



## MINORITY AND WOMEN-OWNED BUSINESS PROGRAM TECHNICAL ASSISTANCE PROGRAM

The Technical Assistance program provides minority and woman-owned businesses in the City of Hagerstown, with access to experts assisting to improve small business practices. An individual business can apply to receive up to \$1,000 for one-on-one business consulting, business and IT training, as well as a matching grant for IT purchase or installation.

Services and matching grant money will only be provided to for-profit, small businesses that are located within the City of Hagerstown corporate limits and are:

- Fully licensed, legally-operating and current with tax payments
- 51% owned and operated by a person from a recognized minority group, or woman

**Business Education:** Up to \$500 per business for 1:1 consulting from a business expert to offer suggestions regarding improved business practices and techniques for increased success, or participation in a business related course.

**IT Matching Grant:** Up to \$500 per business for internet-based business expansion and marketing tools education, as well as for purchase of computer or costs associated with internet service, contingent upon the completion of a computer related course or seminar.

*Eligible for one or both up to a total of \$1000 per business.*

This project is funded by a grant from the U.S. Small Business Administration (SBA). SBA's funding should not be construed as an endorsement of any products, opinions or services. All SBA projects are extended to the public on a nondiscriminatory basis.

Department of Community and Economic Development  
14 North Potomac Street. Ste 200a  
Hagerstown, MD 21740  
301-739-8577  
[www.hagerstownadvance.com](http://www.hagerstownadvance.com)

## How to apply for this program

In order to be considered for funding within this program, please provide one copy of the following:

1. Complete the **Minority and Woman-Owned Business Program Application**.
2. **Attachment A** to include the following:
  - Detailed description of the business including
    - Types of products/services
    - Hours of operation
3. **Attachment B** to include the following:
  - Most pressing issues facing your business at this time
  - Specific assistance requested
    - Name, location and price of educational workshop/class
    - Description of computer or internet purchase and price
  - Changes you anticipate as a result of the requested assistance

### Please submit your application to:

Minority and Woman-Owned Business Program  
Christy Blake, Downtown Business Recruitment & Retention Manager  
City of Hagerstown  
14 N Potomac Street  
Hagerstown, MD 21740  
[cblake@hagerstownmd.org](mailto:cblake@hagerstownmd.org)

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**MINORITY AND WOMEN-OWNED BUSINESS PROGRAM APPLICATION**

**BUSINESS PROFILE**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Year of Establishment: \_\_\_\_\_

**APPLICANT**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROGRAM APPLICATION**

*Please review individual guidelines for required attachments.*

\_\_\_\_ Technical Assistance Grant \_\_\_\_\_ Revolving Loan

**TYPE OF BUSINESS**

\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership  
\_\_\_\_ Corporation

**BUSINESS OWNERSHIP**

Name	% Ownership	Title	Years in Position
1. _____			
2. _____			
3. _____			

**FINANCE**

Federal Tax ID or Social Security Number: \_\_\_\_\_  
Bank Name and Branch: \_\_\_\_\_

**EMPLOYMENT**

*Number of Employees*

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Total: \_\_\_\_\_

*Projected Employment*

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Total: \_\_\_\_\_

**CERTIFICATION**

To the best of the applicant's knowledge and belief, no information or data contained in this application or attachments are in any way false or incorrect and no material information has been omitted, including financial information. The applicant acknowledges and has reviewed the descriptions of the City of Hagerstown Minority and Woman-Owned Business Program incentives and agrees to comply with all terms, conditions and policies of the program. The applicant agrees that banks, credit agencies and references are hereby authorized to provide the City of Hagerstown with any and all information in connection with the matters referenced in this application. In addition, the applicant agrees that the funds provided pursuant to this application will be utilized exclusively for the purposes represented in this application.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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