



# COVID -19 BUSINESS RECOVERY INITIATIVE

## APPLICATION CHECKLIST

### Required Documents:

- Completed Application
- Executive Summary
- U.S. Tax Return for 2018
- 4506-T Tax Return Verification Form
- 2019 Income Statement or Business Tax Return
- Payroll/Employee Roster (for week of March 2, 2020)
- Signed Employment Certification
- 2020 Year to Date Income Statement (January – March)
- Evidence of Business Disruption
- Evidence that application has been submitted to the U.S. SBA and State of Maryland
- Personal Financial Statement for each owner with 20% or more ownership interest
- Articles of Incorporation/Organization/Formation
- Domestic Wire Transfer Form

# COVID-19 Business Recovery Initiative Application

(Please refer to the instructions on the previous page.)

1. **Business Name:** \_\_\_\_\_
2. **Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_
3. **Registered Agent:** \_\_\_\_\_  
**Address:** \_\_\_\_\_
4. **Contact Person** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
5. **Borrower(s):** \_\_\_\_\_
6. **District:** \_\_\_\_\_ **Years in business:** \_\_\_\_\_

7. **Nature of Business**  
**NAICS Code:** \_\_\_\_\_
- Type of Product or Service:** \_\_\_\_\_
- Federal Employer ID#** \_\_\_\_\_ **State Tax Registration #** \_\_\_\_\_

8. **Form of Organization**
- Private for Profit
- Non-Profit  Other (please explain) \_\_\_\_\_

9. **Form of Ownership**
- Corporation  Partnership
- Proprietorship  Other (please explain) \_\_\_\_\_
- Limited Liability Company
- Date Acquired/Established:** \_\_\_\_\_

10. **Ownership**

Name	Title	% of Ownership	SS#

- Minority owned**  **Woman owned** (must be 51% minority or woman to qualify)
- Latino-owned**  **Veteran-owned**
- County-based**  **Certified MBE**

If the ownership total above is less than 100%, please indicate the total number of business owners:

**11. Assistance Requested**

**A. Amount of Grant Requested:** \$ \_\_\_\_\_

**B. Use of Funds:** (attach additional sheets if necessary)

---

**C. COVID Impact:** (attach additional sheets if necessary) Briefly explain how the business was impacted by COVID-19. Include details such as any period the business was closed, staffing issues, loss revenue, supply chain interruptions, etc. Also estimate loss of revenue.

---

**13. Other Financial Relief**

**Have you requested/received relief from landlord, lender, or other creditor?**

Yes      Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

No

**Have you applied for SBA Disaster Fund?**

Yes      Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

No

**Have you applied for the State of Maryland Emergency Grant or Loan Fund?**

Yes      Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

No

**Have you applied for any other COVID related relief funds?**

Yes

No

**14. Prince George's County, Maryland Employment**

	<b>Pre COVID-19 Employment</b>	<b>Current Employment</b>
<b>Full-Time</b>	_____	_____
<b>Part-Time</b>	_____	_____
<b>1099's</b>	_____	_____
<b>Total</b>	_____	_____
<b>Average Yearly Salary</b>	_____	_____

**How many employees are Prince George's County Residents?** \_\_\_\_\_

# DISCLOSURES

15. **Unpaid Taxes** (List any below)

	Type	Amount	Past due	Payment Terms
Federal				
State				
Local				

16. **Are there any outstanding, pending or anticipated claims, judgments, liens or litigation against the applicant?**

Yes (If "yes", please attach explanation)  No

17. **Have you ever personally declared bankruptcy or been an officer of a company or organization where bankruptcy has been declared?**

Yes (If "yes", please attach explanation)  No

18. **Have you ever defaulted on any loans in the past seven (3) years?**

Yes (If "yes", please attach explanation)  No

## Certification by Applicant

All information in this application and in the attached exhibits, attachments, and addendums are true and complete to the best of my/our knowledge, information, and belief. **The undersigned agrees that the tax information provided to the County and FSC First are 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 the financing of 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 loan request.

The undersigned agrees that banks, credit agencies, State agencies, IRS and other sources are hereby authorized now, or anytime in the future, to give FSC First or Prince George's County, or their assigns and successors, any and all information in connection with matters addressed in this application, including information concerning the payment of taxes and credit information by the applicant.

Each of the undersigned agrees to notify us immediately, and in writing of any change in name, address, or employment of any material adverse change (1) in any of the information contained in these statements or (2) in the financial condition of any of the undersigned or (3) in the ability of any other undersigned to perform its (or their) obligations to us. 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 fail(s) to notify us 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, we may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable.

Photo, Video & Print Release Form; I, the undersigned, hereby give my permission to the Prince George's Financial Services Corporation (FSC First) or Prince George's County, its agents and employees, to print, publish, videotape, reproduce or otherwise use my name, photograph, or photographs, and any descriptive text regarding my participation in this program in a publication or publications to be disseminated publicly by FSC First to publicize and promote FSC First activities in Prince George's County and the State of Maryland. In order to participate in this promotional effort, I hereby release and agree to hold harmless and indemnify FSC First from any and all rights, claims, or interest which I may have or which may arise as a result of FSC First's publication of my name, photographic likeness (print, video or electronic), or other personal information for the purposes above-described, and I agree to hold harmless and indemnify FSC First and Prince George's County from any and all claims concerning my participation in the promotional effort by third parties relating thereto.

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 [pgccovidrelief@co.pg.md.us](mailto:pgccovidrelief@co.pg.md.us)  
Prince George's County Economic Development Corporation  
1801 McCormick Drive, Suite 350  
Phone (301) 583-4650

