

**Department of Commerce  
Environmental Product Declaration  
Assistance Fund**

**\*NOTE: Grants are TAXABLE. Please consult your tax advisor prior to submitting your application.\***

The Environmental Product Declaration Assistance Fund provides reimbursable grants of \$20,000 to producers of eligible materials to support the development, standardization, and transparency of environmental product declarations for cement and concrete mixtures used in the construction of an eligible project.

*READ CAREFULLY: Please complete all fields and provide accompanying information for your application to be processed. By completing this application, you certify that the statements and answers within are true and accurate to the best of your knowledge and that you are authorized to apply for this program on behalf of yourself or the applicant.*

**1 Applicant Information**

Full Legal Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_ (as registered with the Maryland State Department of Assessments and Taxation)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email Address (if applicable): \_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

Unemployment Insurance Number (if applicable): \_\_\_\_\_

NAICS Code (if applicable): \_\_\_\_\_

Contact Person: Please provide the primary contact information for this application.

Name \_\_\_\_\_

Title: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Alternate Contact Person: Please provide an alternate contact for this application.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Grant Agreements for approved applicants will be sent for signature via DocuSign. Please provide the email address for the DocuSign Grant Agreement to be emailed for signature:

\_\_\_\_\_

**2 Ownership Information** – please list all individuals with an ownership interest in the business. Each owner will be required to submit a Schedule of Personal Net Worth (see Section 5 for additional details).

**3 Legal Form of Business:**

Profit  Non-Profit

Individual/Sole  C Corporation  S Corporation  Partnership

Proprietor or Single-member LLC

Limited liability company. Enter the tax classification (Corporation, S=S Corporation, P=Partnership) \_\_\_\_\_

Note: Check the appropriate box in the line for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes, Otherwise, a single-member LLC is disregarded from the owner should check the appropriate box for the tax classification of its owner.

When was the business established? \_\_\_\_\_  
Month Day Year

State of incorporation: \_\_\_\_\_

If other than Maryland, date Qualified/Registered to do Business in MD:

\_\_\_\_\_  
Month Day Year

Other locations: \_\_\_\_\_

Number of employees after grant if applicable \_\_\_\_\_

**4 Purpose of Grant and Reimbursement Amount Requested (Attach a copy if completed)**

**\*Any EPD-related documents created prior to July 1, 2023 do not qualify for reimbursement.  
\*Receipts dated prior to July 1, 2023 are not eligible for reimbursement.**

**\*Reimbursement is limited to one grant PER COMPANY, not PER PLANT, not to exceed \$20,000.**

- Conduct a Life Cycle Assessment \$ \_\_\_\_\_ (Attach copy if completed)
- Produce a Life Cycle Assessment Report \$ \_\_\_\_\_ (Attach copy if completed)
- Produce a Draft Environmental Product Declaration \$ \_\_\_\_\_ (Attach copy if completed)
- Review of Life Cycle Assessment Report \$ \_\_\_\_\_ (Attach copy if completed)
- Verify Environmental Product Declaration \$ \_\_\_\_\_ (Attach copy if completed)
- Other \_\_\_\_\_ \$ \_\_\_\_\_ (Attach documentation)  
(please describe)

**How many EPDs have been completed from July 1, 2023 to present? \_\_\_\_\_**

**5 Required Documents:**

- [W9](#)
- Evidence of Good Standing with the State - Good Standing can be determined at the [Maryland Business Express website](#). A screenshot of the results will suffice, a formal certificate of good standing is not required
- Copy of Invoice
- Copy of Paid Invoice
- Copy of company check or credit card used to pay with invoice (redact account numbers)

**6 Application Affidavit:**

A. **AUTHORIZED REPRESENTATIVE:** I HEREBY AFFIRM THAT I am the \_\_\_\_\_ (title) and the duly authorized representative of \_\_\_\_\_ (name of recipient) and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

B. **CERTIFICATION OR REGISTRATION OR QUALIFICATION WITH THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:**

**I FURTHER AFFIRM THAT:**

The business named above is a (check applicable items):

- (1) Corporation -- \_\_\_ domestic or \_\_\_ foreign;
  - (2) Limited Liability Company -- \_\_\_ domestic or \_\_\_ foreign;
  - (3) Partnership -- \_\_\_ domestic or \_\_\_ foreign;
  - (4) Statutory Trust -- \_\_\_ domestic or \_\_\_ foreign;
  - (5) \_\_\_ Sole Proprietorship
- and is registered or qualified as required under Maryland Law.

I further affirm that the above business is in good standing both in Maryland and (IF APPLICABLE) in the jurisdiction where it is presently organized, and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation. The name and address of its resident agent (IF APPLICABLE) filed with the State Department of Assessments and Taxation is:

Name and Department ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_

and that if it does business under a trade name, it has filed a certificate with the State Department of Assessments and Taxation that correctly identifies that true name and address of the principal or owner as:

Name and Department ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**C. CERTIFICATION OF TAX PAYMENT:**

**I FURTHER AFFIRM THAT:** Except as validly contested, the business has paid, or has arranged for payment of, all taxes due all government entities including the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, the Department of Labor, and all other taxing authorities, as applicable, and will have paid all withholding taxes due to the State of Maryland and all other government entities prior to final settlement.

**D. FINANCIAL DISCLOSURE AFFIRMATION:**

**I FURTHER AFFIRM THAT:** I am aware of, and the above business will comply with, the provisions of [Maryland Election Law Article, §§ 14-103.1, 14-104, 14-107 and §14-110\(a\)](#), Annotated Code of Maryland, which require the business to file with the Secretary of State of Maryland certain specified information, including disclosure of beneficial ownership of the business, within 30 days of the date the aggregate value of any contracts, leases, or other agreements that the business enters into with the State of Maryland or its agencies during a calendar year reaches \$200,000.

**E. POLITICAL CONTRIBUTION DISCLOSURE AFFIRMATION:**

**I FURTHER AFFIRM THAT:** I am aware of, and the above business will comply with, Election Law Article, Title 14, Annotated Code of Maryland, which requires that every person that enters into a procurement contract with the State, a county, a municipal corporation, or other political subdivision of the State, during a calendar year in which the person receives a contract with a governmental entity in the amount of \$200,000 or more shall file with the State Board of Elections statements disclosing: (a) any contributions made during the reporting period to a candidate for elective office in any primary or general election; and (b) the name of each candidate to whom one or more contributions in a cumulative amount of \$500 or more were made during the reporting period. The statement shall be filed with the State Board of Elections: (a) before execution of a contract by the State, a county, a municipal corporation, or other political subdivision of the State, and shall cover the 24 months prior to when a contract was awarded; and (b) if the contribution is made after the execution of a contract, then twice a year, throughout the contract term, on: (i) May 31, to cover the six (6) month period ending April 30; and (ii) November 30, to cover the six (6) month period ending October 31.

**F. DRUG AND ALCOHOL FREE WORKPLACE:**

**I CERTIFY THAT:**

(1) Terms defined in COMAR 21.11.08 shall have the same meanings when used in this certification.

(2) The business, if other than an individual, certifies and agrees that, with respect to its employees to be employed under a contract, the business shall:

(a) Maintain a workplace free of drug and alcohol abuse during the term of the contract;

(b) Publish a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of drugs, and the abuse of drugs or alcohol is prohibited in the business' workplace and specifying the actions that will be taken against employees for violation of these prohibitions;

(c) Prohibit its employees from working under the influence of drugs or alcohol;

(d) Not hire or assign to work on the contract anyone who the business knows, or in the exercise of due diligence should know, currently abuses drugs or alcohol and is not actively engaged in a bona fide drug or alcohol abuse assistance or rehabilitation program;

(e) Promptly inform the appropriate law enforcement agency of every drug-related crime that occurs in its workplace if the business has observed the violation or otherwise has reliable information that a violation has occurred;

(f) Establish drug and alcohol abuse awareness programs to inform its employees about:

(i) The dangers of drug and alcohol abuse in the workplace;

(ii) The business's policy of maintaining a drug and alcohol free workplace;

(iii) Any available drug and alcohol counseling, rehabilitation, and employee assistance programs; and

(iv) The penalties that may be imposed upon employees who abuse drugs and alcohol in the workplace;

(g) Provide all employees engaged in the performance of the contract with a copy of the statement required by § E(2)(b), of this regulation;

(h) Notify its employees in the statement required by § E(2)(b), of this regulation, that as a condition of continued employment on the contract, the employee shall:

(i) Abide by the terms of the statement; and

(ii) Notify the employer of any criminal drug or alcohol abuse conviction for an offense occurring in the workplace not later than 5 days after a conviction;

- Notify the procurement officer within 10 days after receiving notice under § E(2)(h)(ii), of this regulation, or otherwise receiving actual notice of a conviction;

(j) Within 30 days after receiving notice under § E(2)(h)(ii), of this regulation, or otherwise receiving actual notice of a conviction, impose either of the following sanctions or remedial measures on any employee who is convicted of a drug or alcohol abuse offense occurring in the workplace:

(i) Take appropriate personnel action against an employee, up to and including termination; or

(ii) Require an employee to satisfactorily participate in a bona fide drug or alcohol abuse assistance or rehabilitation program;  
and

(k) Make a good faith effort to maintain a drug and alcohol free workplace through implementation of § E(2)(a)--(j), of this regulation.

(3) If the business is an individual, the individual shall certify and agree as set forth in § E(4), of this regulation, that the individual shall not engage in the unlawful manufacture, distribution, dispensing, possession, or use of drugs or the abuse of drugs or alcohol in the performance of the contract.

(4) I acknowledge and agree that:

(a) The award of the contract is conditional upon compliance with COMAR 21.11.08 and this certification;

(b) The violation of the provisions of COMAR 21.11.08 or this certification shall be cause to suspend payments under, or terminate the contract for default under [COMAR 21.07.01.11](#) or [21.07.03.15](#), as applicable; and

(c) The violation of the provisions of COMAR 21.11.08 or this certification in connection with the contract may, in the exercise of the discretion of the Board of Public Works, result in suspension and debarment of the business under COMAR 21.08.03.

**G. AFFIRMATION REGARDING BRIBERY CONVICTIONS:**

**I FURTHER AFFIRM THAT** neither I, nor to the best of my knowledge, information, and belief, the above business, (as is defined in §16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities including obtaining or performing contracts with the public bodies has been convicted of, or has had probation before judgment imposed pursuant to Criminal Procedure Article, § 6-220 of the Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other

state or federal law, except as follows (indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved, and their current positions and responsibilities with the business):

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**H. AFFIRMATION REGARDING OTHER CONVICTIONS:**

I FURTHER AFFIRM THAT: Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities including obtaining or performing contracts with public bodies, has:

- Been convicted under state or federal statute of:
  - (a) A criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract; or
  - (b) Fraud, embezzlement, theft, forgery, falsification or destruction of records or receiving stolen property;
- (2) Been convicted of any criminal violation of a state or federal antitrust statute;
- (3) Been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, [18 U.S.C. § 1961 et seq.](#), or the Mail Fraud Act, [18 U.S.C. § 1341 et seq.](#), for acts in connection with the submission of bids or proposals for a public or private contract;
- (4) Been convicted of a violation of the State Minority Business Enterprise Law, [§ 14-308 of the State Finance and Procurement Article](#) of the Annotated Code of Maryland;
- (5) Been convicted of a violation of [§ 11-205.1 of the State Finance and Procurement Article](#) of the Annotated Code of Maryland;
- (6) Been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsections (1)--(5) above;
- (7) Been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of bids or proposals for a public or private contract;
- (8) Been found in a final adjudicated decision to have violated the Commercial Nondiscrimination Policy under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland with regard to a public or private contract;
- (9) Been convicted of a violation of one or more of the following provisions of the Internal Revenue Code:

- (a) § 7201, Attempt to Evade or Defeat Tax;
- (b) § 7203, Willful Failure to File Return, Supply Information, or Pay Tax,
- (c) § 7205, Fraudulent Withholding Exemption Certificate or Failure to Supply Information,
- (d) § 7206, Fraud and False Statements, or
- (e) § 7207 Fraudulent Returns, Statements, or Other Documents;

(10) Been convicted of a violation of [18 U.S.C. § 286](#) Conspiracy to Defraud the Government with Respect to Claims, [18 U.S.C. § 287](#), False, Fictitious, or Fraudulent Claims, or [18 U.S.C. § 371](#), Conspiracy to Defraud the United States;

(11) Been convicted of a violation of the Tax-General Article, Title 13, Subtitle 7 or Subtitle 10, Annotated Code of Maryland;

(12) Been found to have willfully or knowingly violated State Prevailing Wage Laws as provided in the State Finance and Procurement Article, Title 17, Subtitle 2, Annotated Code of Maryland, if:

- (a) A court:
  - (i) Made the finding; and
  - (ii) Decision became final; or
- (b) The finding was:
  - (i) Made in a contested case under the Maryland Administrative Procedure Act; and
  - (ii) Not overturned on judicial review;

(13) Been found to have willfully or knowingly violated State Living Wage Laws as provided in the State Finance and Procurement Article, Title 18, Annotated Code of Maryland, if:

- (a) A court:
  - (i) Made the finding; and
  - (ii) Decision became final; or
- (b) The finding was:
  - (i) Made in a contested case under the Maryland Administrative Procedure Act; and
  - (ii) Not overturned on judicial review;

(14) Been found to have willfully or knowingly violated the Labor and Employment Article, Title 3, Subtitles 3, 4, or 5, or Title 5, Annotated Code of Maryland, if:

- (a) A court:
  - (i) Made the finding; and
  - (ii) Decision became final; or
- (b) The finding was:
  - (i) Made in a contested case under the Maryland Administrative Procedure Act; and
  - (ii) Not overturned on judicial review; or



(15) Admitted in writing or under oath, during the course of an official investigation or other proceedings, acts or omissions that would constitute grounds for conviction or liability under any law or statute described in §§ B and C and subsections D(1)--(14) of this regulation, except as follows (indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment):

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**I. AFFIRMATION REGARDING DEBARMENT:**

I FURTHER AFFIRM THAT: Neither I, nor to the best of

my knowledge, information, and belief, the above business, or any of its officers, directors, partners, controlling stockholders or any of its employees directly involved in the business's contracting activities, including obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows (list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension):

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**J. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES:**

I FURTHER AFFIRM THAT:

- The business was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to §§16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and
- The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows (you must indicate the reasons why the affirmations cannot be given without qualification):

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**K. SUB-CONTRACT AFFIRMATION:**

I FURTHER AFFIRM THAT: Neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code

of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

**L. ACKNOWLEDGMENT:**

**I ACKNOWLEDGE THAT** this Affidavit is to be furnished to the Department of Commerce and may be distributed to units and agents of (1) the State of Maryland; (2) counties or other subdivisions of the State of Maryland; (3) other states; and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the State of Maryland, both criminal and civil, and that nothing in this Affidavit, contract or any agreement resulting from the submission of this application shall be construed to supersede, amend, modify, or waive, on behalf of the State of Maryland, or any unit of the State of Maryland having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the contract, and (3)

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

(Name) \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Representative and Affiant)

Name:

Title:

Date:

**6 Agreements and Certifications:**

In Accordance with Executive Order 01.01.1983.18 the Department of Commerce advises you as follows regarding the collection of personal information:

Certain personal information requested by the Department of Commerce or its Agents is necessary in determining your eligibility. Failure to disclose this information may result in the denial of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, General Provisions Article, Title 4 the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, or to public officials, auditors of the Department's affairs and reinsurance companies for purposes directly connected with approval of the proposed financing and administration of the program for which its use is intended. Such information is

routinely shared with State, federal or local government agencies. Information regarding job creation and retention may be shared with the public. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

**Certification:** All information in this application and in the attached exhibits, attachments, and addendums is true and complete to the best of my/our knowledge, information, and belief. I/We agree to pay for the cost of any surveys, title or mortgage examinations, credit reports, lien searches, appraisals etc. that are necessary for consideration of this application. Further, I/we agree not to engage in employment practices which deny equal employment rights to persons by reason of (i) political or religious opinion or affiliation, marital status, race, color, creed or national origin; (ii) sex or age, except when sex or age constitutes a bona fide occupational qualification; or (iii) physical or mental disability of a qualified individual with a disability. I/we agree to comply with the State's policy on maintaining a drug and alcohol free workplace. I hereby authorize all involved in the financing of this project to exchange freely without further authorization and consent, any and all financial information and reports provided in connection with this application and the processing of this loan request.

Applicant's Correct Legal Name:

Authorized By (Signature):

Name and Title:

Date:

## **7 Electronic Compliance Notification:**

Participation in electronic notification is voluntary and can be withdrawn at any time. However, in order to move forward with receiving billing invoices and other compliance notifications electronically, please check either the opt in or opt out box below:

Opt In: By checking this box, the Applicant is providing affirmative consent to the electronic delivery of invoicing and compliance notifications and to suspension of mailed paper copies of invoices and compliance notifications. The Applicant is further confirming that the Applicant is able to access, retain and print the invoices and compliance notifications electronically. The Department of Commerce ("Commerce") reserves the right to terminate the use of electronic invoicing and compliance notification, and return to hard copy invoicing and compliance notification, at its sole discretion.

Opt Out: By checking this box, the Applicant does not wish to receive electronic invoices or compliance notifications.

**How to Withdraw Electronic Contact Consent:** The Applicant may withdraw consent by contacting Commerce at 410-767-1627, [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov) or Department of Commerce, 401 E. Pratt Street, 17<sup>th</sup> Floor, Baltimore, MD 21202. At its option, Commerce may discontinue electronic delivery of invoices or compliance notifications if an email Commerce sends is returned undeliverable and Commerce does not receive an updated and verified email address within thirty (30) days, or if Commerce cannot otherwise reach the Applicant at the email address provided. Withdrawal of consent will be effective only after Commerce has a reasonable period of time to process the request, after which future invoices or compliance notifications will be provided or made available in paper form. Commerce will provide confirmation of the Applicant's withdrawal of consent and the date on which it takes effect to the email address the Applicant has provided or, if no email address is available, in paper form to the mailing address on the Applicant's account.

**How to Update Electronic Contact Information.** In the event the Applicant opts to receive electronic invoices and compliance notifications, it is the Applicant's responsibility to provide Commerce with an accurate email address. The Applicant may update electronic contact information by contacting Commerce by telephone at 410-767-1627 or by email at [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov). Commerce will notify the Applicant of any change to the electronic contact information Commerce has on file. By opting to receive electronic invoices and compliance notifications, the Applicant understands and agrees that if Commerce sends an invoice or compliance notification to the Applicant electronically and the Applicant does not receive the invoice or compliance notification because (1) the Applicant's electronic contact information on file with Commerce is incorrect or out of date, (2) the email is blocked by the Applicant's service provider, or (3) the Applicant is otherwise unable to receive electronic communications, the electronic invoice or compliance notification will be deemed to have been delivered by Commerce and the Applicant will still be liable for the electronic invoice or compliance notification.

**Please email completed application and all attachments to Robin Bailey at [Robin.Bailey1@Maryland.gov](mailto:Robin.Bailey1@Maryland.gov). Required attachments are as follows:**

- [W9](#)
- Evidence of Good Standing with the State - Good Standing can be determined at the [Maryland Business Express website](#). A screenshot of the results will suffice, a formal certificate of good standing is not required
- Copy of Invoice
- Copy of Paid Invoice
- Copy of company check or credit card used to pay with invoice (redact account numbers)

## Exhibit A

This form is for gathering statistical data only. This form will be separated from the application and the information provided in it will not be a part of the application approval process. Furnishing this information is voluntary; failure to do so will have no effect on the approval of the requested financial assistance.

***If the applicant will be providing the requested financial assistance to another recipient (e.g. a facility user or borrower), "Respondent" should be the recipient of the financial assistance.***

Is Respondent the APPLICANT  and/or RECIPIENT (or FACILITY USER)

Respondent does not wish to furnish this information

### **If Respondent is a business organization:**

If Respondent is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

Female

Of Hispanic or Latino origin

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Veteran

Is the Respondent a State/Federal/Other certified Minority Business Enterprise?

Yes  No

If yes, please provide your

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number:

Respondent is a publicly held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

### **If the Respondent is an individual:**

Is the Respondent Female? Yes  No

Is the Respondent of Hispanic or Latino origin? Yes  No

Is the Respondent a Veteran? Yes  No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

FOR DEPARTMENT USE ONLY:

Program Specialist Name: \_\_\_\_\_

Date: \_\_\_\_\_

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If you need assistance, please email Robin Bailey at [Robin.Bailey1@maryland.gov](mailto:Robin.Bailey1@maryland.gov) or call (443) 847-1404.