



## COVID Grant Relief Program Applicant Form

Printable applicant forms 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. Applicant forms must be dropped off in person at the County Council Office, Room 108 during the hours of 8:30AM-4:00PM. **NO EMAIL APPLICANT FORMS WILL BE ACCEPTED. FORM APPLICATION DEADLINE: May 7, 2021.**

Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ TIN # \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Owner/Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How will you use the grant funds? \_\_\_\_\_

Do you have a net worth of less than \$750,000?  Yes  No

Did you have an adjusted gross income of less than \$350,000?  Yes  No

Do you have less than \$6 Million in assets?  Yes  No

**Please complete and return general demographic form with applicant form  
Please keep your files for up to five years**

**APPLICANT DEMOGRAPHIC FORM**

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.

Please select all that apply.

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

Respondent does not wish to furnish this information

**If Respondent is a business organization:**

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

Is the Respondent a State/Federal/Other certified Minority Business Enterprise?  
Yes  No

If yes, please provide your:  
State MBE certification number:  
Federal 8(a)/SDB certification number:  
Identify who the other issuer is and the other certification number:

Respondent is a publicly held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

**If the Respondent is an individual:**

Is the Respondent Female? Yes  No   
Is the Respondent of Hispanic or Latino origin? Yes  No   
Is the Respondent a Veteran? Yes  No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White