

Kent County Tourism Corporation COVID-19 Grant Fund Application



Name of Business: _____

Name of Business Owner: _____

Business Address: _____

Daytime Phone Number: _____ Email: _____

Description of Business: _____

Number of Employees: (Full Time Equivalent FTE's) _____

Requested Grant Amount (\$500 Maximum): _____

Proposed Use of Grant: _____

<p>Certification of Applicant:</p> <p>I, _____, hereby certify that I am the owner or duly authorized representative of the above stated Business, that all information provided herein is true and accurate to the best of my knowledge, that my business operates in Kent County, Delaware, and that I request approval of a COVID-19 Grant Fund in the amount indicated to be utilized for the above stated purposes.</p> <p>Owner/Agent Signature: _____ Date: _____</p> <p>Review and Authorization by Kent County Tourism Corporation</p> <p>This Grant Application has been reviewed and found to be in compliance with the provision of the COVID-19 Grant Fund Guidelines established by Kent County Tourism Corporation.</p> <p>Kent County Tourism Corporation Board Chairman: _____ Date: _____</p> <p>Kent County Tourism Corporation President: _____ Date: _____</p>

Please submit Application and W9 form via mail to:

KCTC COVID-19 Grant Fund c/o Kent County Tourism Corporation, 435 N DuPont Hwy, Dover, DE 19901 or scan to info@visitdelawarevillages.com