



Application

Name of Business or Organization:

Representative Name & Title

Mailing Address

E-mail Address

Phone Number

Company Website URL

If available, enter your company website address

Federal Tax ID#, or SSN #

DUNS Number

Date of opening in Frederick County

Business/Organization Description (services/products offered)

YOUR MOVE. OUR COMMITMENT.

Please describe how COVID-19 has impacted your business/operation and your plan to continue operations.

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Lease Expiration Date

If not applicable, please type N/A. Format MM/DD/YYYY.

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2018 Gross Revenue

Please use your fiscal year when responding.

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2019 Gross Revenue

Please use your fiscal year when responding.

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Gross Revenues (3-month year over year)
Demonstrating decline due to COVID

Income Statement 2019	March	April	May	June	July	August
Revenue						
Total Expenses						
Taxable Income						

Income Statement 2020	March	April	May	June	July	August
Revenue						
Total Expenses						
Taxable Income						

Grant Use of Funds Table:

What operations will be covered/reimbursed using these grant funds?

Expense	Description	Cost
Rent		
Mortgage		
Payroll		
Benefits		
Insurance		
Utilities		
Marketing		
Vendor		
Equipment		
COVID-19 Related Supplies		
Other		



Previously Received CARES Act Funding (if applicable)

Type	Amount	Use of Funds

☐ By checking this box, I certify that I am not using this grant money for the same expense and same time period as any other Federal or State funding received, which includes, but is not limited to CARES Act (i.e. PPP or EIDL).

☐ By checking this box, I certify that if I receive reimbursement for the expenses requested here from any other Federal or State funding, which includes, but is not limited to CARES Act (i.e. PPP or EIDL), I agree to repay the EDA for those expenses duplicated by this grant.

By signing below, I authorize the Frederick County Economic Development Authority to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for the grant. I certify the above and the statements made in the attachments are true and accurate as of the stated dates. I understand that FALSE statements may result in forfeiture of benefits. *I understand that if I move my business outside of Frederick County within one year of receiving grant funds, I may have to return the full amount of the grant award.*

Printed Name (First and Last)	Date
Signature	

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