

CECIL COUNTY
ROUTE 40 REVITALIZATION GRANT PROGRAM
FY26 Application

Cover Sheet

Please read the entire Notice of Funding Opportunity prior to completion.

1. Business/Organization Name:	2. Applicant Name:
3. Business/Organization Address:	4. Applicant Mailing Address:
5. Federal ID Number:	6. Applicant Phone Number: Applicant Email:
7. Brief Description of Project:	
8. Nature of Business/Organization:	
9. Total Project Cost: \$ Grant Request: \$ Matching Funds: \$	10. Business/Organization Structure: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company (LLC)
11. Is the applicant: <input type="checkbox"/> Owner of Property <input type="checkbox"/> Tenant of Property	12. Is the applicant: <input type="checkbox"/> Owner of Business <input type="checkbox"/> Authorized Official
13. Are you willing to accept partial grant funding? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Are you applying for special 'Blight' funding? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Please make sure your photos adequately support your blight application.</i>	
15. Is every aspect of your project visible from Route 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

A. Project Title:

B. Detailed Project Description: Describe the proposed project improvements in detail. Attach cost estimates, design, and current photos of project area from Route 40. Provide details of how this project will improve the visual impact from Route 40.

C. Description of PROPERTY and Ownership Status: List all property owners and their roles. Provide documentation of evidence of site control: copy of deed, purchase contract, lease agreement. If leased, provide also a current legal document authorizing improvements to be made to the leased property.

D. Description of BUSINESS/ORGANIZATION and Ownership Status: List all business owners and their roles. Describe your business in detail – include number of full-time and part-time employees, year the business opened, time as current owner, day to day operations.

E. Budget/Matching Funds: Enter the amount you are requesting in the first funding space. You must provide proof of funding to match your grant request. Please list all sources of funds and attach documentation. This could include personal savings, business cash, investments, or loans. Indicate status of funds: "P" for Pending, "C" for Committed, "O" for Own.

SOURCE OF FUNDS	FUNDING	STATUS
Route 40 Revitalization Grant	\$	P
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

F. Project Schedule: List all specific project activities with anticipated start and end dates. Include time for required county and town permits. Projects must be completed no later than June 30, 2026. Projects may be extended with prior approval.

ACTIVITY	START DATE	COMPLETION DATE

√	PLEASE SUBMIT THESE REQUIRED DOCUMENTS WITH APPLICATION
	Completed application with cover sheet
	Two years of tax returns, if applicable
	Proof of good standing with IRS, State of Maryland, and Cecil County
	Photos of current property – from Route 40 and close view of project area
	Design and detailed cost estimates of proposed improvements
	Documentation of matching funds - bank account statements/loan information
	Proof of insurance on property and business
	Evidence of site control – tenants must provide written documentation from property owner authorizing the improvement project
	Non-profits only: Exemption determination letter from the IRS

SUBMISSION DEADLINE	
May 1, 2026	Deadline for Submission of Applications

Cecil County Conflict of Interest Disclosure

Effective 1/22/2025

All applicants for direct financial assistance through the Route 40 Revitalization Grant must disclose any potential conflict of interest related to participation in the program. A conflict of interest may occur if an applicant is related to or has a business relationship with an employee, officer, or elected official of Cecil County Government. Additionally, a conflict of interest may occur if an applicant has a relationship with a vendor/contractor working on your project. If it is determined that there is a conflict of interest or potential conflict of interest, you may not be approved for assistance or subject to additional eligibility requirements. The County will review and make a determination which could result in a waiver allowing for approval.

1. Are you now or have you ever been an employee, agent, consultant, officer, elected official or appointed official of Cecil County Government? Yes No
If yes, please identify: _____
2. Are you related (including through marriage or domestic partnership) to an employee, agent, consultant, officer, elected or appointed official of Cecil County Government? Yes No
If yes, please identify: _____
3. Do you have a business or professional relationship with anyone identified under Question #1? Yes No
If yes, please identify: _____
4. Do you have a relationship with a vendor/subsidiary/subcontractor providing a quote for your revitalization project? Yes No
If yes, please identify: _____
If yes, please provide two additional quotes from unrelated third-party businesses.

Applicant(s)/Authorized Official(s)

I/We certify that the above information is true and correct and that any conflicts that occur throughout the duration of this grant process will be disclosed. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under applicable law.

Signed: _____ Date: _____

Name: _____ (Print)

Signed: _____ Date: _____

Name: _____ (Print)

For County Use Only:

Grant Number:	Date Received:
<input type="checkbox"/> Conflict of Interest does not exist	<input type="checkbox"/> Conflict of Interest exists
<input type="checkbox"/> Conflict of Interest exists/waiver	

CERTIFIED ASSURANCES

Applicant hereby assures and certifies the following:

1. All the information provided in this application is correct and complete.
2. Route 40 Revitalization Grant funds must be used as designated in the grant award and acceptance package based on the application submitted.
3. Route 40 Revitalization Grant funds will not be used to reimburse or replace funds from other sources.
4. Grant recipient agrees to submit fiscal and project reports to Cecil County as required in the grant award and acceptance agreement.
5. Grant recipient shall maintain and agree to make all grant records available upon request of Cecil County Government.
6. Grant recipient agrees to provide any additional information that may be requested by Cecil County Government in connection with the Route 40 Revitalization Grant.
7. Grant recipient agrees to comply with the general or specific conditions for grants as determined by Cecil County.
8. Grant recipient agrees to obtain any necessary town or county permits.
9. Grant recipient understands that all Route 40 Revitalization Grant funds are contingent upon the availability of the State of Maryland Impact Grant funds and on the passage of the Cecil County budget.

CERTIFICATION

I certify that this project will comply with the provisions set forth by the State of Maryland and Cecil County. I declare that I am duly authorized to make these certifications on behalf of this application and certify that the above actions have or will be taken.

Authorized Official/Applicant Signature

Date

Printed Name

Title

Phone

Email