

Maryland Department of Commerce
Maryland Small Business Development Financing Authority (MSBDFA)
Financing Programs
COVID-19 Emergency Relief Loan Fund Program Application

Before completing this Application, please review the qualifications for financial assistance in Section 7 (Qualification for Financial Assistance) and the Fund Guidelines, in particular the Ineligible Businesses section. Also, if your business has received any funding from the U. S. Small Business Administration (SBA) or any other Local Government funding program, please verify the requirements of those lenders. There may be restrictions on the business receiving additional funds from other sources.

1. Applicant Information:

Applicant Name (Company):

Contact Person, Title:

Address:

City, State, Zip, County:

Is this your principal place of business?

Web Site:

Email:

Telephone (business):

Mobile:

Fax:

SS# (if sole proprietor):

Fed. Employer ID#:

State Unemployment ID#:

Date Founded:

Fiscal Year End:

NAICS Code:

Nature of Business:

Other Locations:

Any subsidiaries or affiliated companies?

Yes No

(If yes, please list)

How did you hear about the MSBDFA COVID-19 Emergency Relief Loan Fund?

- 2. Legal Form of Business:** For-Profit Sole Proprietorship
 S Corporation C Corporation Limited Liability Company
 Joint Venture General Partnership Limited Partnership

State of Organization:

If other than Maryland, date qualified/registered to do business in MD:

- 3. Employment – Current Number of Employees - Working in Maryland:** Average Salary:

Number of employees
(Working in Maryland)

Average Salary of employees

As of 12/31/19

4. Request/Purpose:

4a. What is the amount of financing your company is requesting? **(Provide Detail Below)**

4b. Complete the chart below providing the total use of loan proceeds.

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(If available, attach a detailed listing items listed below)

<i>(Double click here to use as Excel File)</i>			(Round to nearest \$)
<u>Description</u>			<u>Amount</u>
Working capital - current payroll expenses		\$	
Working capital - current rent/mortgage expenses			-
Working capital - all other current expenses			
Working capital - delinquent payroll expenses			
Working capital - delinquent rent/mortgage expenses			
Working capital - all other delinquent expenses (provide list)			
Acquisition of equipment or vehicle			
Facility improvements (due to COVID-19)			
Other (Explain)			
TOTAL		\$	-

5. Information about Ownership and Management: Information About Management: List the names of all owners who have 20% or greater interest. Provide the percentage of ownership and the annual compensation from the applicant.

5a.

<u>Name & Title:</u>	<u>Date of Birth</u>	<u>Percent of Ownership</u>
<u>Home Address:</u>	<u>Management</u>	<u>Annual</u>
	<u>Experience (yrs.)</u>	<u>Compensation</u>
	<u>Business</u>	<u>Education</u>
	<u>Experience (yrs.)</u>	<u>(highest degree)</u>
<u>Telephone (home):</u>	<u>Fax No. (home)</u>	<u>Mobile No.</u>
<u>Social Security No.:</u>		<u>Your Investment in the</u>
		<u>Applicant: \$</u>

THE FOLLOWING IS OPTIONAL

<u>Ethnicity:</u>	<u>Gender:</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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<u>Name & Title:</u>	<u>Date of Birth</u>	<u>Percent of Owners</u>
<u>Home Address</u>	<u>Management</u>	<u>Annual</u>
	<u>Experience (yrs.)</u>	<u>Compensation</u>
	<u>Business</u>	<u>Education</u>
	<u>Experience (yrs.)</u>	<u>(highest degree)</u>
<u>Telephone (home)</u>	<u>Fax No.(home)</u>	<u>Mobile No.</u>
<u>Social Security No.</u>		<u>Your Investment in the</u>
		<u>Applicant: \$</u>

THE FOLLOWING IS OPTIONAL

<u>Ethnicity:</u>	<u>Gender:</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Name & Title: _____	Date of Birth _____	Percent of Ownership _____
Home Address _____	Management Experience (yrs.) _____	Annual Compensation _____
_____	Business Experience (yrs.) _____	Education (highest degree) _____
Telephone (home) _____	Fax No.(home) _____	Mobile No. _____
Social Security No. _____	_____	Your Investment in the Applicant: \$ _____

THE FOLLOWING IS OPTIONAL (BUSINESS OWNERSHIP):

Ethnicity: _____ Gender: Male Female

IF MORE ROOM IS NEEDED TO LIST OWNERS, ATTACH A SEPARATE SHEET WITH THE ABOVE INFORMATION

5b. Who will manage the day-to-day operations of the business, if different from the owner(s)? (include resume(s))

6. COVID-19 Business Impact:

Please attach a brief summary that includes:

- a description of the impact COVID-19 has had on applicant's revenue
- a description of the impact COVID-19 has had on applicant's business expenses
- a description of the impact COVID-19 has had on applicant's supply chain causing a shortage of critical inventory or materials (if applicable)
- a discussion of the impact COVID-19 has had on applicant's employee numbers to date and over the next 6 months
- a discussion of the applicant's financial needs to adjust the way it does business over the next 6 months

7. Qualification for Financial Assistance:

- 7a. The applicant's principal place of business is in Maryland
- 7b. Has been economically affected by the COVID-19 crisis.
- 7c. The applicant was established on or prior to January 1, 2019
- 7d. The person(s) holding a majority (at least 51%) of the ownership interest in the applicant must have a minimum credit score of 550
- 7e. The applicant has not received a COVID-19 relief loan from the State of Maryland
- 7f. The applicant is in good standing in its state of incorporation and is qualified to do business in Maryland if it is a foreign corporation
- 7g. The applicant either does not have or is not currently in default or delinquent on any loan or payment obligation it has with the Maryland Department of Commerce or any other state of Maryland agency **(If unchecked, please explain and provide current status-include attachment, if necessary):**

8. Additional Information:

8a. Has the applicant or any partner, member, principal stockholder of the applicant:

1. been convicted of a criminal offense other than traffic violation(s)? Yes No
2. been a debtor in bankruptcy or insolvency proceedings? Yes No
3. been a party to any **pending** litigation? Yes No
4. had a judgment entered that has not been satisfied? Yes No

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5. has any delinquent or outstanding taxes? Yes No
6. Are any of the aforementioned parties subject to any outstanding liens that may lead to a judgment(s)? Yes No
7. Does the company or its owners have any liens, judgments and/or contingent liabilities that are not disclosed elsewhere in the application package? Yes No

(If yes to any of the above, please explain - include attachment, if necessary):

PLEASE NOTE: Failure to fully disclose an explanation to any of the above in Section 8a may result in the declination of the financing request.

8b. Please submit the following information with your application and check the box that best corresponds to each item below.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Completed the entire application and signed pages 7 & 8 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Completed and signed IRS Form W-9 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Financial statements (income statement and balance sheet) or tax returns for 2018 and 2019 |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. COVID-19 Impact Summary (see Section 6 of this application) and one or more of the following: <ul style="list-style-type: none">a. Interim financial statements (income statement and balance sheet) for the most recent fiscal period but, in any case, for the fiscal period ending no earlier than May 31, 2020b. Delinquency notices or emails that reflect the applicant's inability to pay employees, pay rent or mortgage, pay suppliers or make loan payments, etc. in 2020c. Evidence of increased costs related to COVID-19 prevention measures such as invoices, cancelled checks, purchase orders, contracts, etc.d. Evidence of disrupted supply chain or network leading to shortage of critical inventory or materialse. Other evidence of business disruption due to COVID-19 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Resumes for all individuals owning 20% or more of the applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Financial projections for next six (6) months with related assumptions |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Insurance Certificates or Binders for facilities, inventory, Worker's Compensation, and general liability (if loan request is \$100,000 or greater) |

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9. BLS 3020 and BLS 3023 Consent

Periodically the Office of Labor Market Analysis and Information of the Maryland Department of Labor, Licensing and Regulation ("DLLR"), in cooperation with the U. S. Department of Labor, Bureau of Labor Statistics ("BLS"), collects employment and wage data from you and other employers who conduct business in the State of Maryland. This information, collected on the Multiple Worksite Report (BLS 3020) and the Annual Refiling Survey (BLS 3023), is kept confidential and may only be used by the Department of Commerce ("COMMERCE") with your written consent. COMMERCE is requesting disclosure of this information in order to pre-qualify your company for economic development programs and to evaluate the effectiveness of COMMERCE economic development programs and their impact on your company's employment level.

I give consent to DLLR to release to COMMERCE the BLS 3020 and the BLS 3023 information that our company has provided or will provide in the future, solely for the purposes of pre-qualifying our company for economic development programs and evaluating the effectiveness of the economic development programs and their impact on our company's employment level.

If our company receives financing from COMMERCE and is required to provide periodic employee reports, and the company has more than one location the State, the Company will provide COMMERCE with the BLS 3020 or its equivalent in addition to any other employee reports, to determine the company's employment level at a specific location over the reporting period.

Applicant's Correct Legal Name:

Authorized By (Signature):

Name and Title:

Date:

Name of Employment Reporting Contact Person:

Phone Number:

State Unemployment Insurance ID#

Fed. Employer ID#:

List all other reporting entity Unemployment Insurance ID Numbers:

Name:

UI Number:

Fed. Employer ID#:

10. Application Affidavit

A. AUTHORIZED REPRESENTATIVE: I HEREBY AFFIRM THAT I am the (title) and a duly authorized representative of (name of recipient) and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

B. CERTIFICATION OF CORPORATION REGISTRATION AND TAX PAYMENT: I FURTHER AFFIRM THAT:

(1) The business named above is a [corporation][] formed in [Maryland] [(other state:)] and registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, and that it is in good standing and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation, and that the name and address of its resident agent filed with the State Department of Assessments and Taxation is:

Name: (If not a corporation, state so:)

Address:

(2) Except as validly contested, the business has paid, or has arranged for payment of, all taxes due all government entities including the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, the Department of Labor, Licensing and Regulation (DLLR), and all other taxing authorities, as applicable, and will have paid all withholding taxes due to the State of Maryland and all other government entities prior to final settlement.

C. AFFIRMATION REGARDING BRIBERY CONVICTIONS: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, (as is defined in §16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with the public bodies (as is defined in §16-101(f) of the State Finance and Procurement Article of the Annotated Code of Maryland), has been convicted of, or has had probation before judgment imposed pursuant to Article 27, §641 of the Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other state or federal law, **except as follows:** [indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved, and their current positions and responsibilities with the business]:

D. AFFIRMATION REGARDING OTHER CONVICTIONS: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has:

(a) been convicted under state or federal law of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;

(b) been convicted of any criminal violation of a state or federal antitrust statute;

(c) been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. §§1341, et seq., or Mail Fraud Act, 18 U.S.C. §§1341, et seq., for acts arising out of the submission of bids or proposals for a public or private contract;

(d) been convicted of a violation of the State Minority Business Enterprise Law, Section 14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(e) been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsection (a), (b), (c), or (d) above;

(f) been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of bids or proposals for a public or private contract; or

(g) admitted in writing or under oath, during the course of an official investigation or other proceeding, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above,

except as follows: [indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment]:

E. AFFIRMATION REGARDING DEBARMENT: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, **except as follows:** [list each debarment or suspension, providing the date of the suspension or debarment, the name of the public entity, the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds for the debarment or suspension, and the details of each person’s involvement in any activity that formed the grounds for the debarment or suspension]:

F. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES: I FURTHER AFFIRM THAT:

(1) The business was not established to, nor does it operate in a manner designed to, evade the application of or defeat the purpose of debarment pursuant to §§16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and

(2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, **except as follows:** [indicate the reasons(s) why the affirmations cannot be given without qualification]:

G. SUB-CONTRACT AFFIRMATION: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

H. ACKNOWLEDGMENT: I ACKNOWLEDGE THAT this Affidavit is to be furnished to COMMERCE and may be distributed to units and agents of (1) the State of Maryland, (2) counties or other subdivisions of the State of Maryland, (3) other states and their subdivisions, and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable criminal and civil laws of the United States and the State of Maryland and that nothing in this Affidavit or any agreement resulting from the submission of this application shall be construed to supersede, amend, modify, or waive, on behalf of the State of Maryland or any of its units or agents, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms, and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the proposed contract, and (3) other Affidavits comprising part of the proposed contract.

I DO SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

(Name)

By: _____
(Authorized Representative and Affiant)

Name:

Title:

Date:

11. Agreements and Certifications:

In Accordance with Executive Order 01.01.1983.18, the Department of Commerce (the Department” or “COMMERCE”) advises you as follows regarding the collection of personal information:

Certain personal information requested by the Department or its Agents, including Meridian Management Group, Inc., is necessary in determining your eligibility. Failure to disclose this information may result in the denial of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information may be disclosed to appropriate staff of the Department, public officials, and auditors of the Department’s affairs for purposes directly connected with the processing of your application and the administration of the program for which its use is intended. This information is routinely shared with State, federal, and local government agencies. Information regarding job creation and retention may be shared with the public. You have the right to inspect, amend, or correct personal records in accordance with the Maryland Public Information Act.

Certification: All information in this application and in the attached exhibits, attachments, and addendums is true and complete to the best of my/our knowledge, information, and belief. I/We agree to pay for the cost of any surveys, title or mortgage examinations, credit reports, lien searches, appraisals, etc. that are necessary for consideration of this application. Further, I/we agree not to engage in employment practices that 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 on maintaining a drug and alcohol free workplace. I hereby authorize all involved in the financing of this project to exchange freely, without further authorization and consent, any financial information and reports provided in connection with this application and the processing of this loan request.

Obligation to Report Change in Financial Position: Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change in (1) any of the information contained in the statement, (2) the financial condition of any of the undersigned, or (3) the ability of any of the undersigned to perform its (or their) obligations to you.

Applicant’s Correct Legal Name:

Authorized By (Signature): _____

Name and Title:

Date:

Exhibit A

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.

If the applicant will be providing the requested financial assistance to another recipient (e.g. a facility user or borrower), “Respondent” should be the recipient of the financial assistance.

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

FOR DEPARTMENT USE ONLY:

Applicant/Borrower PORTFOL Account No.: _____

Date: _____