

MARYLAND SUPPLY CHAIN RESILIENCY PROGRAM



APPLICATION

The Maryland Supply Chain Resiliency Program support resiliency building activities for Maryland manufacturers who were adversely impacted by COVID-19 through the loss of contracts, revenue, suppliers, or employees.

Legal Company Name:

Trade Name (If Applicable):

Federal Tax ID#:

DUNS #:

NAICS Code:

Address:

Address Line 2:

City,

State,

Zip:

County:

Primary Contact Name:

Title:

Phone:

Email:

Secondary Contact Name:

Title:

Phone:

Email:

ELIGIBILITY QUESTIONNAIRE:

Is your company physically located in Maryland? YES NO

Has your company been located and operating in Maryland for at least one year? YES NO

How many full-time employees does your company have?

What was the total sales (non-grant) for your company in the last twelve months?

Has your company been negatively impacted by COVID-19? YES NO

If yes, can you quantify the financial impact?

- Yes No
- Amount

If yes, have you had to reduce your workforce?

- Yes No
- Amount

Does your company supply to other Maryland businesses? Is your business important to the success of other Maryland companies? Has COVID-19 impacted your ability to supply goods or services to another Maryland business? Yes No

If yes, please explain:

Is there competition for your products and services outside of Maryland? Yes No

If yes, please explain:

Has your company identified new opportunities, customers or markets as a result of COVID-19?

- New products? Yes No
- New markets? Yes No
- Increased sales? Yes No
- New investments in organization (equipment, building expansion, technology, etc.)?
 Yes No

Have any of the following operations been impacted by COVID-19?

Sales (Loss or Growth)

Loss of Customers

Reduction in Capacity

Reduction in Workforce

Supply Chain Disruptions

Technology Changes

Loss of Government Contracts (if applicable)

Has the organization developed and/or implemented a strategy for recovery and growth?

Yes No

If yes, please explain:

What is the greatest area of need / assistance to facilitate economic recovery and growth?

Has the organization identified a program, service or need in any of the following areas for which financial assistance will be utilized:

Strengthening your supply chain (supplier scouting, supplier qualification, quality, diversity, reshoring, etc.)

Improving / enhancing your position in the supply chain (Quality Systems, ISO, Customer Diversification, Market Diversification, etc.)

Exporting

Developing New Customers / New Markets

Technology Enhancements / Improvements to Increase Competitiveness

Recovery / Resiliency Activities

If you checked any of the items above, please provide the following:

Title of Project or Program:

Brief Description of Services:

Service Provider or Partner:

Cost of Project:

Schedule: (Start Date / End Date)

Expected Impacts / Outcomes:

Have the services already been contracted for or delivered: YES NO

If yes, please explain:

Title of Project or Program:

Brief Description of Services:

Service Provider or Partner:

Cost of Project:

Schedule: (Start Date / End Date)

Expected Impacts / Outcomes:

Have the services already been contracted for or delivered: YES NO

If yes, please explain:

**Please submit your completed application via email to:
Samantha Calvo at scalvo@mdmep.org.**