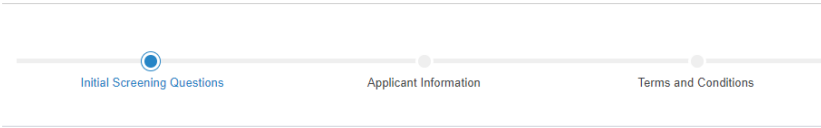


Maryland Small Business COVID-19 Emergency Relief Loan Fund:

1. Website: <https://commerce.maryland.gov/fund/maryland-small-business-covid-19-emergency-relief-loan-fund>
2. Loan Overview:
 - a. Loans up to \$50,000 (not to exceed three months of cash operating expenses) open to Maryland businesses impacted by the COVID-19 with fewer than 50 employees.
 - b. 0% for the first 12 months, and 2% for the remaining 36 months.
 - c. Deferral of any payments for the first 12 months, and straight amortization beginning in the 13th month through the 36th month.
 - d. Business must be established prior to March 9, 2020 and in good standing.
 - e. Two years of historical financial statements and most recent interim statement to benchmark revenue against (if available).
 - f. Six month pro forma of estimated lost revenue or other documented loss evidence.
 - g. Minimum personal credit score of 575.
 - h. No collateral requirements.
 - i. 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.
 - j. 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-loan-relief-fund/>
4. Application
 - a. Step 1:

Small Business COVID19 Emergency Loan Relief Fund

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



* 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

* Is this business a non-profit?

Yes No

Next Page

b. 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:



Choose a file
File limit 25MB

* Business Address

<input type="text"/>	
Street Address	
<input type="text"/>	
Address Line 2	
<input type="text"/>	<input type="text" value="MD"/>
City	State / Province / Region
<input type="text"/>	<input style="border: none; border-bottom: 1px solid #ccc; text-align: right; font-size: small; color: #666; cursor: pointer; padding-right: 5px;" type="text" value="United States"/> ▾
Postal / Zip Code	Country

Mailing Address (if different than above)

Street Address

Address Line 2

MD
City State / Province / Region

United States
Postal / Zip Code Country

* Do you have a Federal Tax ID?

Yes No

* Social Security # (no dashes)

Type a number

Enter 9 digits. 0

* Unemployment Insurance Number (no dashes)

Type a number

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

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

Yes No

* 6-digit NAICs Code (no dashes)

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

[Previous](#)

2 / 3

[Next Page](#)

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

