



Restaurant Grant Relief Program:

Funds to support Dorchester County restaurants that have experienced a COVID-19 disruption. Printable applications will be available on the Economic Development Website or in paper form at the Dorchester County Council's Office, County Office Building, 501 Court Lane, Room 108, Cambridge, Maryland 21613. Applications must be dropped off in person at the County Council Office, Room 108 during the hours of 8:30AM.-4:00PM. **NO EMAIL APPLICATIONS WILL BE ACCEPTED. GRANT APPLICATION DEADLINE: February 22, 2021.**

Eligibility:

- Must be in Good Standing with the State of Maryland and Dorchester County
- Have a physical address in Dorchester County
- Must demonstrate a pandemic business interruption shown through internal sales records to compare between periods in 2020 and 2019
- Open to Restaurants that have not received any funding from County

Qualifying Expenditures:

- Working capital, such as rent, payroll, and job training
- Purchase of equipment and services to expand outdoor dining, such as tents, heaters, warmers, and carts
- Infrastructure improvements, such as HVAC system upgrades
- Technology to support carryout and delivery
- Purchase of PPE and disposable food containers and utensils
- Sanitization services

Final Report:

A final report is due March 31, 2021. Please include a narrative explaining the use of funds with a list of expenditures along with any other supporting documents. Additional documentation may be required.

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104 Tech Park Drive, Suite 41 | Cambridge, MD 21613 | (410) 228-0155
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Instructions - Please read and review all content carefully before submitting. All sections of the application **must be completed** or the application will not be accepted.

GRANT APPLICATION FORM

Section 1

Company/Business Section:

Date: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Postal Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Nature of Business: _____

Owner(s) Name: _____

Taxpayer Identification Number (TIN): _____

Business Premises: Owned Rented Mortgaged

Details of Ownership: Sole Trader Partners LLC Corporation

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Section 2

Application Questions:

1. Does your business have between 1-50 employees? ___ Yes ___ No How many? _____

2. Was the business established before February 2020? ___ Yes ___ No

3. What date was your business founded? _____

4. Is your mailing address different from your physical address? ___ Yes ___ No

Address _____

5. Have you applied for Federal Assistance and how much did you receive?

___ Yes ___ No \$ _____

6. Have you applied for State Assistance and how much did you receive?

___ Yes ___ No \$ _____

7. Who is the primary contact for your business? _____

8. Do you have any outstanding judgments? ___ Yes ___ No

Please explain _____

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12. Do you have any delinquent taxes? ____ Yes ____ No

Please explain _____

13. Are you in good standing with the state and county? ____ Yes ____ No

14. Please give narrative of your COVID 19 business disruption: _____

15. How will the grant funds be used? BE SPECIFIC:

Please explain _____

Section 3

Application Documents Needed:

2019 Tax Returns or Schedule C

2019 W-9 IRS Form

Monthly Operating Expenses and Revenues for 2020 relative to 2019 (Profit and loss Statement)

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Section 4

Affirmation and Certification:

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for rejection.

Signature: _____ Date: _____

Title: _____

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Section 5

Survey Questions:

How many full-time employees did you have before _____ during _____ and after _____ COVID?

What best describes your industry?

(Please Choose One)

- Agriculture, Forestry, Fishing, and Hunting
 - Utilities
 - Construction
 - Manufacturing
 - Wholesale Trade
 - Retail Trade
 - Transportation and Warehousing
 - Information and Cultural Industries
 - Professional, Scientific and Technical Services
 - Administrative and Support, Waste Management and Remediation Services
 - Educational Services
 - Health Care and Social Assistance
 - Arts, Entertainment and Recreation
 - Accommodation and Food Services
 - Other Services (except public admin), please specify
-

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Today, what is your general view of the COVID-19 impact on the Local economy?

___ _ No Response ___ _ Minimal ___ _ Moderate ___ _ Significant

Has COVID-19 impacted your business?

___ Yes ___ No ___ Unsure

If Yes, how?

(Please select all that apply)

- We are seeing a reduction in revenues/sales
- We are experiencing employee absences due to voluntary self-quarantines
- We are experiencing employee absences because we're encouraging them to work from home –but staff are still working
- We are experiencing employee absences because they must look after children (whose schools have closed) or loved ones who are ill
- We have reduced our staff due to the difficulties of running the business due to loss of customers or other reasons
- We are experiencing disruptions in the services/supplies/material we depend on to our business (i.e., imported products, contractor availability, other services etc.)
- We are experiencing cancellations of important meetings, gatherings or events that we depend on
- We have had to cancel our own meetings, gatherings or events
- We have had to temporarily/indefinitely shut down our office(s)

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- We are postponing or canceling staff travel
 - We are unable to move or ship our own goods due to disrupted supply chains
 - We are experiencing a decrease in demand for products and services
 - We are experiencing an increase in demand for products and services
 - Heightened public fear/caution is causing customers to avoid our location or services
 - Other, please explain
-

If COVID-19 is reducing your revenues/sales, by how much?

___ No Response ___ 1-10% ___ 11-20% ___ 21-30% ___ 31-40% ___ 41-50% ___ Over 50%

In response to COVID-19, do you plan to do any of the following?

Remap/re-source supply chain

___ No Response ___ Not likely ___ Somewhat likely ___ Very likely ___ Certain

Change customer marketing and sales efforts

___ No Response ___ Not likely ___ Somewhat likely ___ Very likely ___ Certain

Curtail general burdens/expenses

___ No Response ___ Not likely ___ Somewhat likely ___ Very likely ___ Certain

Increase Debt

___ No Response ___ Not likely ___ Somewhat likely ___ Very likely ___ Certain

Certain Reduction of workforce

___ No Response ___ Not likely ___ Somewhat likely ___ Very likely ___ Certain

Cancel or curtail business travel

___ No Response ___ Not likely ___ Somewhat likely ___ Very likely ___ Certain

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