

1. Are you certified in the State of Maryland as a Minority Business Owner?
Yes No

2. How many people do you currently employ? _____

3. Prior to February 1, 2020, how many people did you employ? _____

4. What percentage of your business is conducted in the City of Seat Pleasant?

5. What percentage of Seat Pleasant residents benefit from your business?

6. Describe in detail, how the pandemic effected your business/non-profit (i.e., financial loss; unemployment for owner; required reduction in force; reduction in employee salaries; debt)?

7. Describe in detail, how the relief funding will be used to help your business/non-profit recover from the impact of COVID?

8. Is your business location facing utility disconnection (water, electricity, heating fuel, gas) related to the pandemic impact? Yes No

9. Is your business facing disconnection from Wi-Fi related to the pandemic?
Yes No

10. Are you a Veteran? Yes No
11. What is your age? _____
12. How do you identify as your gender? Female Male Other:
13. What is your ethnicity?
African-American ____ White ____ Hispanic/Latino ____ Asian____ Other__ _

Please attach documents that give evidence to the hardship you have described.

Certification Statement:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand The City of Seat Pleasant will use this statement to determine my eligibility for assistance.

Signature: _____
(date)

Printed Name: _____