

Worcester County
Office of the County Commissioners
Government Center
1 West Market Street, Room 1103
Snow Hill, Maryland 21863-1195

MARYLAND DEPT OF COMMERCE ONLINE SALES & TELEWORK GRANT APPLICATION ROUND 2 FISCAL YEAR 2022

Section I. Applicant Information (By completing this application, you certify that the statements and answers within are true and accurate to the best of your knowledge and that you are authorized to apply for these funds on behalf of the applicant organization.)

Name of Applicant Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

Project/Service Contact Person: _____

Phone Number _____ Email Address: _____

Applicant's Federal Identification Number: _____

In what year was the organization founded? _____

Is your business currently operating? _____

How many employees does the business currently have excluding the owner? _____

Has your organization been impacted by COVID-19? Yes No

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

Yes No

Has your organization received a COVID-19 Business Relief Grant or Loan from the Maryland Department of Commerce?

Yes No

Is this organization in good standing with the State of Maryland Department of Assessment and Taxation (SDAT)?

Yes No

Section II. Grant Request and Grant Information

Has your business incurred expenses after March 2020 to establish or expand online sales? _____

Has your business incurred expenses after March 2020 to establish telework during the COVID pandemic?

Briefly describe the organization's nature of business. (Limit one page)

COVID Impacts: Briefly describe the impact of COVID-19 on the organization within the period of March 2020 through March 2021.
(Limit one page)

Please describe the use of funding of this grant request (online sales expansion, hardware/software costs, website development or expansion/enhancement to an e-commerce platform) (Limit one page)

Your Business must:

- Have been established prior to March 9, 2020
- Be registered in good standing with Maryland SDAT
- Applicants that did not receive a COVID-19 Business Relief Grant or Loan will be prioritized over applicants that received a COVID-19 Business Relief Grant or Loan from the Maryland Department of Commerce.
- Currently be in operation
- Have a physical location in Worcester County
- Not have more than 20 total employees excluding the owner
- Provide receipts, invoices or evidence to support funding request

Application must contain:

- Complete all sections (pages 1-3) of the requested attachment for the Maryland Online Sales & Telework grant request.

I certify that, to the best of my knowledge, information and belief, the information reported is correct and accurate.

Name

Date

Title

Distribution of Funds:

The County Commissioners of Worcester County, Maryland reserves the right to award grants in their sole discretion. This is a one-time grant through the Maryland Department of Commerce administered by Worcester County Government. The business applying for funding's physical address must be located in Worcester County to apply for funding.

Completed application can be submitted by email or fax on or before October 1, 2021:

Worcester County Government
Kim Reynolds (410) 632-1194
1 West Market Street, Room 1103
Snow Hill, MD 21863-1195
Fax: (410) 632-3131
kreynolds@co.worcester.md.us

Exhibit A (Regarding Item 3.A. of the Application)

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 Respondent the APPLICANT and/or RECIPIENT (or FACILITY USER)

Respondent does not wish to furnish this information

If 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 or 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 or African American
- Native Hawaiian or other Pacific Islander
- White

FOR DEPARTMENT USE ONLY:

Respondent Name: _____

Date: _____