

KIOWA COUNTY, KANSAS WORKING CAPITAL 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 - Number of Full Time Employees on September 1, 2020	
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

COVID IMPACT

1 - Describe how COVID-19 has impacted your business

FINANCIAL INFORMATION

Attach supporting documentation for financial figures. Tax returns preferred if available, Profit & Loss statements acceptable if not.

1 - Gross **Revenues** for 1/1/2018 to 6/30/2018

2 - Gross **Expenses** for 1/1/2018 to 6/30/2018

3 - Gross **Revenues** for 1/1/2019 to 6/30/2019

4 - Gross **Expenses** for 1/1/2019 to 6/30/2019

5 - Gross **Revenues** for 1/1/2020 to 6/30/2020

6 - Gross **Expenses** for 1/1/2020 to 6/30/2020

7 - Describe additional factors related to COVID-19 that should be considered and are not reflected in your financial figures.

GRANT REQUEST & PROPOSED USE OF FUNDS

Enter the amount of grant funding your business is requesting and how you intend to use that amount.

1 - Grant Request Amount	
<u>USE</u>	<u>Amount</u>
Payroll/Wages	
Mortgage/Rent	
Utilities	
Inventory Purchases	
Equipment Purchases	
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 Working Capital Grant and supply the requested information on behalf of their business/organization. The undersigned also certifies that the applicant has supplied all requested documentation and that said documentation is correct.

Signature of Applicant

Date