



APPLICATION PREVIEW

Please apply online at mainstreetchestertown.org after reviewing the questions here.

Main Street Chestertown
COVID-19 RECOVERY GRANTS

Business Name _____

Business Structure (Sole owner, S-Corp, Partnership, C-Corp, LLC, or
Other: (specify, _____)

Years in Business _____

Business Address _____

Federal Tax ID # _____

Maryland taxpayer ID # _____

Are you in good standing with the Maryland Department of Assessments and Taxation?
 Yes No (If no, please explain: _____)

Business Owner Name _____

Business Owner Email _____

Business Owner Cell Phone _____

Number of W-2 Employees on March 1, 2020

_____ Full-Time _____ Part-Time

Number of W-2 Employees Today

_____ Full-Time _____ Part-Time

Business Hours prior to COVID-19 impact

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

Current Business Hours

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

Monthly rent/mortgage payment: _____

Monthly utilities: _____

Monthly payroll : _____

Briefly describe how COVID-19 has impacted your business (attach separate sheet if needed):

Estimated drop in revenue April through September 2020, compared to same period in 2019.
_____ %

Did you/do you plan to close your business for part of winter 2021 because of COVID challenges?

_____ Yes _____ No _____ Unsure

Are you considering closing your business for good because of COVID-related challenges?

_____ Yes _____ No _____ Unsure

FUNDING REQUEST

Please describe what business need you would address with a Main Street recovery grant. Grants will range from \$1,000 to \$10,000; amounts will depend on the number of successful applicants. Please provide a fairly detailed accounting of the expenses you would cover or new project you would support with a Main Street grant.

(Note: You will be required to provide proof of grant expenditures.)

By clicking "I agree" you swear under penalty of perjury that to the best of your knowledge the information stated in this application is accurate.

I agree Name: _____