

CDBG-CV Business Application

Date:

COMPANY INFORMATION			
Legal Name of Business:		Type of Business:	
Primary Contact Person:		Mobile Phone:	
Email:		Business Phone:	
Website:		Social Media:	
Home Address of Owner:		Number of Owners:	
Project Site Address:		Duns #:	
Business Structure (LLC, Sole Proprietorship, Inc.):		Is the business located in the same city as the mailing address above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Business Established:		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Voluntary Demographics	GENDER	VETERAN	RACE/ETHNICITY:
	<input type="checkbox"/> Male	<input type="checkbox"/> Yes	<input type="checkbox"/> White
	<input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Black/African American
			<input type="checkbox"/> Asian
			<input type="checkbox"/> American Indian/Alaskan Native
			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
			<input type="checkbox"/> American Indian/Alaskan Native & White
			<input type="checkbox"/> Asian & White
			<input type="checkbox"/> Black/African American & White
			<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
			<input type="checkbox"/> Other Multi Racial
			<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Non-Hispanic	
Total Working Capital Need:			
List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.	<input type="checkbox"/> SBA	<input type="checkbox"/> City	<input type="checkbox"/> Network Kansas/HIRE
	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Main Street	<input type="checkbox"/> Community Foundation
	<input type="checkbox"/> E-Community	<input type="checkbox"/> MCAC	<input type="checkbox"/> Banker/Financing
	<input type="checkbox"/> Other:		
Jobs Retained: Full-time:	Part-time:		
Will full or part-time jobs be retained as a result of the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Bank (or other organization) name: _____			

Please call Corina Cox, NWKP&DC, at (785) 421-2151 if you have any questions regarding this application.

<p>Please provide a description of the services provided by your business:</p>	
<p>Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc.)</p>	
<p>Describe how the use of the CDBG grant fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?</p>	
<p>Please list any other business resource partners that the business is working with, if any, (e.g. small business development centers, economic development organization, industry or trade services).</p>	

DID YOUR BUSINESS RECEIVE BENEFIT FROM ANY OF THE BELOW PROGRAMS?

- **SBA Payment Protection Program Loans**
- **SBA Economic Injury Disaster Loans**
- **SBA Express Bridge Loans**
- **SBA Debt Relief Program**
- **FEMA Disaster Relief Fund**
- **FEMA Public Assistance Program**
- **FEMA Emergency Food and Shelter Program**
- **TREASURY The Corona Virus Relief Fund**
- **TREASURY Unemployment Insurance Provisions**
- **IRS Economic Impact Payments**
- **USDA Commodity Assistance Program**
- **USDA Child Nutrition Programs**
- **USDA Supplemental Nutrition for Women, Infants and Children**
- **USDA Nutrition Assistance Block Grant to Territories**
- **USDA Disaster Household Distribution**
- **USDA Summer Food Service Program**
- **USDA The Emergency Food Assistance Program**
- **USDA Pandemic EBT**
- **USDA Supplemental Nutrition Assistance Program Emergency Allotments**
- **HHS Community Living Allocation**
- **LABOR Dislocated Worker Grants**

IF SO, PLEASE CIRCLE THE ABOVE PROGRAMS UTILIZED AND LIST BELOW EXACTLY WHAT THOSE FUNDS WERE USED FOR:

PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE "ACTIVITY" YOU USED THE ABOVE FUNDS FOR. IE: IF YOU USED PPP, YOUR FIRM IS INELIGIBLE FOR PAYROLL. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY. CV FUNDS CANNOT BE USED TO PAY FOR EXISTING DEBT.

IS THIS A MICRO BUSINESS (1-5 EMPLOYEES)? YES OR NO
IS THIS AN ED BUSINESS (6-50 EMPLOYEES)? YES OR NO
HOW MANY JOBS ARE BEING RETAINED? _____
PLEASE PROVIDE JOB CERTIFICATION FORMS FOR THOSE EMPLOYEES ONLY.

DOLLAR AMOUNT OF CV FUNDS YOU ARE APPLYING FOR: _____

CONFLICT OF INTEREST –

ARE YOU A COUNTY COMMISSIONER? Yes _____ No _____
ARE YOU A COUNTY EMPLOYEE? Yes _____ No _____
ARE YOU A CITY COUNCIL PERSON? Yes _____ No _____
ARE YOU RELATED TO ANY OF THE ABOVE? Yes _____ No _____

IF YES, PLEASE DESCRIBE:

ARE YOU CURRENT ON YOUR PROPERTY TAXES? Yes _____ No _____

IF NO, PLEASE EXPLAIN: _____

INELIGIBLE BUSINESSES

- HOME BUSINESSES SUCH AS MARY KAY, AVON, ETC.
- FARMERS AND RANCHERS
- NON-PROFIT ORGANIZATIONS
- BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020

Note: A business may only apply for and receive CV funds one time.

Please be sure to attach documentation that matches or exceeds the amount of funds you are applying for. If you are applying for payroll, be sure to attach payroll documentation. If you are applying for other working capital needs (inventory, utilities, taxes, etc.), please provide receipts to document all costs. Remember, only expenses after March 1, 2020 are eligible.

Certified by: _____
Business Owner

Date: _____

**STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM**

Name of Company: _____ Project #: Gove County #20-CV-027

Date Employed: _____

Family Income-Total income from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	Section 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	<u>13,600</u> TO	<u>22,650</u> TO	<u>36,200</u>	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	<u>17,240</u> TO	<u>25,850</u> TO	<u>41,400</u>	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>29,100</u> TO	<u>46,550</u>	<input type="checkbox"/> Income between Column B & C
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>32,300</u> TO	<u>51,700</u>	<input type="checkbox"/> Income Above Column C
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>34,900</u> TO	<u>55,850</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>37,500</u> TO	<u>60,000</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>40,100</u> TO	<u>64,150</u>	
8+ <input type="checkbox"/>	<u>42,650</u> TO	<u>42,650</u> TO	<u>68,250</u>	

RACE/ETHNICITY & DISABILITY STATUS

Do you have a handicap or disability? Yes No
 Are you Hispanic? Yes No
 Are you a female head of household? Yes No

RACE

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job? Yes No
 Were you unemployed before taking this job? Yes No

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county or the State of Kansas. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

Job Title _____

Date _____

Print Name _____

Signature Required _____