

## THE VOLT FUND Small, Minority, Veteran, Woman-Owned Business Grant Program

Applicant Information				
Name of Applicant(s):				
Industry Sector:				
Address:				
City:	State:	Zip Code: _		
Site of Business Operations:				
Address:				
City:E-mail address:				
Tax I.D.# or Social Security #:		rax		
Grant Request:				
Number of current employees				
How did you hear about the VOLT Fund?				
Management: List all Directors and Offi 20% or more:	cers and their ownership percentages	s and any other Parties with an	ownership ir	nterest of
Is the applicant a Minority Business Enterpri	, , ,	of Transportation?	Yes	No
Is the applicant a woman owned business (51% or more ownership)?			Yes	No
Is the applicant a minority owned business (51% or more ownership)?			Yes	No
Is the applicant a veteran owned business (51% or more ownership)?			Yes	No
Does the applicant have any existing obli	•	ryland's loan or incentive		
programs?			Yes	No
If so, is the applicant in good standing and	d not in default under any agreement	with the State Maryland?	Yes	No
If the answer to any of the following questio	ns are "yes" please provide a letter furnis	shing the details.		
Have any of the persons listed above ever been charged and/or arrested on any criminal offense other than a minor motor vehicle violation? Include offenses that have been dismissed, discharged or not prosecuted.			Yes	No
Have any of the persons listed above ever be type of probation, including adjudication wi	·			
minor motor vehicle violation?			Yes	No
Are any of the persons listed above currently	under indictment, on probation, or par	ole?	Yes	No
Has the applicant or any of the persons listed above or, any venture in which the applicant or any persons listed above has been associated with, declared bankruptcy of been placed in receivership?			Yes	No
By signing below, I indicate that I understand supporting documents are true and comple and all participating lenders and investors exchange any and all information related to Economic Development Corporation (AAED descriptive text regarding my participation in	te to the best of my knowledge, informa is involved in financing this project to fr this application and the processing of the C) to print, publish, videotape, reproduce	tion and belief. I hereby authorize eely, and without further authorize his grant request. I give my permis e or otherwise use my name, pho	the Corpora zation and co ssion to the A	nsent, .nne Arunde
IN WITNESS THEREOF, the undersigned	, being duly authorized to do so, ha	ave/has signed this applicatio	n.	
Signature:				
Business Name:	Date:			
N.I.	T: 1			