

# 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
Gross Revenue for previous 12 months:	
Cost of Goods sold for previous 12 months:	

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	

<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>	

Name of Business: \_\_\_\_\_

Duns Number: \_\_\_\_\_ You can look it up at [dnb.com](http://dnb.com) if you have a number. If you don't have one, you can register at <https://www.dnb.com/solutions/government/duns-number-request-guide.html>

**Other Federal Assistance Received:**

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

\_\_\_ SBA Payment Protection Program (PPP)  
- Amount Received: \_\_\_\_\_  
- What were funds used for (please be specific): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ SBA Economic Injury Disaster Loan (EIDL)  
- Amount Received: \_\_\_\_\_  
- What were funds used for (please be specific): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ SBA Express Bridge Loan  
- Amount Received: \_\_\_\_\_  
- What were funds used for (please be specific): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ SBA Debt Relief Program  
- Amount Received: \_\_\_\_\_  
- What were funds used for (please be specific): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Other Federal Program Assistance  
- Name of Program: \_\_\_\_\_  
- Amount Received: \_\_\_\_\_  
- What were funds used for (please be specific): \_\_\_\_\_  
\_\_\_\_\_

**Types of Jobs Retained**

<u>Jobs Category</u>	<u>Jobs Retained</u>
Officials and Managers	_____
Professionals	_____
Technicians	_____
Sales	_____
Office and Clerical	_____
Craft Workers (Skilled)	_____
Operatives (Semi-Skilled)	_____
Laborers (Unskilled)	_____
Service Workers	_____

**Certification:**

I understand the requirements for the CDBG-CV program and certify under penalties of perjury, the information provided in this application and all supporting documents are correct. The grant will be required to repaid if false information has been provided.

\_\_\_\_\_  
Signature of Business Owner

**Business Application Checklist –**

Please provide the following completed forms and information:

\_\_\_\_ Fully completed CDBG-CV Business Application.

\_\_\_\_ Fully completed Supplement to the CDBG-CV Business Application, including signature.

\_\_\_\_ Employee Certification Form(s) – if part-time, please provide hours per week on form

\_\_\_\_ Payroll Report reflecting current employees. If owner-operator with no employees, provide most recent tax return for business.

\_\_\_\_ Invoices supporting requested funds

\_\_\_\_ If available, checks showing proof of payment of invoices provided

**Your application will not be considered until all the required information has been received.**