



FY25 Maryland BEAD Network Infrastructure Program

Broadband Grant Application Form *(this form is the start of your application, see the application guide for additional application requirements)*

Project Name: _____

Applicant Information

Primary Applicant Legal Name (must match W9 and DUNS Number):

Federal EIN Number: _____ DUNS Number: _____

Attach a copy of your IRS Form W-9

Unique Entity ID (SAM.gov) Number: _____

Address:

City:

County:

State:

Zip:

Applicant Type (may be for profit or non-profit):

Local or state government entity

Nonprofit Organization

Electric cooperative or utility authorized to operate in Maryland

For-profit company (LLC, corporation, or partnership) Public-private partnership

Other



Contact Information

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

Name: _____ Title: _____

Email: _____ Phone: _____

Project Information

Estimated Funding:

Applicant:

Local Jurisdiction:

State:

Other:

Project Total:

Technology used to serve the subscriber:

Check all that apply

Fiber Optics to the Premise

Unlicensed Fixed Wireless Frequency Band: _____

Licensed Fixed Wireless Frequency Band: _____

HFC

Low-Earth Orbit Satellite

Other (Specify):

Local Jurisdiction(s) where project is proposing to provide service: _____

List of Fabric IDs must be attached to the application.



Unserved/Underserved Locations Passed By Type:

Households:

Businesses:

CAIs

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

Authorized Representative Name: _____

Title: _____

Signature

Date: _____