

Maryland Manufacturing 4.0 (M4) Grant Program FY25

Grant Application Questions

1. Has your business been established for at least two years?
2. Have you previously received a M4 grant from the Maryland Department of Commerce?

BUSINESS INFORMATION

3. Legal Business Name
4. Trade Name (DBA)
5. Contact Name
6. Contact Title
7. Physical Address
8. Maryland County
9. Mailing Address (if different than above)
10. Location Address of where the Industry 4.0 project will take place (if different than above)
11. Contact Telephone (Day)
12. Contact Mobile Phone

PRE-QUALIFICATION QUESTIONS

13. Is your business in good standing with the State of Maryland?
14. Do you have a physical location in Maryland?
15. Do you have between 3 and 250 full-time employees (defined as an employee who works at least 1,800 hours in a 12-month period)?
16. Contact Email
17. Federal Tax ID #/EIN
18. Unemployment Insurance Number (UIN)
19. Legal Form of Business
20. Date Founded
21. NAICS Code
22. If you changed the NAICS code, please outline when it was changed and the steps you took to change it.
23. Number of Current Full-time Employees

PROJECT DESCRIPTION

24. Describe your business and what product(s) you currently manufacture in Maryland
25. Provide an executive summary of the manufacturing project. Describe the project for which you are requesting funds. Provide details on how the project funds will be used, and how it relates to the business's overall Industry 4.0 strategy.
26. Describe how the project will credibly leverage technology to improve production capacity, capability, speed, or quality.
27. Which Industry 4.0 technologies are being deployed in the project?
28. Describe any consultative and training requirements associated with the successful completion of this project. If not applicable, please write N/A.
29. Describe any energy efficiency or sustainability improvements provided by the project (if any). If not applicable, please write N/A.
30. Have you identified any partners or 3rd party providers who can help you achieve these training, implementation and consultative needs?

31. If yes, please list them and their roles
32. Describe anticipated impact on staffing positions (full-time, part-time, contract, exempt and non-exempt). Do you anticipate that positions will be created, re-skilled or otherwise impacted?

PROJECT BUDGET

33. Total Project Cost
34. Total Grant Request
35. Company Cost Share (see General Terms and Conditions below)

BREAKDOWN OF COSTS

36. Purchased Equipment Costs
37. Software, Technology, or IP Costs
38. Infrastructure and facilities improvements Cost
39. Project Consulting Fees
40. Employee Training Costs
41. Other Costs

PROJECT PLAN

42. What is your forecasted timeline for implementation, completion, and significant milestones if awarded this grant?
43. Risks: What are the major risks associated with the project and what measures will be in place to mitigate the risks?
44. Experience: Describe applicant's prior experience with other projects of similar scope, scale and complexity. Please identify the internal staff responsible for project oversight and implementation and speak to their capacity to handle the project.
45. Only Maryland Manufacturers who plan to modernize production at a facility in Maryland are eligible for this grant program. Please affirm this grant would be used to further modernize, implement, or expand Industry 4.0 technologies manufacturing facility to produce products in Maryland.
46. Would you be interested in additional technical assessment or assistance with your project plans?

SUPPORTING DOCUMENTATION

47. Detailed Sources and Uses of Fund statement
48. Annual Revenues of the business and current cash available to perform matching funds as evidenced by Financial Statements or other financial documentation.
49. Documentation to substantiate years in business
50. Project cost documentation to include contracts, vendor quotes, etc
51. Equipment or product specification sheets (where applicable)
52. IRS Form W-9
53. Certificate of Good Standing

APPLICATION AFFIDAVIT

54. Has the Applicant, or any partner, director, officer, member, principal stockholder or guarantor:
55. Been convicted of a criminal offense other than a traffic violation?
56. Been a debtor in bankruptcy or insolvency proceedings?
57. Been a party to any pending litigation in the past two years?
58. Do any of the aforementioned parties owe any outstanding judgments?

59. Do you have unresolved OSHA or MOSH violations that originated within the past five years?
60. Do any of the aforementioned parties owe any delinquent taxes?
61. Signature of Authorized Representative and Affiant
62. Name
63. Title
64. Date

AGREEMENTS AND CERTIFICATIONS

65. Applicant's Correct Legal Name
66. Authorized By
67. Name
68. Title
69. Date

ELECTRONIC COMPLIANCE NOTIFICATION

70. Electronic Notifications (opt in/opt out)
71. Would you like to receive emails with news and business resources from the State of Maryland?
72. Additional Information on Applicant (Not Required)
73. Respondent wishes to furnish this information (Y/N)
74. The Respondent is :
75. 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.
76. Is the Respondent a State/Federal/Other certified Minority Business Enterprise?