



### **OFFICE OF STATEWIDE BROADBAND**

# Maryland Emergency Education Relief Grant FY22 Grant Application Form

(additional information required – see RFA for all application requirements)

#### **Applicant Information**

Applicant's Legal Name (n	nust match W9):
Federal EIN Number:	DUNS Number:
Unique Entity ID (SAM.go	v):
Attach a copy of your mo	st current IRS W-9 Form & Certificate of Good Standing from
the Maryland State Depa	rtment of Assessments and Taxation (if applicable).
Address:	
Street:	
City:	
County:	
State:	Zip:
Identify type of Organiza	ation_
☐ School/School System	$\square$ Library/Library System $\square$ Anchor Institution
<b>Contact Information</b>	
this application for	orimary contact for the person coordinating all elements of the Applicant. This is the person the Office will contact with rding the application.
Name:	Title:
Email:	Phone:





#### **Project Information**

Estimated Funding	
State:	(funding requested from OSB)
Applicant:	(funding provided by applicant)
Local Jurisdiction:	(funding provided by local jurisdiction)
Other:	(funding provided by any other source)
Project Total:	<u></u>
Projects should be for immediate response 1, 2021 and September 15, 2022 (check all	e and must be completed between September that apply).
☐ Project includes invoices between Se	eptember 1, 2021 and May 31, 2022
☐ Project includes invoices between Ju	une 1, 2022 and September 15, 2022
Identify the Project Use Broadband Deliver	y Method (check all that apply):
☐ Eligible Broadband Equipment	
☐ Eligible Broadband Services	
☐ Miscellaneous/Other	
Please briefly describe what the funding wi	ill be used for:

## **Other Required Information**

The following should be attached to your application:

- 1. Executive Summary
- 2. Funding Scope & Budget
- 3. Federal Form W-9 & Certificate of Good Standing





## **CERTIFICATION OF GRANT APPLICATION REVIEW**

I hereby certify that to the best of my knowle this Application is true and correct. I further Applications, FY22 Maryland Emergency Eduincluding eligibility of costs.	certify that I have reviewed the Request for
Signed by Authorized Representative	Date
Typed Name	
Title	