

Emergency Response – Medicine Lodge 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 DUNS #:		
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 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, Economic Development Organization, industry or trade services).</p>	
<p>Have you received any other funding for your business due to Covid 19? (PPP, EIDL, Etc.) Please explain how these funds were used in your business. (Payroll, supply, utility, Etc.)</p>	
<p>Gross Revenue for the previous 12 months.</p>	
<p>Cost of Goods Sold for the previous 12 months</p>	

Business Grant

CDBG-CV

Medicine Lodge Budget Summary

Business Name:
Address:

Total Requested

	March	April	May	June	July	August	Other	Total
								\$ -
Utility								
Rent/Mortgage								
PPE/Cleaning Supply, Etc.								
Supply Required to open								
Payroll								

Funding request could start March 1 and end 60 days after reopening date.

Please submit copies of all receipts and payrolls with application.