

# Emergency Response – CDBG 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:   |   |   |   |
| Project Site Address:  |   |   |   |
| Date business established:   |   | # of Owners:  |   |
| NAICS Code (manufacturing):  |   | Business EIN:   |   |
| Is your business a Hospitality based company?  |   | Is the business located in the same city as the mailing address above?        |   |
| Business Structure (LLC, Sole Proprietorship, Inc.):   |   | Does the applying business have a related operating or holding company?       | Yes/No name:  |
| Voluntary Demographics   | <b>GENDER</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>VETERAN</b><br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | <b>RACE/ETHNICITY</b><br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |
| 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: _____   |   |   |
| <b>Jobs Retained:</b>  | <b>Full Time:</b>   |   | <b>Part-Time</b>  |
| <b>Average Wages:</b>  | <b>Full Time wages:</b>   |   | <b>Part-Time Wages:</b>   |
| <b>Will Full or Part-Time jobs be retained as a result of the funds?</b>   | Yes/No/Unknow   | <b>What is your annual payroll?</b>   | <b>Prior Year Revenues: Year: Revenue:</b>  |
| <b>Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?</b>   | Yes/No/Unknow   | <b>Bank (or other organization) name:</b>                                     |   |

|  |  |
|--|--|
| <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 loan fund enhances the ability of this business to survive.</p>  |  |
| <p>What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?</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> |  |