

## **Maryland Small Business COVID-19 Emergency Relief Grant Fund:**

1. Website: <https://commerce.maryland.gov/fund/maryland-small-business-covid-19-emergency-relief-grant-fund>
2. Grant Overview:
  - a. Grants up to \$10,000 not to exceed 3 months of cash operating expenses for Maryland businesses and nonprofits impacted by the COVID-19 with 50 or fewer employees
  - b. Business must be established prior to March 9, 2020
  - c. Business must be in good standing
  - d. Annual Revenues of the business or nonprofit not to exceed \$5 million as evidenced by Financial Statement or other financial documentation
  - e. Business or nonprofit is expected to seek longer term funding through its bank, SBA, or other source
  - f. Eligible uses include: working capital to support payroll expenses, rent, mortgage payments, utility expenses, or other similar expenses that occur in the ordinary course of operations.
  - g. Business or non-profit must demonstrate financial stress or disrupted operations, which may include but are not limited to:
    - i. Notices from tenants closing operations and not paying rent caused by loss of income
    - ii. Notice of inability to make loan payments due to reduced sales, suspended operations
    - iii. Increased cost related to COVID-19 prevention measures.
    - iv. Notice of disrupted supply network leading to shortage of critical inventory or materials.
    - v. Other circumstances subject to review on a case by case basis.
3. Application website: <https://marylandcommerce.wufoo.com/forms/small-business-covid19-emergency-grant-relief-fund/>
4. Application:
  - a. Contact information: [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov)
  - b. Step 1:

DEPARTMENT OF COMMERCE

### Small Business COVID19 Emergency Grant Relief Fund

Please fill out the form below to apply for the Maryland Small Business COVID-19 Emergency Grant Relief Fund offered by the Maryland Department of Commerce.

Progress: Initial Screening Questions (Active) | Applicant Information | Terms and Conditions

\* Does the business have less than 50 employees (including both full-time and part-time)?  
 Yes  No

\* Was the business established prior to March 9, 2020?  
 Yes  No

\* Borrower affiliates subsidiaries and parent company of Borrower have combined revenues less than \$5MM  
 Yes  No

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c. Step 2:

NOTE: Various documents will be required for uploading. Since it takes some time to fill out this form, the system might prompt you to re-upload the documents upon submission. Please have the files available if this happens. If you have trouble, please email [Commerce COVID-19 Assistance](#).

\* Legal Company Name

Trade Name (if applicable)


\* Amount of Request (cannot exceed three months of cash operating expenses)

\$  .

Dollars Cents


\* Please explain how COVID-19 has impacted your business and the purpose of the grant:

\* Attach Evidence of Business Disruption (ex. Reduced sales, inability to make loan payments) ?



Choose a file  
File limit 25MB

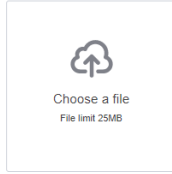
\* Attach financial statements (2 years) and/or most recent interim statement



Choose a file  
File limit 25MB

## [W-9 IRS Form](#)

\* Download W-9 form above from the IRS, fill out/save and attach here:



### \* Business Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

### Mailing Address (if different than above)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

### \* Do you have a Federal Tax ID?

Yes  No

### \* Social Security # (no dashes)

Enter 9 digits. 0

### \* Unemployment Insurance Number (no dashes)

Enter 10 digits. 0

### \* Have you applied for SBA Disaster Fund

Yes  No

\* Are you going to seek SBA Disaster Assistance

Yes  No

\* Primary Contact

First Last

\* Primary Contact Job Title

\* Primary Contact Phone Number -DAYTIME

-  -

\* Primary Contact Phone Number - MOBILE

-  -

Primary Contact Fax Number

-  -

\* Primary Contact Email

\* Primary Contact Email

Opt-in for email communications from the Maryland Department of Commerce.

\* Is the business a non-profit?

Yes  No

\* Legal Form of Business

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\* Does the applicant have a relationship with a subsidiary or affiliated company?

Yes  No


\* 6-digit NAICs Code (no dashes)

Type a number  
Enter 6 digits. 0

\* Fiscal Year End


  
MM DD YYYY

\* Date Founded

  
MM DD YYYY

\* State of Incorporation

If other than Maryland, date qualified/registered to do business in MD:

  
MM DD YYYY

\* Nature of Business

Other Locations?

\* Has the applicant, or any partner, director, officer, member, principal stockholder or guarantor:

	Yes	No
Been convicted of a criminal offense other than a traffic violation?	<input type="radio"/>	<input type="radio"/>
Been a debtor in bankruptcy or insolvency proceedings?	<input type="radio"/>	<input type="radio"/>
Been a party to any pending litigation in the past two years?	<input type="radio"/>	<input type="radio"/>
Do any of the aforementioned parties owe any outstanding judgments?	<input type="radio"/>	<input type="radio"/>
Do any of the aforementioned parties owe any delinquent taxes?	<input type="radio"/>	<input type="radio"/>

If yes to any of the above, please explain:

Optional Survey Questions (Exhibit A)

This portion form is for gathering statistical data only. This 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.

Respondent does not wish to furnish this information.

Is the Survey Respondent the APPLICANT and/or RECIPIENT (or FACILITY USER)?

Yes  No

Is the Survey Respondent:

A Business Organization  
 An Individual

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

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

- Yes  No

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- d. Step 3: Terms and conditions
- e. Once everything is completed, submit the application