

**KENT COUNTY LEVY COURT
COVID RESTART FUND GRANT APPLICATION**



Name of Business: _____

Business Location: _____ Levy Court District _____

Name & Address of Business Owner: _____

Daytime Phone Number: _____

Email Address: _____

Description of Business: _____

Number of Employees: (Full Time) _____ (Part Time) _____

Requested Grant Amount (\$500.00 Maximum): _____

Proposed Use of Grant (Itemize costs here, and attach copies of Invoices, Bills, etc. if applicable):

***Please submit signed Application with Valid Delaware Business License and documents to:
Covid.restart@co.kent.de.us or mail to Kent County Covid Fund c/o Kent Economic Partnership
555 Bay Road, Dover, DE 19901***

Certification of Applicant:

I, _____, hereby certify that I am the owner or duly authorized representative of the above-stated Business, that all information provided herein is true and accurate to the best of my knowledge, and that I request approval of a COVID Restart Fund Grant in the amount indicated to be utilized for the above-stated purposes.

Owner/Agent Signature: _____ Date: _____

Review and Authorization by Kent Economic Partnership:

This Grant Application has been reviewed and found to be in compliance with the provision of the COVID Restart Grant Fund Guidelines as established by Kent County Levy Court.

Executive Director Authorization: _____ **Date:** _____

County Administrator Approval: _____ **Date:** _____