

**CAMBRIDGE MAIN STREET, INC.**  
**SUMMARY OF DOWNTOWN STRONG**  
**PANDEMIC RELIEF PROGRAM**

## DOWNTOWN STRONG PANDEMIC RELIEF GRANT PROGRAM GUIDELINES:

<b>Program Name:</b>	<b>Downtown Strong Pandemic Relief Program</b>
<b>Purpose:</b>	To provide relief to eligible businesses vital to the ongoing revitalization efforts of the Main Street district in Cambridge, MD. Said businesses have been adversely economically impacted by the 2020 Covid-19 pandemic since the March 5, 2020 State of Emergency was declared by the State of Maryland.
<b>Grant Types:</b>	1. Downtown Strong General Pandemic Relief Grant (“General Relief Grant”)
<b>PARTICIPANT ELIGIBILITY REQUIREMENTS:</b>	
<b>Business Location:</b>	<ul style="list-style-type: none"> <li>• The participant must principally operate their business within the bounds of Main Street, as delineated by the Maryland Department of Housing and Community Development in Cambridge, MD. (see attached map) <ul style="list-style-type: none"> <li>○ The businesses’ mailing address and/or owner’s home address can be located anywhere, so long as the principal operations are physically located within these boundaries.</li> </ul> </li> <li>• Home-based businesses are ineligible to participate in this program.</li> </ul>
<b>Business Formation:</b>	<ul style="list-style-type: none"> <li>• Participant must be a legally formed business entity or sole proprietorship.</li> </ul>
<b>Eligible Businesses:</b>	<p>The program will only be available to the following businesses, whether for-profit or not-for profit:</p> <ul style="list-style-type: none"> <li>• Retail (including restaurants)</li> <li>• Wholesale</li> <li>• Manufacturing</li> <li>• Health and Human Services</li> <li>• Other Services (including automotive and professional services)</li> <li>• Museums</li> <li>• Tour Providers</li> <li>• Non-profit Social Clubs</li> <li>• Community Organizations (i.e. Chamber of Commerce)</li> </ul>
<b>Ineligible Businesses:</b>	<p>The program will not be available to the following businesses:</p> <ul style="list-style-type: none"> <li>• Banks or Financing Providers</li> <li>• Real Estate: Third Party Property Management or Brokerage</li> <li>• Real Estate Ownership and Operating Entities; including Airbnb, Landlords</li> <li>• Transportation Services; including Uber, Lyft, and Taxi Services.</li> <li>• Entertainment Venues</li> <li>• Political Parties and related campaign offices and operations.</li> <li>• Government Agencies</li> <li>• Churches and Religious Service Providers</li> </ul>
<b>Ineligible Sumptuary Business Activity:</b>	<p><u>A business engaged in the sale, distribution, or production of any of the following products will not be eligible participants:</u></p> <ul style="list-style-type: none"> <li>• Firearms</li> <li>• Drug paraphernalia, excepting State licensed Certified Providers of Medical Cannabis</li> <li>• Adult entertainment/bookstores</li> <li>• Online gambling</li> </ul>
<b>Good Standing</b>	<ul style="list-style-type: none"> <li>• Participant may not be presently petitioning or engaged bankruptcy protection proceedings.</li> <li>• Participant must not have any past due federal, state, or local tax obligations incurred prior to 2020 past due in excess of \$5,000.</li> <li>• Participant must not have been served by a notice of eviction from their landlord as a result of being behind in rent for more than 1-month.</li> </ul>
<b>Application</b>	Applicant must fully complete the Downtown Strong Grant Application Form.
<b>Affiliate Businesses:</b>	Commonly owned businesses and affiliates are eligible for separate grants. Each applicant must hold by a legally distinct business entity and each application will be separately reviewed and processed. No more than one grant will be awarded to multiple businesses operated by an individual that is not divisible by separate and distinct sole proprietorship status.

<b>Source of Funds:</b>	<b>State of Maryland, administered by Cambridge Main Street, Inc.</b>
<b>USE OF FUNDS:</b>	
<b>Eligible Uses:</b>	<ul style="list-style-type: none"> <li>• Rent Payments to a Third Party property owner</li> <li>• Utilities</li> <li>• Payroll</li> <li>• Real Estate Taxes incurred in 2020 or 2021</li> <li>• Payroll Taxes incurred in 2020 or 2021</li> <li>• Other operating expenses, not to exceed \$1,000.</li> <li>• Capital Expenditures</li> <li>• Website Construction</li> <li>• Supply Chain Management</li> <li>• Inventory Management</li> <li>• Hire a Shipping Provider/Delivery Service</li> <li>• Client Relation Management Software</li> <li>• E-Commerce Catalogue and Product Display</li> <li>• Training for Use of an E-Commerce Suite</li> </ul>

**MAP OF MAIN STREET DISTRICT IN CAMBRIDGE**

The applicant’s principal operations must be located within this district. This district is designated by the State of Maryland Main Street program.



## APPLICANT BUSINESS INFORMATION

The following information is required to process your grant request. Please complete all sections.

**Business Legal Name:**

**Doing Business as (DBA) Name, if any:**

**Primary Contact Name:**

**Tax I.D. #**

**Telephone #:**  
(    )    -

**Email Address:**

**Street Address (no PO Boxes):**

**City:**

**State:**

**Zip Code:**

Own    Rent    Home-based business

**Mailing Address (if different):**

**City:**

**State:**

**Zip Code:**

**Ownership Entity Type (Check One):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> C Corporation                   | <input type="checkbox"/> Business Individual | <input type="checkbox"/> General Partnership                 |
| <input type="checkbox"/> S Corporation                   | <input type="checkbox"/> Non-Profit          | <input type="checkbox"/> Limited Partnership                 |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Sole Proprietor     | <input type="checkbox"/> Limited Liability Partnership (LLP) |

Other (Describe): \_\_\_\_\_

**Is the Ownership Entity a Subsidiary of a Publicly Traded Corporation?**

Yes    No

**Date Business Established:**

**Time at Current Address:**

**State of Incorporation:**

**Month:**

**Year:**

**Month:**

**Year:**

**Type of Business (Check One)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retail – Food & Beverage | <input type="checkbox"/> Service – Health | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Retail –Beverages Only   | <input type="checkbox"/> Service – Other  | <input type="checkbox"/> Entertainment Venue |
| <input type="checkbox"/> Retail – Other           | <input type="checkbox"/> Wholesale        | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Arts Organization        | <input type="checkbox"/> Manufacturing    |  |
| <input type="checkbox"/> Museum                   | <input type="checkbox"/> Social Club      |  |

**Description of Business:**

**List any Affiliated Companies:**

*(Commonly owned businesses that share operations or sell products and services with the applicant)*

# GRANT REQUEST

<b>Total Downtown Strong Pandemic Relief Grant Request:</b>	
<b>Itemize how the funds will be used:</b>	
<b>Rent</b>	<b>\$</b>
<b>Payroll</b>	<b>\$</b>
<b>Utilities</b>	<b>\$</b>
<b>Other Operating Expenses (Please Itemize below)</b>	<b>\$</b>
	<b>\$</b>
<b>Capital Improvement Projects (Please describe below and attach itemization)</b>	<b>\$</b>

**Capital Improvement Projects:** In addition to operating expenses, the business may choose to apply for funds supporting the following operating / capital needs.

- |  |   |
|--|---|
| <input type="checkbox"/> Website Construction<br><input type="checkbox"/> Supply Chain Management<br><input type="checkbox"/> Inventory Management<br><input type="checkbox"/> Hire a Shipping Provider/Delivery Service | <input type="checkbox"/> Client Relation Management Software<br><input type="checkbox"/> E-Commerce Catalogue and Product Display<br><input type="checkbox"/> Online Advertising and Promotions<br><input type="checkbox"/> Training for Use of an E-Commerce Suite |
|--|---|

**Please describe how your business plans to utilize capital project funds:**

<b>Total Requested:</b>	<b>\$</b>
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**Applicant Representations:**

#1. Is the Applicant in Good Standing with the State of Maryland? Yes  No

Your businesses' current standing can be obtained here:  
<https://egov.maryland.gov/businessexpress/entitysearch>

#2. Is the applicant subject to outstanding judgments? Yes  No

**REPRESENTATION:**

*The undersigned certifies that I intend to apply for the Grant in the manner indicated in this application and certify that everything stated in this application and on any attachment is correct. The Grantor (Cambridge Main Street, Inc.) may keep this application whether or not it is approved. I certify that the grant being applied for will be used for business purposes as highlighted herein. My signature also certifies that the information on this application and all supporting documents is true, that my intent is solely to apply for a grant, and that I am aware that this application is not a commitment to receive a grant. Applicant may be required to submit additional information to process this request for approval. My signature authorizes Grantor to share the information provided on this application to the State of Maryland, for sake of legal compliance related to the Maryland Strong Economic Recovery Initiative ("MD-SERI").*

**Name of Business (Please Print):**

**Name of Authorized Signer (Please Print)**

**Authorized Signature:**

**Date:**

X

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