MONTGOMERY COUNTY

IMPACT ASSISTANCE FUND APPLICATION

Thank you for applying to the Impact Assistance Fund Program. Please fill out this form in as much detail as possible. If you have any questions about the application, you may contact us at 240-777-2078. Please return the application and the required supporting documentation to **Peter McGinnity, Montgomery County Department of Finance, 101 Monroe Street, Suite 1500, Rockville, Maryland 20850.**

1. **General Business Information**

**Legal Name of Business:** Click or tap here to enter text.

**Trade Name (if applicable):** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Date Business Founded:** Click or tap here to enter text.

**Tax I.D. Number:** Click or tap here to enter text.

**Number of Full-Time Employees:** Click or tap here to enter text.

**Number of Part-Time Employees:** Click or tap here to enter text.

[ ]  **Corporation (Subchapter C)** [ ]  **Corporation (Subchapter S)** [ ] **Sole Proprietorship**

[ ]  **Partnership** [ ]  **Non-Profit** [ ]  **Professional Corporation**

[ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Type/Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **County Project affecting the business, its location and estimated duration:**

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1. **Please describe how the project has impacted your business and its operation. Please be as specific as possible. (Attach additional information and supporting documentation):**

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1. **If your business received financial assistance from the County, how would it be used?**

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1. **Other Business Information: If yes to any question below, please explain on an attached sheet.**

**Is the business currently involved in any litigation or other legal claims?** [ ] **Y** [ ] **N**

**Has the business or any principal ever declared bankruptcy?** [ ] **Y** [ ] **N**

**Are any state and federal taxes currently past due by the business or any principal?**

[ ] **Y** [ ] **N**

1. **NOTE: Support Materials Needed**

**Applicants are, at a minimum, required to provide financial statements comparing prior and current operating periods to demonstrate actual and projected adverse impact. Financial statements provided should include Balance Sheets and Income Statements. Applications submitted without required support materials will be returned to the applicant.**

**Authorization: You certify that this application and all other information furnished now or in the future to Montgomery County are and shall be true and complete. You authorize the County to obtain credit reports from third parties now and in the future in connection with this application and any County assistance furnished relying on this application.**

By:

 Signature of Authorized Signer Date Signed

 Name (Printed) of Authorized Signer Title