

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?	Yes/No Name:
Business Structure (LLC, Sole Proprietorship, Inc.):		Does the applying business have a related operating or holding company?	
Voluntary Demographics	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE/ETHNICITY <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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: _____		
Jobs Retained:	Full Time:		Part-Time
Average Wages:	Full Time wages:		Part-Time Wages:
Will Full or Part-Time jobs be retained as a result of the funds?	Yes/No/Unknown	What is your annual payroll?	Prior Year Revenues: Year: Revenue:
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?	Yes/No/Unknown	Bank (or other organization) name:	

<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, MCAC, industry or trade services).</p>	