

**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: \_\_\_\_\_

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](mailto: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:** \_\_\_\_\_