Application Form
Maryland Computer Labs Program (MD-CLP)

Applicant Information

Legal Name of Applicant (must match W9):

_____

Federal EIN Number: _____

DUNS Number: _____

Unique Entity ID/UEI (SAM.gov) Number: _____

Attach a copy of your most current IRS W-9 Form & Certificate of Good Standing from the Maryland State Department of Assessments and Taxation.

(501(c) document for nonprofit orgs.)

Please identify which entity you are?

☐ Maryland Jurisdiction

☐ Incorporated Municipality within the State of Maryland

☐ Local Government Agency delegated by the local Maryland jurisdiction

☐ Not-for-profit IRS approved 501(c) entity that is providing services within the State of Maryland

☐ Community Anchor Institution within the State of Maryland

Address

Street:_____

City:_____

County:_____

State:_____   Zip: _____

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Governor

ARUNA MILLER
Lt. Governor

JACOB R. DAY
Secretary

JULIA GLANZ
Deputy Secretary

If applying in partnership with another organization please identify below:

_____

Contact Information

This should be the person coordinating all elements of this application for the Applicant. This is the person the Office will contact with any questions regarding the application.

Name: _____ Title: _____

Email: _____ Phone: _____

Budget Request

Please provide a breakdown of the budget for this project.

Estimated Funding:

State: _____ (funding requested by OSB)

Applicant: _____ (funding provided by applicant)

Others: _____ (funding provided by any other source)

Project Total: _____ (total project cost)

Computer Equipment: _____ (funding requested for Computer Equipment)

Internet Service Subscription: _____ (funding requested for Internet Service)

Project Information

Please provide estimates of the covered populations served by the computer lab.

Homeless: ____ (What percent of those served would identify as homeless or unhoused?)

Disabled: ____ (What percent of those served would identify as having a disability?)

Veterans: ____ (What percent of those served would identify as veterans?)

Justice-Impacted: ____ (What percent of those served would identify as incarcerated or re-entering society?)

Maryland
DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT

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Total Population: _____ (How many individuals does, or will, this lab service?)

Please identify the proposed address and name of the location where the computer equipment will be installed and maintained:

Location/Organization Name: _____

Address

Street:_____ City:_____

County:_____ Zip:_____

Please briefly describe what the funding will be used for:

_____

_____

Has your organization received prior funding from the Office of Statewide Broadband? What is the current status of that funding? Please provide specific details.

_____

_____

Other Required Information

The following should be attached to your application form:

1. Written Executive Summary and Scope of Work including timeline
2. Project Budget
3. Federal Form W-9
4. 501(c) documents for nonprofits (if applicable)
5. Certificate of good standing (if applicable)

MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
7800 HARKINS RD • LANHAM, MD 20706 • DHCD.MARYLAND.GOV
301-429-7400 • 1-800-756-0119 • TTY/RELAY 711 or 1-800-735-2258

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CERTIFICATION OF GRANT APPLICATION REVIEW

To the best of my knowledge and belief, the information contained in this application is true and correct and I have the authority to sign this document.

Authorized Representative Name: _____

Title: _____

_____   Date: _____
Signature

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