Grant review will not begin until all information has been received. Completed applications and all accompanying documentation must be submitted electronically to Kim Durst at kdurst@garrettcounty.org. All applicants are asked to contact Kim Durst at kdurst@garrettcounty.org or (301) 334-1992 to advise of their intent to file a grant application prior to submission.

Application deadline is 11:59 p.m. on Friday, February 5, 2021. NO grant applications will be accepted after that date.

All grant applications received will be reviewed the week of February 8, 2021, and grant awardees will be notified at that time.

Please see Eligibility Guidelines for eligibility criteria and business qualifications.

To apply, an eligible Applicant must provide the following:

- Completed application
- Completed IRS W-9 form
- Completed vendor information request form
- Maryland State Department of Assessments and Taxation Certificate of Good Standing, if required by law. Certificate of Good Standing may be supplied via screenshot or printed from the webpage.
- A copy of a current Garrett County Business License, if required by law
- Statement of gross income for the period of April 1, 2019 through November 30, 2019
- Statement of gross income for the period of April 1, 2020 through November 30, 2020
- Proof of the number of rooms in the hotel or bed and breakfast establishment

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, and the application will lose its spot in the application queue.
### Grantee Applicant Information:

<table>
<thead>
<tr>
<th>Business Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (if different)</td>
<td></td>
</tr>
<tr>
<td>City or Town, State, and Zip Code</td>
<td></td>
</tr>
<tr>
<td>Contact Person/Title</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

### Business Information:

<table>
<thead>
<tr>
<th>Legal form of business</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date founded</td>
<td></td>
</tr>
<tr>
<td>Federal Employer Identification Number</td>
<td></td>
</tr>
<tr>
<td>Is business in good standing with the State of Maryland?</td>
<td></td>
</tr>
<tr>
<td>Does Business have a Garrett County Business License, if applicable?</td>
<td></td>
</tr>
</tbody>
</table>

**Business is a:**

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Bed &amp; Breakfast</th>
</tr>
</thead>
</table>

**Number of sleeping rooms (proof required):**

### Detail of Loss of Gross Revenue (documentation required):

<table>
<thead>
<tr>
<th>Gross Revenue from April 1, 2020 through November 30, 2020</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Revenue from April 1, 2019 through November 30, 2019</td>
<td></td>
</tr>
</tbody>
</table>

**Please provide a brief description of your business and how COVID-19 has had an impact on it (100 words or less):**

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
Grant funds will be used for:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal operating costs, such as rent, payroll, job training, taxes, debt service, and similar costs</td>
</tr>
<tr>
<td>Purchase of personal protection equipment (PPE)</td>
</tr>
<tr>
<td>Purchase of sanitization services</td>
</tr>
<tr>
<td>Other COVID-19-related expenses</td>
</tr>
</tbody>
</table>
Demographic Information:

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

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.

Opt-out:

_______ Applicant does not wish to provide this information

Is Applicant (please check all that apply):

_______ Of Hispanic or Latino origin
_______ American Indian or Alaska Native
_______ Asian
_______ Black or African American
_______ Native Hawaiian or other Pacific Islander
_______ White

Is Applicant a Woman-Owned Business?

_______ Yes
_______ No

Is Applicant a Veteran-Owned Business?

_______ Yes
_______ No

Is Applicant a State/Federal/Other certified Minority Business Enterprise?

_______ Yes
_______ No

If yes, please provide the following information:

State MBE certification number: __________________________________________________________
Federal 8(a)/SDB certification number: __________________________________________________
If other issuer, identify the issuer and certification number: _______________________________
Acknowledgement and Certification:

I certify that:

- The information contained in this application and all supporting documentation is true and correct;
- The grant funds will be used solely for the eligible fund uses as set forth in the application;
- The Applicant Business is located in Garrett County, Maryland, and is open for business, or will be open for business no later than March 31, 2021;
- The Applicant Business is in good standing with the State of Maryland and Garrett County Government;
- The Applicant Business has no outstanding taxes, fees, or other charges due to either the State of Maryland or Garrett County Government; AND
- The Applicant Business is registered with the Maryland Department of Assessments and Taxation, if required, or, in the case of a sole proprietor, has a valid Garrett County business license.

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 Hotel Relief Grant Eligibility Guidelines 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 must permit any duly authorized representatives of the Maryland Department of Commerce, 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 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 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:

- I certify that the information set forth above and in this application is true and correct.
- I agree to comply with all program and eligibility requirements as described in the Garrett County Hotel Relief Grant Eligibility Guidelines and application.
- I understand that if my application is approved, failure to comply with all terms and conditions of the Garrett County Hotel Relief Grant Eligibility Guidelines and application will result in termination of the Grant Award.

DATE: __________________________ (business name)

BY: ____________________________________________________________ (signature of authorized business representative)

__________________________________________________________ (printed name and title)