

# KIOWA COUNTY, KANSAS PREVENTATIVE MEASURE GRANT APPLICATION

Kiowa County is an equal opportunity action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

## BUSINESS INFORMATION & CONTACT INFORMATION

1 - Business Legal Name	2 - Tax ID/Employer ID #	3 - Date Business was Established
4 - Trade Name (If different from legal name)	5 - Primary Business Phone #	6 - Business Email Address
7 - Primary Business Owner Name(s)	8 - Business Entity Type (Sole Proprietorship, LLC, 501c3, etc.)	
9 - Physical Address	10 - Mailing Address (If different from physical address)	
11 - Number of Full Time Employees on March 1, 2020	12 - Estimated Number of Monthly Customers/Patrons	
13 - Please describe the goods/services provided by your business		

## BUSINESS STATUS & DISCLOSURES

Is the business currently open and providing goods/services? Yes      No	Is the business in good standing with the KS Secretary of State? Yes      No
Is the business current on all federal, state, and local taxes? Yes      No	Is the business currently in bankruptcy proceedings? Yes      No
Was your business closed at any point due to the pandemic? Yes      No	If so, was the closure government mandated? Yes      No

## PREVENTATIVE MEASURES TAKEN

1 - Describe the measures taken by your business/organization to help prevent the spread of COVID-19

## GRANT REQUEST & USE OF FUNDS

Enter the amount of grant funding your business is requesting and how that amount has been used.

1 - Grant Request Amount

<u>USE</u>	<u>Amount</u>
Personal Protective Equipment (PPE)	
Cleaning Supplies and Services	
Social Distancing Enforcement (Facility Alterations, etc.)	
Other #1 (Specify):	
Other #2 (Specify):	
Other #3 (Specify):	

## OTHER ASSISTANCE

Indicate if your business has received assistance from any of the programs below. If yes, please indicate the amount received.

Program	Assistance Received?	Amount Received
Paycheck Protection Program (PPP)	Yes No	
Emergency Economic Injury Disaster Loan (EIDL)	Yes No	
Hospitality Industry Relief Emergency Fund (HIRE)	Yes No	
CDBG-CV	Yes No	
State of Kansas Small Business Working Capital Grant	Yes No	
Other state or federal assistance	Yes No	

## CERTIFICATION

By signing below, individuals certify that the information contained in this application is correct, and that they are authorized to apply for the Preventative Measure Grant and supply the requested information on behalf of their business/organization. The undersigned also certifies that all expenditures listed were unplanned/unbudgeted and necessary due to COVID-19.

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Signature of Applicant

Date