Garrett County Business Development
FY 2027 Small Business Marketing Grant Program

Contact Information: Date _____

Applicant Business: _____

Contact Name and Title: _____

Contact Signature: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email:_____ #of Employees:_____

Project:

Detail how grant funding will be spent (**see grant guidelines for list of eligible purchases**).

All purchases must be made **within 30 days of grant approval**. Proof of purchases **(itemized invoices/receipts)** and proof of payments **(credit card receipts or fronts/backs of canceled checks) must** be submitted to kdurst@garrettcountymd.gov within **30 days of grant approval**. **Failure to comply will result in forfeiture of the grant**.

Applicant **will only be reimbursed** for costs associated with the items listed below, and **only** if all grant requirements are met.

Item(s) to be Purchased	Estimated Cost
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total Project Costs:	**$** _____

Grant Funds Requested *(no more than $1,000)* $ _____ _____ %

My Contribution *(at least 10% of total project costs)* $ _____ _____ %

How will this project help your business?

Return completed application, with all required attachments, to:

Kim Durst, Manager of Business Development, Garrett County Business Development, via email at kdurst@garrettcountymd.gov or mail to 203 South Fourth Street, Room 208, Oakland, MD 21550.