



## City of Mount Rainier Small Business Assistance Grant Program Application

Name of Applicant: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**\*\*Cannot exceed \$5,000**

Was business operating prior to March 9, 2020? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the business in operation as of the date of the application? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the business experienced a revenue loss due to the negative economic impacts of the COVID-19 pandemic? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of the Revenue Loss, including how COVID-19 impacted your revenues:

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**Required Documents:**

Applications ***must*** provide the following documents.

- Two most recent tax returns
- CY 2021 Income Statement
- Current employee roster
- Two most recent bank statements
- Other financial documentation that provides clear evidence or proof of the revenue loss due to the negative economic impact of COVID-19 on the business and justifies the funding request

**Has the business received prior funding for any revenue losses contained in this application from the Federal Government, State of Maryland, or Prince George's County? \_\_\_\_\_(Y/N)**

**Certification:**

Applicants ***must*** check the box below and sign and date the application prior to submission.

- Under penalty of perjury, I certify that the information presented in this application, including supporting documentation, is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of, and the required repayment of all benefits received through the City of Mount Rainier Small Business Assistance Grant Program.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***For Internal Use***

*Date Application Received:* \_\_\_\_\_

*City Approval/Denial:* \_\_\_\_\_

*Approved Funding Amount:* \_\_\_\_\_

*Date of Grant Award Notice:* \_\_\_\_\_