



DEPARTMENT OF FINANCE

Isiah Leggett
County Executive

Alexandre A. Espinosa
Director

MOVE Program Summary

The MOVE Program is part of the Montgomery County Economic Development Fund and is designed to assist new business attraction and formation in the County. Through the MOVE program, businesses new to the County or creating their first shared office space in the County receive \$8.00 per square foot of the signed lease for Class A and B spaces, and \$4.00 per square foot of the signed lease for Class C spaces.

To qualify for assistance under the MOVE Program, applicants must meet the following criteria:

1. The applicant must be a new business to the County. A new business is defined as one that is relocating or expanding from a location outside the County or a home-based startup occupying their first commercial office in the County. Examples of businesses that do not qualify as new are those that previously operated in commercial space in the County through an assumed lease, a sublease, or colocation and then execute a new lease in their name.
2. All businesses are eligible except for retail, restaurant, and independent financial or insurance agent/broker establishments. Independent agent/broker establishments are defined as a sole proprietorship that primarily sells products underwritten by a third-party.
3. The applicant must execute a direct lease with a landlord for at least three years for Class A, B or C commercial office space in the County. Classification of the space is verified through CoStar as of the date of application.
 - a. Class A, B, or C flex space will qualify for businesses that can demonstrate wet lab space is required as evidenced by their business proposal.
 - b. Shared office space providers must submit an occupancy permit, if a lease was not executed
4. Total leased space must be equal to or less than 20,000 square feet. For purposes of calculating the grant amount, a cap of 10,000 square feet is used.
5. The application receipt date must be within 90 days of the signed lease date.

The application will be reviewed, and if qualified, the applicant will receive assistance upon submission of the executed lease and verification of occupancy. A pre-qualification letter can be issued upon request to applicants that qualify but are waiting to occupy their new office.

The completed application and supporting documentation can be mailed to Montgomery County Department of Finance, 101 Monroe Street, Suite 1500, Rockville, Maryland 20850.

Application updated April 4, 2017



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MOVE Program Application Form

A. BASIC INFORMATION ON COMPANY

| | |
|----------------------|-----------------------------------|
| 1. Name of Applicant | 5. Federal Tax ID# |
| 2. Address | 6. President/CEO w/ email address |
| 3. City State Zip | 7. Other Contact w/ email address |
| 4. Telephone | |

B. BACKGROUND ON COMPANY

1. Legal Type: _____ Industry Type: _____
State of Incorporation: _____ Year Established: _____ SIC or NAICS Code: _____
Company Specialization: _____

2. Current Number of Employees (full-time equivalents) in Montgomery County: _____
Current Number of Employees (full-time equivalents) outside Montgomery County: _____
Projection of *net new* full time equivalent jobs in Montgomery County by the end of Year 3: _____

3. Does the Company currently lease space in the County Yes No

4. Address of the new lease:

Gross Rentable Leased Space: _____ sq ft
Leased Terms Start Date: _____ End Date: _____
Type of Office Space: Class A Class B Class C Wet Lab Space
Will the company need to file for any building permits Yes No

5. Supporting Documents Required:

- 1) Copy of the article of incorporation or similar documentation of company structure
- 2) Copy of the signed lease or occupancy permit for shared office providers
- 3) Evidence of occupancy at the address of the leased space (e.g. moving or utility bill, use of occupancy, etc.)
- 4) Business plan or business proposal

By signing below, 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.

By: _____
Signature of Authorized Signer

Date Signed

Name (Printed) of Authorized Signer

Title

Received by

Montgomery County
Department of Finance

Date