



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: May 7, 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 July 1, 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.

DORCHESTER COUNTY ECONOMIC DEVELOPMENT OFFICE

104 Tech Park Drive, Suite 41 | Cambridge, MD 21613 | (410) 228-0155
www.ChooseDorchester.org



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 _____

- 9. Do you have an adjusted net worth of less than \$750,000? Yes No
- 10. Do you have an adjusted gross income of less than \$350,000? Yes No
- 11. Do you have less than \$6 Million in assets? Yes No

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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 ____

14. Please give narrative of you 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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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