



## Business Telework Assistance Grant Program

### Program Description and Eligibility:

This \$1 million Program helps Maryland businesses and nonprofits implement telework policies.

### Examples of qualified purchases:

- Hardware;
- Software;
- Or any technical equipment or technical services necessary to implement a telework policy.

Eligibility: To be eligible for a Business Telework Assistance grant, your business must meet all of the following requirements:

1. Be in the process of developing a telework policy that conforms to the best practices established by the Office of Telework Assistance;
2. Be an existing business in good standing with the State of Maryland;
3. Has a physical location in Maryland.

### General Terms and Conditions:

- Grants of up to \$25,000 will be made available to businesses to develop telework policies and purchase equipment to assist in the implementation of these policies;
- Grant awards will vary based on the applicant's request and demonstrated needs;
- Applicants must be an established Maryland business and demonstrate financial need to implement the proposed telework policy;
- Eligible costs are limited to include expenses such as hardware, software, or any technical equipment or technical services necessary to implement a telework policy;
- Funding decisions will be made based on a variety of evaluation criteria, including but not limited to capability of developing a telework policy and operational experience, the number of employees in the business, and the assistance needed for the business to implement a telework policy.
- Preference will be given to businesses with under 50 employees.
- Grant awards are competitive and limited to available funds.
- The grant cannot be used for previously purchased equipment.
- Within 1 year after receiving a grant under the Program, a business shall submit a letter to the Department that:
  - Describes how the grant funding was used;
  - Includes the telework policy that was implemented using the grant funding; and
  - Includes any invoices related to the implementation of the telework policy.

**Section 1: Business Information**

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

Trade Name (DBA): \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Mailing Address: (if different than above) \_\_\_\_\_

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

County \_\_\_\_\_

Telephone (day): \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Fed.ID#: \_\_\_\_\_

Unemployment Insurance Number: \_\_\_\_\_

**Legal Form of Business:**

- C Corporation
- General Partnership
- S Corporation
- LLC
- Joint Venture
- Limited Partnership
- LLP

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

NAICS Code (six digits): \_\_\_\_\_

Current Full-time Employees  
(defined as an employee who works at least 1,800 hours in a 12-month period): \_\_\_\_\_

**Section 2: Contact Information**

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

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

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

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

**Section 3: Project Description**

Describe your business and your current hurdles in implementing a telework policy:

Please provide an executive summary of the equipment needed to purchase: 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 strategy and supports continuity of operation.

***Optional: Attach your current telework policy.***

Describe anticipated impact on staffing positions (full-time, part-time, contract, exempt, and non-exempt).

Do you anticipate that offering telework opportunities will assist in your capability to recruit or retain employees?  Yes  No

**Section 4: Project Budget** - Refer to Section 6 (Supporting Documentation) for required documents to support your funding request.

Total Project Cost: \_\_\_\_\_

Total Grant Request: \_\_\_\_\_

Other sources of project funds: \_\_\_\_\_

**Breakdown of costs:**

Purchased Hardware/technical equipment: \$\_\_\_\_\_

List any physical assets that are being procured with this funding, (ie laptops, cameras for video conferencing, etc). Cost should include original purchase only and not any maintenance, warranty or other extended service subscription or plan. Provide as an attachment if the list is large.

Software or Technology: \$\_\_\_\_\_

Describe and estimate the cost for any software or technology being purchased for the purposes of implementing the telework policy.

Technical Services: \$\_\_\_\_\_

Describe and estimate the cost for any technical services included in the proposal for the purposes of implementing telework.

## **Section 5: Supporting Documentation**

The applicant is required to submit the following information and may be required to submit additional information upon request.

- Detailed Sources and Uses of Fund statement;
- Annual Revenues of the business as evidenced by Financial Statement or other financial documentation;
- Project cost documentation;
- Equipment or product specification sheets (where applicable);
- [IRS Form W-9](#) (PDF)—Only list the number you file your business taxes under. Read [step-by-step instructions](#) (PDF) or [watch a video tutorial](#) on how to complete your W-9.; and
- Certificate of Good Standing (a dated screen shot is acceptable, and can be obtained at <https://egov.maryland.gov/BusinessExpress/EntitySearch>).
- Did you previously receive a telework grant from the county your business is located in?  Yes  No  
(If yes, attach a copy of the grant agreement.)
- Did you previously receive a Layoff Aversion Grant from the Maryland Department of Labor to purchase equipment?  Yes  No  
(If yes, attach a copy of the grant agreement.)

## **Section 6: Application Affidavit**

Has the Applicant, or any partner, director, officer, member, principal stockholder or guarantor:

1. Been convicted of a criminal offense other than a traffic violation?  Yes  No
2. Been a debtor in bankruptcy or insolvency proceedings?  Yes  No
3. Been a party to any pending litigation in the past two years?  Yes  No
4. Do any of the aforementioned parties owe any outstanding judgments?  Yes  No
5. Do any of the aforementioned parties owe any delinquent taxes?  Yes  No

If yes to any of the above, please explain:

6. Do you have unresolved OSHA or MOSH violations that originated within the past five years?      Yes      No

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 OF CORPORATION REGISTRATION AND TAX PAYMENT: I FURTHER AFFIRM THAT:

(1) The business named above is a corporation formed in Maryland and registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, and that it is in good standing and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation, and that the name and address of its resident agent filed with the State Department of Assessments and Taxation is:

Name: \_\_\_\_\_ (If not a corporation, state so)

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

(2) 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 Maryland, the State Department of Assessments and Taxation, the Department of Labor, Licensing and Regulation (DLLR) 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.

C. 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), nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with the public bodies (as is defined in §16-101(f) of the State Finance and Procurement Article of the Annotated Code of Maryland), has been convicted of, or has had probation before judgment imposed pursuant to Article 27, §641 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]:

D. AFFIRMATION REGARDING OTHER CONVICTIONS: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has:

(a) been convicted under the state or federal statute of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;

(b) been convicted of any criminal violation of a state or federal antitrust statute;

(c) 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. §§1341, et seq., or Mail Fraud Act, 18 U.S.C. §§1341, et seq., for acts arising out of the submission of bids or proposals for a public or private contract;

(d) been convicted of a violation of the State Minority Business Enterprise Law, Section 14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(e) 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 subsection (a), (b), (c), or (d) above;

(f) 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;

(g) admitted in writing or under oath, during the course of an official investigation or other proceeding, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above, 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]:

E. AFFIRMATION REGARDING DEBARMENT: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in 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 date 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]:



F. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES: I FURTHER AFFIRM THAT:

(1) The business was not established to, nor does it 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

(2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows [indicate the reasons(s) why the affirmations cannot be given without qualification]:

G. 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.

H. 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 their subdivisions; 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 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 or agent 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 proposed contract, and (3) other Affidavits comprising part of the proposed contract.

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.

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

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

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

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

**Section 7: 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, State Government Article, Sections 10-611 et seq. of 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: \_\_\_\_\_

**Section 8: 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 410-767-6355, [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov) or Department of Commerce, 401 E. Pratt Street, 17th 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 410-767-6355 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.

**Exhibit A (Regarding Item 3.A. of the Application)**

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.

**Respondent does not wish to furnish this information**

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)

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:

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

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

Recommendation: