



GARRETT COUNTY RESTAURANT RELIEF GRANT APPLICATION



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@garrettcountry.org.

Please see [Eligibility Guidelines](#) for eligibility criteria and business qualifications.

To apply, an Applicant must provide the following:

- Fully completed application
- Fully completed IRS W-9 form
- Vendor information request form
- Maryland State Department of Assessments and Taxation Certificate of Good Standing, if required by law, or a copy of a current Garrett County Business License. Certificate of Good Standing may be supplied via screenshot or printed from the webpage.
- Copy of Garrett County Health Department permit.

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:

Business Name	
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	
Primary NAICS Code <i>(as set forth on your business tax returns)</i>	
Federal Employer Identification Number <i>(or Social Security number, if a sole proprietorship)</i>	
Is business in good standing with the State of Maryland and/or does Applicant have a current Garrett County Business License?	
# of Full-Time Employees (30+ hours per week) as of March 1, 2020	
# of Full-Time Employees (30+ hours per week) as of November 1, 2020	
# of Part-Time Employees (less than 30 hours per week) as of March 1, 2020	
# of Part-Time Employees (less than 30 hours per week) as of November 1, 2020	
Estimated eligible expenses or purchases incurred due to COVID-19 during the period of March 1, 2020 through December 30, 2020	

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:

	Rent/mortgage payments
	Utilities
	Information Technology upgrades and e-commerce programs
	Marketing
	Employee training
	Commercial cleaning and sanitation services
	Professional services
	Vehicle or equipment expenses to expand outdoor dining
	Infrastructure improvements
	Disposable food containers/utensils
	Other COVID-19 health-related expenses or purchases incurred due to COVID-19 during the period of March 1, 2020 through December 30, 2020

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 was in business on March 1, 2020;
- 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;
- 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; AND
- The Applicant Business has a valid Garrett County Health Department permit.

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 Restaurant 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 Restaurant 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 Restaurant 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)