



Kent County Upper Shore Micro Ag Grant Application

OFFICE USE ONLY

Grant Application No.: _____ Award Amount: _____ Date Approved: _____

APPLICATION SUBMITTAL INSTRUCTIONS

Submit COMPLETE AND ACCURATE application with all required supporting documentation in PDF form (preferably in one PDF) via email to econdev@kentgov.org and include the legal business name in the email subject line. If you are attaching multiple PDFs, each one must be named in an easily identifiable manner, for example, W9 or Application, etc. It is imperative that all applicants ensure the accuracy of their legal business name and address when completing and signing their application, W9, and Electronic Funds Transfer Authorization forms.

The deadline to apply is 4:00 p.m. on January 31, 2021. ELECTRONIC, TYPED SUBMISSIONS (except for required legal signatures) are preferred. All forms have been made fillable for convenience. Also, pictures (taken with a cell phone) of application pages or other documents will NOT be accepted. Again, please label your email subject line with the legal name of the business to ensure expediency.

QUESTIONS? Email econdev@kentgov.org

BUSINESS PROFILE

Business Name: _____ **Year Business Established:** _____

Tax ID. No./EIN: _____ **Maryland SDAT ID No.:** _____

Contact Name & Title: _____

Contact Phone No.: _____ **Contact Email:** _____

Street Address of Business: _____

City, State. Zip Code: _____

Business Website: _____

Business Structure: • Sole Proprietorship • S-Corp • Partnership • C-Corporation • LLC • Non-profit
• Cooperative • Other: _____

Own or Rent/Lease Business Site: _____

ELIGIBILITY CRITERIA

If you answer NO to either of the following questions, then your business does not qualify for this grant:

- Is the business operated in Kent County?
___Yes ___No
- Does your business fall into one of the following categories? Crop and/or livestock production, Agricultural product processing, Aquaculture, Ag Cooperative, or Timber production or processing
___Yes ___No

Priority Status

- Please check any of the following that describe to your project (if none, leave blank):
___Benefits the entire agriculture community ___Includes two or businesses working in cooperation
___Involves new or emerging markets ___Supports BIPOC, women and/or veteran farmers
___Supports a Buy Local campaign

PROJECT DESCRIPTION AND PROPOSED USE OF FUNDS

Please describe the project for which the funds will be used:

Specify below the expenses for which the grant funds will be utilized (documentation such as receipts and invoices will be required for reimbursement).

Specify below cash or in-kind contributions that will be used toward the total project cost (optional).

Maryland Public Information Act Disclosure

I understand that any document deemed a public record by said law is subject to disclosure in response to a request under said law.

Applicant Initials: _____

By signing this application, I certify the following under penalty of perjury:

1. The information contained in this application is true and complete to the best of my knowledge, information and belief.
3. I agree to maintain documentation following generally accepted accounting principles for how the funds are expended, including but not limited to financial records, invoices, or receipts.
4. I understand and agree that records of how grant funds are used must be produced promptly upon receiving a request from the Upper Shore Regional Council, the State of Maryland, or Kent County and are subject to audit.
5. I understand and agree that if I receive an Upper Shore Ag Grant and it is determined that I have used the funds for a purpose that is not authorized by Kent County Economic and Tourism Development, I will return those funds.
6. I agree to indemnify and hold harmless the County, its directors, officers and employees, for any Upper Shore Micro Ag Grant funds received from the County that the State of Maryland or the County determines were not used for eligible expenditures.
7. I certify that neither the business nor the owner(s) are in bankruptcy or pending litigation that would restrict the receipt of grant funds.
8. I certify that I have the authority to legally bind the business.

If all of the above outlined requirements are not met in full or if any information provided on this application is found to be false or incorrect, the business will be deemed immediately in default and funds must be returned to the County within 30 days of written notification of default. I also agree that, if I accept an Upper Shore Micro Ag Grant, I will be bound by the obligations and liabilities described in this application and that Kent County shall have the right to enforce those obligations and liabilities in any manner provided by law.

Authorized Signature & Acknowledgement

By signing below, the applicant represents, warrants and certifies that the information provided herein is true, correct, and complete. Applicant also understands that this application, combined with award of an Upper Shore Micro Ag Grant, constitutes a binding contract (grant agreement) and shall be deemed a valid original instrument if delivered electronically (e.g., facsimile, PDF, ink or digital stamp, etc.).

(Signature of Authorized Signer/Owner)

Date

Print Name

Business Name

REQUIRED DOCUMENTATION CHECKLIST

(Please check the boxes – this will help ensure you did not forget anything)

- ☐ Fully completed & signed Application
- ☐ Proof of good standing with licensing body (if required)
- ☐ Completed & signed W-9 form (PDF can be found at www.kentgov.org/aggrant)