MD-Recovery Now-Entertainment Venues II Form

MD Recovery Now- Entertainment Venues II

The system WILL NOT allow more than one application to be submitted by an organization. By completing this application, you certify that the statements and answers within are true and accurate to the best of your knowledge and that you are authorized to apply for these funds on behalf of the applicant organization.

The MD Recovery Now-Entertainment Venues II funding program shall be conducted in adherence to the following language in the 2021 Relief Act:

"... the Department of Housing and Community Development shall provide grants to live entertainment venues or promoters of live performances.

(ii) The Department shall prioritize providing grants to live entertainment venues or promoters:

That closed or canceled live performances due to capacity limitations in response to the pandemic; and For which any previously received State or Federal stimulus funds due to the size of the venue were not sufficient to cover the fixed costs of the live entertainment venue or promoter."

Applicant Organization Information:

PLEASE READ CAREFULLY: Your organization's legal name needs to be typed in as it appears on your Certificate of Good Standing (CGS) from the Maryland Department of Assessment and Taxation (SDAT) However, only capitalize the first letter of each word unless your official name includes more capitalization. Also, please use the exact spelling of such suffixes as Inc. or Incorporation and use exact abbreviation and punctuation as used in the SDAT CGS. Being attentive to this will ensure faster processing of your application.

For More Information on the SDAT CGS: https://egov.maryland.gov/BusinessExpress/EntitySearch

PLEASE READ CAREFULLY: The Federal ID# MUST be the same as listed on the W-9 submitted with this application. Please carefully review and ensure that these items are correct.

Legal Name *

Trade Name *

Federal ID # *

##-#######

Mailing Address:

PLEASE READ CAREFULLY: This mailing address MUST be the same as listed on the W-9 submitted with this application. Please carefully review and ensure that these items are correct.

Street *

City *

State *

Maryland

Zip Code *

County *

Select one...

Web Address

IRS W-9 Taxpayer Identification Number and Certification:

PLEASE READ CAREFULLY: *The organization name on your W-9 must be your organization's legal name exactly as it appears on your Certificate of Good Standing (CGS) from the Maryland Department of Assessment and Taxation (SDAT). Although the name on your CGS is written in all capitals, your organization's name on the W9 can include capitals only where appropriate. In addition, the Federal ID# and mailing address on the W-9 must be the same as listed in this application. Please carefully review and ensure that these items are correct.* **Being attentive to this will ensure faster processing of your application.**

Upload a copy of your IRS W-9 Taxpayer Identification Number and Certification *

Drop your file here to upload
Individual File size limit is 32 MB
Total File size limit is 256 MB
Choose file

Primary Contact:

Provide the primary contact information for this application.

Name *

Title *

Mobile Phone/ Best Phone Number *

E-mail Address *

Organization Information:

Answer the following questions about your organization.

How many employees (full time equivalent) did the organization have on January 1, 2020? *

How many employees (full time equivalent) does the organization currently have? *

Is the applicant located in and/or serve any of the following state targeted revitalization areas? Check all that apply or Not Applicable/Unknown (It is fine to mark Not Applicable/Unknown if you do not know) *

- Opportunity Zone
- Priority Funding Area
- Sustainable Community Area
- State Designated Main Street
- National or locally designated historic district
- Baltimore City Designated Main Street
- Enterprise Zone
- Not Applicable/Unknown

Applicant Eligibility:

The following questions will help you and DHCD determine whether the applicant is eligible to apply for this funding.

Eligible Applicants: Eligible applicants are the state's nonprofit AND for-profit live entertainment venues and live performance promoters. Live performance promoter must be one that books live music, dance, and/or theater shows/performances and the like in live entertainment venues in Maryland.

What is the organization's official mission statement and/or business purpose? *

0/500 max characters

What category below best describes your organization? (only choose one) *

- Live Entertainment Venue
- Live Performance Promoter
- Other

Is the applicant a nonprofit? *

- Yes
- No

Is the organization in good standing with the State of Maryland Department of Assessments and Taxation (SDAT)? *

- Yes
- No

PLEASE READ CAREFULLY: Upload a **screenshot** from the Maryland State Department of Assessments and Taxation (SDAT) website showing the applicant's good standing status. You **do not** need to purchase an official Certificate of Good Standing (CGS). The uploaded screenshot, or if you already have a purchased official CGS, must show a date not older than March 3, 2021.

For more information:

https://egov.maryland.gov/BusinessExpress/EntitySearch

Performance and Attendee Information:

Provide the information for the following calendar years.

The total number of live shows/performances:

2019 (Actual) * | **2020 (Planned)** * | **2020 (Actual)** * | **2021 (Projected)** *

The total number of live shows/performances:

2019 (Actual): * | **2020 (Actual)** * | **2021 (Projected)** *

The total number of paid attendees for live shows/performances:

2019 (Actual) * | **2020 (Actual)** * | **2021(Projected)** *

The total dollar amount of ticket sales for live shows/performances:

2019 (Actual) * $ | **2020 (Actual)** * $ | **2021(Projected)** * $

The total amount of Admissions and Amusement Tax paid:

2019 (Actual): * $ | **2020 (Actual):** * $ | **2021 (Projected):** * $

Grant Request:

DHCD Entertainment Venues II funds can be used for one or both of the following, with an emphasis on activities that support the reopening of venues and/or booking of live performances in Maryland venues in 2021:

1. Operating support related to expense increases and revenue reductions because of the impact of COVID-19 on live shows/performances AND/OR

2. Capital support related to expense increases and revenue reductions to modify facilities because of the impact of COVID-19 on live shows/performances

The maximum grant request amount is $500,000

What is the amount of your grant request? *

$

Financial Impact of COVID-19 and COVID-19 Relief Information:

Profit and Loss Reporting:

Upload 2019 Profit and Loss Statement *

Drop your file here to upload
Individual File size limit is 32 MB
Total File size limit is 256 MB
Choose file

Upload 2020 Profit and Loss Statement *

Drop your file here to upload
Individual File size limit is 32 MB
Total File size limit is 256 MB
Choose file

Based on the 2019 and 2020 Profit & Loss Statements uploaded:

What is your organization's net profit (use a positive number) or net loss (use a negative number) in 2019? *

What is your organization's net profit (use a positive number) or net loss (use a negative number) in 2020? *

COVID-19 Relief Information

Provide information on all the local, state, and/or Federal COVID-19 relief funds you have been awarded to date including the name of the program, the dollar amount of the award, and the approximate date award received.

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Program Name 0/100 max characters | **Amount of Award** $ | **Date Award Received** MM/DD/YYYY

Total Amount of COVID-19 Relief Funding

$ 0

Grant Narrative:

Please answer EACH of the following. **(Total max characters: 2,000)**

1. COVID-19 Impacts:

a) Provide specific dollar amounts, summarizing the overall impact of revenue lost due to COVID-19 in 2020 and how this loss has impacted the applicant's annual budget, in particular the fixed costs associated with operations. This information should align with the Profit & Loss statements uploaded in the application.

(b) Provide the specific dollar amount related to the impact of any increased expenses due to COVID-19, if any, with respect to reopening a venue or booking live performances in Maryland venues.

COVID-19 Impacts *

0/2000 max characters

2. Operations in 2021:

(a) Explain the applicant's plan for operations in 2021 and the impact of COVID-19 on those plans

(b) Describe the applicant's current financial condition and ability to continue operation in 2021.

(c) Explain how any awarded funds would be used to support operations and/or reopen the applicant's venue or book live performances in Maryland venues in 2021. Explain how the items listed in the Use of Funds/Budget section below would be used to sustain and continue operations.

Note: The MD Recovery Now-Entertainment Venues II funding is aimed to support organizations that can continue to operate and produce an economic impact in Maryland.

Operations in 2021: *

0/2000 max characters

Use of Funds/Budget

Please Read Carefully: Requested grant funds can be used for **operating and/or capital activities** for the period between March 1, 2020, to December 30, 2021, because of the impact of COVID-19 on live shows/performances. The emphasis should be on activities that support the reopening of venues or booking of live performances in Maryland venues.

List separately the use of funds for each item/activity, including the dollar amount, which will be supported by this grant request.

Be specific DO NOT write "Misc. Expenses," "Other" or "General Operating."

IMPORTANT: THE TOTAL REQUESTED AMOUNT BELOW SHOULD BE THE SAME AMOUNT ENTERED ABOVE IN GRANT REQUEST SECTION.

Use of Funds * 0/100 max characters | **Funding Requested** * $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Use of Funds 0/100 max characters | **Funding Requested** $ 0

Total Requested Amount *

$ 0

DHCD Email Opt-In

- Opt-in for email communication and updates from The Maryland Department of Housing and Community Development.

Submit