name: _____

4.) Phone Number: _____

5.) Email Address: _____

6.) Business Website: _____

7.) Business EIN/SSN for Sole Proprietorship: _____

8.) Type of Business: _____

9.) Is this business a franchise? (circle one): **Yes** or **No**

10.) Briefly describe your business. (What do you sell or what services do you provide? Is your business a social enterprise? Who is your target market? Etc.):

11.) Your annual gross revenues in 2020: _____

12.) Primary business owner's race? (circle one):

- a.) Black or African American
- b.) Latino or Hispanic
- c.) Asian
- d.) Caucasian (Non-Hispanic)
- e.) Other minority

13.) Is your business at least 51% woman-owned? (circle one): **Yes** or **No**

14.) Is your business veteran-owned? (circle one): **Yes** or **No**

15.) Is your business a disadvantaged business enterprise (DBE)? (circle one):

Yes or **No**

16.) Current business operating status? (circle one):

a.) Business is open

b.) Business is open, limited service

c.) Other (please explain): _____

17.) Date business started: _____

18.) Number of employees: _____

19.) Briefly describe how your business has been impacted by recent flooding in October 2021:

20.) Have you received any other grants from other sources as a result of flooding? (circle one):

Yes or **No**

21.) If yes to #20, please provide a brief description of other grant:

22.) Attachments required:

- a.) 2020 personal/business tax returns
- b.) Current Profit and Loss Statement
- c.) Completed W-9
- d.) Copy of business owner's driver's license
- e.) Additional information that may explain your situation

Signature/Acknowledgement:

- This grant application requires that certain business and financial documents be submitted for consideration of a grant award. By signing below, you acknowledge that you are authorized to provide this information, and that you release Maryland Capital Enterprises and State of MD Dept. of Commerce from any liability that may result from the submission of such documents through this application and the use of any grant award;
- By signing below and submitting this application, you acknowledge that you have reviewed and understood the terms and conditions of this grant; and
- By signing below and submitting this application, you further acknowledge that, under penalties of perjury, that all statements made in this application and attachments are true and accurate to the best of your knowledge and that you are authorized to submit this application on behalf of the business entity stated herein.

Name of person submitting application (Please print)

Title

Signature of applicant

Date