



GARRETT COUNTY ONLINE SALES & TELEWORK ASSISTANCE COVID-19 RELIEF GRANT PROGRAM ELIGIBILITY GUIDELINES – ROUND 3

GRANT FUNDS WILL BE AWARDED ON A FIRST COME, FIRST SERVED BASIS.

Garrett County Government has secured grant funds from the Maryland Economic Development Assistance Authority and Fund (MEDAAF) to be used to provide grants to businesses that have incurred expenses to establish or expand online sales and/or employee telework during COVID-19 (after March 2020). Available grant funds in Round 3 total approximately \$11,494.

To apply, an Applicant must provide the following:

- Fully completed application (provided);
- Fully completed IRS W-9 form (provided);
- Completed vendor information request form (provided);
- Maryland State Department of Assessments and Taxation (SDAT) Certificate of Good Standing; Certificate of Good Standing may be supplied via screenshot or printed from SDAT's website;
- Copy of Garrett County Business License, if applicable;
- Receipts for expenses incurred to establish or expand online sales and/or employee telework after March 2020; **AND**
- Proof of number of current employees.

All documents listed above are **required** for an application to be considered complete. It is the Applicant's sole responsibility to ensure all required documentation is submitted. If an incomplete application is received, the applicant will be notified via email that the application submitted is incomplete and will not be accepted. Applicant may resubmit a completed application prior to the application deadline date.

Grantee Applicant Information:

Legal Business Name	
Trade Name (if different)	
Street Address	
Mailing Address (if different)	
City or Town, State, and Zip Code	
Contact Person/Title	
Telephone Number	
E-Mail Address	

Business Information:

Legal form of business	
Date founded	
Federal Employer Identification Number	
Current # of Full-Time Employees (30+ hours per week)	
Current # of Part-Time Employees (less than 30 hours per week)	

COVID-19 Grant/Loan Relief Funding Previously Received:

Have you previously received a COVID-19 Business Relief Grant from the Maryland Department of Commerce?

Yes No If yes, amount received: \$_____

Have you previously received a COVID-19 Business Relief Loan from the Maryland Department of Commerce?

Yes No If yes, amount received: \$_____

Have you previously received a grant from the Maryland Department of Labor for the purchase of equipment to assist in the expansion of opportunities for telework?

Yes No If yes, amount received: \$_____

Have you previously received any other local, state, or federal COVID-19 relief funding?

Yes No If yes, please specify type of funding and amounts below:

Demographic Information:

The State of Maryland has asked that we gather some demographic information about all Grant Applicants.

EXHIBIT A

This form is for gathering statistical data only. This form will be separated from the application and the information provided in it will not be a part of the application approval process. Furnishing this information is voluntary; failure to do so will have no effect on the approval of the requested financial assistance.

If the applicant will be providing the requested financial assistance to another recipient (e.g., a facility user or borrower), "Respondent" should be the recipient of the financial assistance.

Is the Respondent the:

- Applicant and/or
- Recipient (or Facility User)

Respondent does not wish to furnish this information.

If the Respondent is a business organization:

If Respondent is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black of African American
- Native Hawaiian or other Pacific Islander
- White
- Veteran

Is the Respondent a State/Federal/Other certified Minority Business Enterprise?

- Yes No

If yes, please provide your:

State MBE certification number: _____

Federal 8(a)/SDB certification number: _____

Identify who the other issuer is and the other certification number: _____

- Respondent is a publicly-held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

If the Respondent is an individual:

Is the Respondent Female? Yes No

Is the Respondent of Hispanic or Latino origin? Yes No

Is the Respondent a Veteran? Yes No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black of African American
- Native Hawaiian or other Pacific Islander
- White

FOR DEPARTMENT USE ONLY:

Respondent Name: _____

Date: _____

Acknowledgement and Certification:

I certify that:

- Grant funds will be used solely for the eligible fund uses as set forth in the application;
- Applicant is physically located in Garrett County, was established and operating prior to March 9, 2020, and is currently in operation;
- Applicant is in good standing with the State of Maryland and Garrett County Government; **AND**
- Applicant has no outstanding taxes, fees, or other charges due to either the State of Maryland or Garrett County Government.

I understand and acknowledge that:

- Any misinformation submitted or omitted could result in the dismissal of this request for program assistance;
- This application does not guarantee assistance, and all eligibility guidelines, terms, and conditions must be met in order to receive the grant;
- There may be additional supporting documentation requested by the review committee at any time during the process, and I agree to provide that additional supporting documentation in a timely manner;
- I must comply with all conditions indicated on the application form and in the published Garrett County Online Sales & Telework Assistance COVID-19 Relief Grant Program Eligibility Guidelines – Round 3 and subsequent information provided in support of this application and eligibility criteria of the program;
- Confidential commercial and financial information submitted with or on this application form are entitled to protection under the Maryland Public Information Act (the “Act”), and Garrett County Government shall produce this application, and any attachments or documents submitted with the application, to third parties only in accordance with the Act and cases construing the same;
- Documentation of expenses and paid invoices, as well as a copy of the completed application and all supporting documentation, must be retained for a period of five (5) years, and I acknowledge that I must permit any duly authorized representatives of the Maryland Department of Commerce, the Maryland Economic Development Assistance Authority and Fund (MEDAAF), the State of Maryland, and/or Garrett County Government to inspect and audit all records and documents relating to the grant award within that five (5) year period.
- I may be required to provide additional documentation in the future, if a local, state, and/or federal audit is conducted, and I agree to provide that additional documentation in a timely manner; **AND**
- If any audit determines that grant funds were used for ineligible expenses or disallowed purposes, I will be liable for those ineligible expenses or disallowed purposes and must reimburse Garrett County Government and/or the Maryland Economic Development Assistance Authority and Fund (MEDAAF) in the amount of the grant funds that were used for ineligible expenses or disallowed purposes within sixty (60) days of notification.

By signing below:

- The information contained in this application and all supporting documentation is true and correct;
- I agree to comply with all program and eligibility requirements as described in the Garrett County Online Sales & Telework Assistance COVID-19 Relief Grant Program eligibility guidelines and application for Round 3.
- I understand that if my application is approved, failure to comply with all terms and conditions of the Garrett County Online Sales & Telework Assistance COVID-19 Relief Grant Program eligibility guidelines and application for Round 3 will result in termination of the Grant Award.

DATE: _____

(business name)

BY: _____
(signature of authorized business representative)

(printed name and title)