



City of New Carrollton

6016 Princess Garden Parkway
New Carrollton, MD 20784
(301) 459-6100

CITY OF NEW CARROLLTON ECONOMIC DEVELOPMENT GRANT APPLICATION

Instructions: Please complete the following application in its entirety and submit it along with all supplemental and required documents. Please see Eligibility Checklist to ensure eligibility of application for grant funds.

CONTACT INFORMATION

Your Name

Business Name

Doing Business As (DBA)

Business Phone

Website

Business Email

Primary Business Address

Contact Person

Name

Phone

Email

GRANT REQUEST **AMOUNT OF THE GRANT REQUESTED: \$ _____**

Sector or Industry of your business (ie. retail, business services, hospitality, computers, medical):

Product or service provided

NAICs Code

Federal Employer Identification # (EIN)

Taxpayer Identification # (TIN)

State Tax Registration

#State of Maryland Business License #:

City of New Carrollton Business License #

Entity Type/ Form of Ownership

- Independent Contractor
- Single-Member LLC
- 501c3 nonprofit
- Sole Proprietorship
- Partnership
- Cooperative
- Limited Liability Corporation (LLC)
- S-Corporation
- Other _____

Business Established Date

Number of W2 Employees (Full Time)

Number of W2 Employees (Part Time)

Is your company recognized as any of the following? (Select all that apply)

- Small Business
- Minority Owned
- Woman Owned
- Veteran Owned
- Disabled Owned

Are you a franchise?

- Yes
- No

If yes, are you independently owned and operated?

- Yes
- No
- Not applicable

Are you a seasonal business?

- Yes
- No

If seasonal, what is your busiest season?

- Winter
- Spring
- Summer
- Fall

Business Banking

Bank Name

Aba/Routing Number

Account Number

Account Type

What was your year to date revenue as of June 30, 2019?

What was your estimated year to date revenue as of June 30, 2020?

Are you a home-based business?

- Yes
- No

Is the City of New Carrollton the primary location or headquarter location for your business? If relocating to the City of New Carrollton, will the City of New Carrollton be the primary location or headquarter location for your business? · Yes · No

If no, what City and State is your business headquarters located in?

Ownership- List all business owners

Name	Title	% of Ownership	SS#

Please briefly explain how funds granted would be used to meet your business needs. Grant funds may be used for expenses such as building and property improvements; energy efficient equipment upgrades and building retrofits; equipment. During the COVID-19 pandemic, and for six (6) months thereafter, grants may be used to pay for relocation expenses for new businesses coming to the City and for utility, rent and office/business supply expenses of existing businesses in the City. Thereafter, grants may not be used for business operations.

How many jobs could grant funds help retain or restore for your business?

If relocating to the City of New Carrollton, how many jobs will be created in the City due to your business relocation?

What communication tools and platforms does your business use to communicate with its clients and other key stakeholders?
(i.e. websites, email, newsletters, social media, signs, virtual meetings, etc.)

What strategies, new products or services has your business adopted or plans to put in place for continuity and long-term sustainability?

DISCLOSURES

Please list any unpaid taxes below:

Federal:

Type	Amount	Past Due:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	Payment Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State:

Type	Amount	Past Due:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	Payment Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Local:

Type	Amount	Past Due:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	Payment Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any outstanding debts with the City of New Carrollton? *If "yes":* Yes No

Type	Amount
<input type="text"/>	<input type="text"/>

Do you have any outstanding City of New Carrollton Code Enforcement violations?

If "yes": Yes No

Type	Amount
<input type="text"/>	<input type="text"/>

Are there any outstanding, pending or anticipated claims, judgments, liens or litigation against your business? Yes No
(If "yes", please attach explanation)

CERTIFICATION BY APPLICANT

I certify that all information in this application and in the attached exhibits, attachments, and addendums are true and complete to the best of my knowledge, information, and belief. The undersigned agrees that the tax information provided to the City of New Carrollton is identical to what was submitted to the IRS. Further, I/we agree not to engage in employment practices which deny equal employment rights to persons by reason of (i) political or religious opinion or affiliation, marital status, race, color, creed or national origin; (ii) sex or age, except when sex or age constitutes a bona fide occupational qualification; or (iii) physical or mental disability of a qualified individual with a disability. I/we agree to comply with the State’s policy of maintaining a drug and alcohol- free workplace. I/We hereby authorize all involved in this project to exchange freely without further authorization and consent, any and all financial information and reports provided in connection with this application and the processing of the grant request. The undersigned agrees that banks, State agencies, IRS and other sources are hereby authorized now, or anytime in the future, to give the City of New Carrollton, or their assigns and successors, any and all information in connection with matters addressed in this application, including information concerning the payment of taxes by the applicant. The undersigned agrees to notify the City of New Carrollton immediately, and in writing of any change in name, address, or employment of any material adverse change in any of the information contained in these statements. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fails to notify the City of New Carrollton as required above, or if any of the information herein or in the statement should prove to be inaccurate or incomplete in any material respect, the City of New Carrollton may declare the application for funding invalid and denied. I also certify that I will provide W-9 and all required forms to be submitted with this application for tax verification purposes. I understand this to be important for receiving payment.

Initial: __

I, the undersigned, understand and agree that the grant shall be repaid to the City in the event that the business leaves the City within 3 years of the date of the Grant Agreement.

Initial __

The applicant(s) and/or the business concern has/have read all of the above and agree(s) to abide by same, evidenced by the executed signatures below

Signature

Title

Date

Please be sure to include the additional attachments required.

Submit application to dbarber@newcarrolltonmd.gov or mail to City of New Carrollton 6016 Princess Garden Parkway
New Carrollton, MD 20784 (301)-459-6100

City of New Carrollton Economic Development Grant - KEY CHECKLIST

Thank you for your interest in the City of New Carrollton Economic Development Grant. To be eligible to receive grant funds, the following items must apply to your business. Please submit a copy of this completed checklist along with your application, and all required Documents.

****Please note that non- profit organizations are not eligible for the fund and City of New Carrollton property taxes and other City financial obligations cannot be paid with grant funds****

Requirement Checklist:

Operating business for a year as of January 1, 2020. New business ventures are not eligible.

Principal business office or location must be physically located in the City of New Carrollton.

Or

If relocating to the City of New Carrollton, the principal business office or location is confirmed to be physically located in the City of New Carrollton.

Business must be able to show proof of employment

Business must be in Good Standing with Maryland Department of Assessments and Taxation (SDAT)

Must have a current City of New Carrollton Business License, or if relocating to the City of New Carrollton, must obtain a City Business License.

Must have no outstanding financial obligations to the City of New Carrollton, i.e. unpaid fees and fines, unpaid Personal Property Taxes, etc.

Business Name: _____ Date: _____

By: _____

Title: _____

City of New Carrollton Economic Development Grant- REQUIRED DOCUMENTS

Thank you for your interest in the City of New Carrollton Economic Development Grant. The following required documents **MUST** be submitted along with your Application for consideration. You must also submit an Eligibility Checklist and any documents that are supplemental to the application.

REQUIRED DOCUMENTS:

Completed Application including:

- a. W-9 (list only the number you file your business taxes under)
- b. Certificate of Status “Good Standing Certificate” from the Maryland Department of Assessments and Taxation (submission of Certificate will fulfill requirements C & D)
- c. Articles of Incorporation/ Organization/ Formation
- d. Proof of business address (e.g. copy of a utility bill power, gas, cable, phone or water-sewer dated within the past two months showing the business address lease.) If relocating to the City, provide a copy of a lease or deed
- e. 2019 Income Statement or Business Tax Return (Form 4506-T)
- f. 2020 Estimated Interim Income Statement (January – June)
- g. 2019 Personal Tax Return (If filing Schedule C)
- h. Employee payroll rosters for March 2020, April 2020, and most recent 2 payroll periods
- i. Screenshot of the ABA/routing number and account number from your business account bank website