**Cherokee County CDBG-CV Business Application**

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| **Company Information:** |
| Legal Name of Business:  | Click or tap here to enter text. |
| Business Address:  | Click or tap here to enter text. |
| Is the business located in the same city as the address above?  | Choose an item. | If not, where is the business located? | Click or tap here to enter text. |
| Primary Contact Person:  | Click or tap here to enter text. |
| Business Phone:  | Click or tap here to enter text. | Cell Phone:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. | Website: | Click or tap here to enter text. |
| Date Business Established:  | Click or tap here to enter text. | # of Owners:  | Click or tap here to enter text. |
| Owner’s Home Address: | Click or tap here to enter text. |
| Business Structure (LLC, Sole Proprietorship, etc.): | Click or tap here to enter text. | Business EIN:  | Click or tap here to enter text. |
| Type of Business (retail, service, manufacturing, etc):  | Click or tap here to enter text. | DUNS Number: | Click or tap here to enter text. |
| Does the business have a related operating or holding company? | Choose an item. | If yes, what is the name of that company?  | Click or tap here to enter text. |
| **Voluntary Demographics:** |
|  |  |  |
| Gender: | Choose an item. |
|  |  |  |
| Veteran: | Choose an item. |
|  |  |  |
| Race/Ethnicity: | Choose an item. |
|  |  |  |
|  | Choose an item. |
|  **Detailed Company Information:** |
| Total Working Capital Needed:  | Click or tap here to enter text. |
| 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:  | Click or tap here to enter text. |
|  | What were these funds used for? | Click or tap here to enter text. |
|[ ]  SBA Economic Injury Disaster Loan (EIDL) | Advance received:  | Click or tap here to enter text. |
|  | Loan received: | Click or tap here to enter text. |
|  | What were these funds used for? | Click or tap here to enter text. |
|[ ]   SBA Express Bridge Loan | Amount received:  | Click or tap here to enter text. |
|  | What were these funds used for? | Click or tap here to enter text. |
|[ ]  SBA Debt Relief Program | Amount received:  | Click or tap here to enter text. |
|  | What were these funds used for? | Click or tap here to enter text. |
|[ ]  Other grants/loans (HIRE Loan, Restart Kansas Loan, Bank Loan, etc.) |
|  | If yes, please list with amounts and what the funds were used for.Click or tap here to enter text. |
| Will full- or part-time jobs be retained as a result of these funds?  | Choose an item. |
| Number of Jobs Retained: | Full-Time – 36 to 40 hours per week | Click or tap here to enter text. |
|  | Part-Time – 26 to 35 hours per week | Click or tap here to enter text. |
|  | Part-Time – 16 to 25 hours per week | Click or tap here to enter text. |
|  | Part-Time – 6 to 15 hours per week | Click or tap here to enter text. |
|  | Part-Time – 0 to 5 hours per week | Click or tap here to enter text. |
| Types of Jobs Retained: | Job Category | Number of Jobs Retained |
|  | Officials & Managers | Click or tap here to enter text. |
|  | Professionals | Click or tap here to enter text. |
|  | Technicians | Click or tap here to enter text. |
|  | Sales | Click or tap here to enter text. |
|  | Office & Clerical | Click or tap here to enter text. |
|  | Craft Workers (skilled) | Click or tap here to enter text. |
|  | Operatives (semi-skilled) | Click or tap here to enter text. |
|  | Laborers (unskilled) | Click or tap here to enter text. |
|  | Service Workers | Click or tap here to enter text. |
| Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?  | Choose an item. |
| Please provide a description of the products and/or services provided by your business. Click or tap here to enter text. |
| Please provide a description of how COVID-19 has negatively impacted the business (temporary closure, reduced sales, etc.). Click or tap here to enter text. |
| Describe how the CDBG-CV funds will enhance the ability of this business to survive. Click or tap here to enter text. |
| What types of working capital will the funds be used for (rent, utilities, inventory, payroll, etc.)? Click or tap here to enter text. |
| 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.). Click or tap here to enter text. |

**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 Click or tap to enter a date.

Print Name Click or tap here to enter text.