

Application Form Instructions

Maryland Connected Devices Program

Instructions for completing the Connected Devices Program application:

1. Applicant Name: this is the name on your W-9 form.
2. Federal EIN Number: the Employer Identification Number assigned by the IRS.
3. DUNS Number (if applicable)
4. SAM.gov unique identifier
5. Identify type of entity applying.
6. Address: this is the physical address of the applying entity.
7. Partnership: Please identify any partnering organizations (you may add supplemental pages, if necessary).
8. Contact Information: please provide a contact for the application.
9. Project Information: enter the household information for eligible households, households needing devices
10. Estimated funding: enter the number of devices, the value of the devices, the related stipend and total value of the request.
11. Receiver: identify the name of the organization and address of who will receive the shipment of devices and how the shipment will be stored and secured.
12. Security: Identify if the devices will be stored in a secure facility.
13. Logistics: Identify if the storage facility has a loading dock. The availability of a loading dock does not affect the viability of the application.
14. Distribution: Briefly describe the distribution method.
15. Sign and date the application. Signatory must have the authority to sign on behalf of the jurisdiction.



LARRY HOGAN
Governor
BOYD K. RUTHERFORD
Lt. Governor
KENNETH C. HOLT
Secretary
OWEN McEVoy
Deputy Secretary





Application Form Maryland Connected Devices Program

Applicant Information

Legal Name of Applicant (must match W9):

Please attach a copy of your most current IRS W-9 Form

Federal EIN Number: _____ DUNS Number: _____

Unique Entity ID (SAM.gov) number _____

Please identify the type of applying entity:

County

Incorporated Municipality

Address

Street: _____

City: _____ County: _____

State: _____ Zip: _____

If applying in partnership with other organization(s) please identify the organization(s) below:

Contact Information

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

Name: _____ Title: _____

Email: _____ Phone: _____





Project Information

Project Information: Estimated Households

Estimated Eligible Households: _____ (How many households in your jurisdiction are eligible?)

Estimated Households in Need: _____ (How many eligible households need a device?)

Is stipend being requested for security & distribution of devices? Yes No

Estimated Funding:

Number of Devices: _____ @ \$198.75 per device: _____

Stipend @ \$6.00 per device (if not requesting, leave blank): _____

Total project value: _____

Please identify the organization who will receive the shipment(s) of devices for distribution:

Address:

Street: _____

City: _____ County: _____

Zip: _____

Does the receiver have secure storage? Yes No

Does the receiver have a loading dock? Yes No

Please briefly describe your method for delivery to distribution site(s):





Other Required Information

The following should be attached to your application form:

1. Written Project Narrative
2. Scope of Work
3. Schedule
4. Monthly Device Delivery Request
5. Federal Form W-9

Certification

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 on behalf of the applying jurisdiction.

Authorized Representative Name: _____

Title: _____

Phone: _____

Email: _____

Signature

Date: _____

