

MAINE DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
 CDBG-CV19 Micro-Enterprise Grant Program
APPLICATION

A. APPLICANT BUSINESS

Business Name:		Phone:	
Business Address:		Fax:	
*City, ZIP:		E-Mail:	

***Portland, Biddeford, Auburn, Lewiston, Bangor, Cumberland County (excluding Brunswick) are ineligible.**

Business Owner(s):		Phone:	
Owner(s) Address:		Fax:	
City, ZIP:		E-Mail:	

DUNS #: <i>This must be the number for the specific Business to be assisted.</i> Applicant DUNS (Dunn & Bradstreet) #:(visit http://fedgov.dnb.com/webform .to obtain a number)
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Does the business have active and valid state licenses/registrations, if applicable?
 YES _____ NO _____

Number of employees: _____

B. BUSINESS INFORMATION

Provide a clear, concise description of the business' activities and the impact of closure or limited operations on the business, and its loss.

C. PROJECT FUNDING

Provide the amount of CDBG funds to be requested.

Maximum \$5,000

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D. ATTACHMENTS

1. Document the previous years' (2019) monthly revenues as well as current, 2020, monthly revenues to demonstrate actual loss of revenue due to closure or limited ability to operate normally as a result of the Governor's Executive Orders.

2. The owner's 2019 personal federal income tax return(s) documenting income eligibility.

This form must be fully completed, signed and dated, and requested attachments included for your application to be accepted as complete.

Applicant Certifications

As the applicant I certify under the penalties of perjury that:

1. To the best of my knowledge and belief, all information contained in this application and all attached documentation is true and correct and current as of the date signed below;

2. I will comply with all applicable State and federal laws and regulations;

3. I acknowledge that I am applying for and may receive Federal Community Development Block Grant funds and that I have not benefitted from other federal, state or local funds that would fully cover the costs without the assistance I am applying for, and that the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

4. There are no actions, suits or proceedings pending or, to the knowledge of the applicant, threatened against or affecting the applicant and/or business at law or in equity before any court or administrative officer or agency which might result in any material adverse change in the business or financial condition of the applicant.

Signature of Applicant

Printed or Typed Name:

Name of Applicant **Business**:

Date:

Signature of Co-Applicant

Printed or Typed Name:

Date:

Predominant Household Race: White _____ African American _____ Asian _____ American Indian _____
Other _____