



Hotel and Bed & Breakfast Grant Relief Program:

Funds to support Dorchester County hotels 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 26, 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 loss
- Open to Hotels & B&B's only (NAIC Codes 721110 and 721191) that have not received any funding from County (**not open to Airbnb or vacation rentals**)

Qualifying Expenditures:

- Working capital, such as rent, payroll, job training, taxes, debt services, or similar cost
- COVID-19 related cost

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 _____

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

Please explain _____

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

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

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

Please explain _____

Section 3

Application Documents Needed:

2020 or 2019 Tax Returns or Schedule C

W-9 IRS Form

Monthly Operating Expenses and Revenues (Profit and loss Statement) to demonstrate loss

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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