



## Market Pressure Relief Application

Applications and support documentation must be submitted via email to [business\\_finance@delaware.gov](mailto:business_finance@delaware.gov). Applications will be accepted through September 30, 2021.

Any Contractor submitting an application for Market Pressure Relief shall be aware of the following limits to this program:

- Only the awarded Contractor may submit an application for an awarded contract, and the subcontractors are excluded from making an independent application under this program.
- A submitting Contractor shall not have made nor make application for or to any other relief programs to be considered. Further, the Contractor shall be subject to audit at the request of State or Federal Government for a period not less than six years after a relief application's final disbursement is made to the Contractor.
- Only contracts awarded under 29 Del. C., §6982 for non-transportation construction will be considered.
- Under the 'Public Works Awarded Project' section, please include the contract number and contract title. (Example: Contract number - IRD\_19004-HTES; Contract title - New HT Ennis School)
- The state will only consider making adjustment reimbursements for materials that were purchased from January 1, 2021 through July 31, 2021.
- If a Contractor is awarded any relief money, and the relief application is granted due to Subcontractor(s) expenditures, the Contractor is solely responsible for disbursing monies to the appropriate Subcontractor.
- All decisions regarding a Market Pressure Relief distribution will be based on actual expenditures and supported by documentation submitted to the state in support of any claim.

### Applicant Information

Contractor Name

### Primary Business Contact

First Name  Last Name

Email  Phone

### Business Address

Street Address

City  State  ZIP

County

### Headquarters Address (If different than Business Address)

Street Address

City  State  ZIP

### Does the applicant maintain more than one business location?

If yes, please provide the address of any additional business locations, as well as the number of employees at each location

Address 1  # of Employees

Address 2  # of Employees

Address 3  # of Employees

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### Business Details

Business Type [redacted] Tax Identification Number [redacted]  
Other Business Type [redacted]  
Business Name [redacted]  
DBA (If Applicable) [redacted]  
Business License Number [redacted] State of Incorporation [redacted]  
Date Business Established [redacted]  
NAICS Code(s) [redacted]  
Number of Full-Time Employees [redacted] Number of Part-Time Employees [redacted]

### Secondary Business Contact

First Name [redacted] Last Name [redacted]  
Email [redacted] Phone [redacted]

### Public Works Awarded Project

Please identify the Contract Number and Title of the projects awarded and where construction activity has occurred during the time period from January 1, 2021 to July 31, 2021.

Contract Number [redacted]  
Contract Title [redacted]  
Project Location [redacted]  
Value of Contract When Awarded [redacted] Anticipated Cost of Supplies and Material [redacted]  
Anticipated Cost of Labor [redacted] Is this Contract Complete? [redacted]  
If no, what is the estimated time this project will be completed by? [redacted]

## Market Pressure Relief Application

### Subcontractor Disclosures for Project Awarded

Subcontractor Name #1	[Redacted]		
Subcontractor DBA	[Redacted]		
Subcontractor Tax ID #	[Redacted]		
Subcontractor Address	[Redacted]		
Subcontractor Contact Name	[Redacted]	Phone	[Redacted]
Approximate % of Contract Work Completed by Subcontractor	[Redacted]		
Subcontractor Name #2	[Redacted]		
Subcontractor DBA	[Redacted]		
Subcontractor Tax ID #	[Redacted]		
Subcontractor Address	[Redacted]		
Subcontractor Contact Name	[Redacted]	Phone	[Redacted]
Approximate % of Contract Work Completed by Subcontractor	[Redacted]		
Subcontractor Name #3	[Redacted]		
Subcontractor DBA	[Redacted]		
Subcontractor Tax ID #	[Redacted]		
Subcontractor Address	[Redacted]		
Subcontractor Contact Name	[Redacted]	Phone	[Redacted]
Approximate % of Contract Work Completed by Subcontractor	[Redacted]		

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Subcontractor Name #4

Subcontractor DBA

Subcontractor Tax ID #

Subcontractor Address

Subcontractor Contact Name

Phone

Approximate % of Contract Work Completed by Subcontractor

Subcontractor Name #5

Subcontractor DBA

Subcontractor Tax ID #

Subcontractor Address

Subcontractor Contact Name

Phone

Approximate % of Contract Work Completed by Subcontractor

Please list all other contractors via attached additional documentation, providing the same level of information to avoid processing delays.

### Financial Disclosure and Support Documentation for Market Pressure Relief Consideration

The prime contractor owns the responsibility for the collection of all documents for submission in support of this application. This includes where appropriate the collection of any documents from subcontractor(s) to support the claim for a Market Pressure Relief. Any failures to submit sufficient documentation could impact the determinations and/or relief granted (if any) by the state.

The following documents are requested for your application to be considered:

- Initial Budgeted Project Projection of Costs identifying summary costs for labor vs materiel.
- Written quotes by suppliers for any materials anticipated for the Project bid.

NOTE: Supply quotes shall be dated not more than six months prior to the award of the project and shall not be dated after the contract has been awarded.

The Contractor may provide quotes as provided by the Subcontractor(s) identified to work on the Project. The same timing guidelines shall apply to all Subcontractor information. Quotes shall be not more than six months prior to award and not dated after award.

- Copies of invoices for materials purchased for the Project awarded between the time period January 1, 2021 and July 31, 2021.

The Contractor may provide invoices as supplied by the Subcontractor(s) identified to work on the awarded Project.

NOTE: The Contractor is solely responsible in gathering documentation for submission in support of this application for Market Pressure Relief. The State will not compel nor intercede on behalf of the Contractor to obtain documentation from any Subcontractor(s) in support of the application.

## Market Pressure Relief Application

### Acknowledgement

Eligibility for financial assistance from the Division of Small Business (“DSB”) is determined by the information presented in this application and in the required exhibits and attachments. Any change in the status of the applicant from the facts presented herein could disqualify the applicant.

I, the undersigned, being duly sworn upon my oath say:

1. The Applicant as listed is the recipient of the funds, if awarded.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the grant to be issued and the operation of the proposed project.
3. The Applicant hereby agrees that any officers, employees, agents or attorneys of the Delaware Division of Small Business (“DSB”) may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or “public body”, as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. §10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DSB staff or attorneys in evaluating Applicant’s application for assistance.
4. This application, with all attachments & exhibits, is the product of a diligent and reasonable investigation that I have either overseen or been personally involved.
5. I have carefully read this application, including all attachments and exhibits, and the information contained in this application, including all attachments and exhibits, is true, accurate, and complete to the best of my information and belief.
6. I am a director or officer acting within the scope of my employment and authorized to act on behalf of the Applicant.
7. I understand that if I have intentionally made a false statement in this application, or someone else has made a false statement herein that I know or believe to be false, I can be subject to criminal prosecution. Further, the DSB, at its option, may terminate its financial assistance.
8. That the information reported herein is true, accurate, and complete. I understand that these reports are made in support of claims for government funds.
9. I understand the DSB may also require additional information as determined by DSB staff.
10. The Applicant agrees and understands that all information contained in this application or obtained by the DSB in investigating or considering the application may be subject to public disclosure pursuant to Delaware’s Freedom of Information Act.
11. I understand that submission of an application does not guarantee receipt of funding from DSB.

The undersigned certifies that any statement or representation in this application or information provided herein, is true and complete to the best of their knowledge and hereby acknowledges they meet and are in compliance with the regulations published at Market Pressure Relief.

Business Name

Business Contact Name

### Submitted By

Name

Date

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