

## Cherokee County CDBG-CV Business Application

<b>Company Information:</b>			
Legal Name of Business:			
Business Address:			
Is the business located in the same city as the address above?		If not, where is the business located?	
Primary Contact Person:			
Business Phone:		Cell Phone:	
Email:		Website:	
Date Business Established:		# of Owners:	
Owner's Home Address:			
Business Structure (LLC, Sole Proprietorship, etc.):		Business EIN:	
Type of Business (retail, service, manufacturing, etc):		DUNS Number:	
Does the business have a related operating or holding company?		If yes, what is the name of that company?	
<b>Voluntary Demographics:</b>			
<p>Gender:            <input type="checkbox"/> Female                                  <input type="checkbox"/> Male</p> <p>Veteran:           <input type="checkbox"/> Yes                                  <input type="checkbox"/> No</p> <p>Race/Ethnicity: <input type="checkbox"/> White                                  <input type="checkbox"/> Black/African American                                  <input type="checkbox"/> Asian                                  <input type="checkbox"/> American Indian/Alaska Native                                  <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                                  <input type="checkbox"/> American Indian/Alaska Native &amp; White                                  <input type="checkbox"/> Asian &amp; White                                  <input type="checkbox"/> Black/African American &amp; White                                  <input type="checkbox"/> American Indian/Alaska Native &amp; Black/African American                                  <input type="checkbox"/> Other Multiracial</p>			

- Hispanic
- Non-Hispanic

**Detailed Company Information:**

Total Working Capital Needed: \_\_\_\_\_

What other sources of funding have you received to help your business deal with the COVID-19 pandemic? (Select all that apply & provide detailed information on what the funds were used for.)

SBA Paycheck Protection Program (PPP)      Amount received: \_\_\_\_\_

What were these funds used for? \_\_\_\_\_

SBA Economic Injury Disaster Loan (EIDL)      Advance received: \_\_\_\_\_

Loan received: \_\_\_\_\_

What were these funds used for? \_\_\_\_\_

SBA Express Bridge Loan      Amount received: \_\_\_\_\_

What were these funds used for? \_\_\_\_\_

SBA Debt Relief Program      Amount received: \_\_\_\_\_

What were these funds used for? \_\_\_\_\_

Other grants/loans (HIRE Loan, Restart Kansas Loan, Bank Loan, etc.)

If yes, please list with amounts and what the funds were used for.

Will full- or part-time jobs be retained as a result of these funds? \_\_\_\_\_

Number of Jobs Retained:      Full-Time – 36 to 40 hours per week

Part-Time – 26 to 35 hours per week

	Part-Time – 16 to 25 hours per week	
	Part-Time – 6 to 15 hours per week	
	Part-Time – 0 to 5 hours per week	
Types of Jobs Retained:	<u>Job Category</u> Officials & Managers	<u>Number of Jobs Retained</u>
	Professionals	
	Technicians	
	Sales	
	Office & Clerical	
	Craft Workers (skilled)	
	Operatives (semi-skilled)	
	Laborers (unskilled)	
	Service Workers	
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?		
Please provide a description of the products and/or services provided by your business.		
Please provide a description of how COVID-19 has negatively impacted the business (temporary closure, reduced sales, etc.).		

Describe how the CDBG-CV funds will enhance the ability of this business to survive.

What types of working capital will the funds be used for (rent, utilities, inventory, payroll, etc.)?

List any business resource partners that the business is working with if any (Small Business Development Center, Economic Development Organization, Chamber of Commerce, Industry Organization, etc.).

**Certification**

***I understand the requirements for the CDBG-CV program and certify under penalty of perjury that the information provided in this application and all supporting documents is true and accurate. I understand that the grant will be required to be repaid if false information has been provided.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_