**CDBG-CV Business Application**

**Date:**

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| **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 #:       |

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| Business Structure (LLC, Sole Proprietorship, Inc.):       | Is the business located in the same city as the mailing address above? [ ]  Yes [ ]  No |
| Date Business Established:       | Does the applying business have a related operating or holding company? [ ]  Yes [ ]  No |
| Gross Revenue for previous 12 months:       |
| Cost of Goods sold for previous 12 months:       |

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| Voluntary Demographics | GENDER[ ]  Male[ ]  Female | VETERAN[ ]  Yes[ ]  No | RACE/ETHNICITY: |
| [ ]  White  |
| [ ]  Black/African American |
| [ ]  Asian |
| [ ]  American Indian/Alaskan Native |
| [ ]  Native Hawaiian/Other Pacific Islander |
| [ ]  American Indian/Alaskan Native & White |
| [ ]  Asian & White |
| [ ]  Black/African American & White |
| [ ]  American Indian/Alaskan Native & Black/African American |
| [ ]  Other Multi Racial |
| [ ]  Hispanic |
| [ ]  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. | [ ]  SBA | [ ]  City | [ ]  Network Kansas/HIRE |
| [ ]  Chamber of Commerce | [ ]  Main Street | [ ]  Community Foundation |
| [ ]  E-Community | [ ]  MCAC | [ ]  Banker/Financing |
| [ ]  Other:       |
| Jobs Retained: Full-time:       Part-time:       |
| Will full or part-time jobs be retained as a result of the funds? [ ]  Yes [ ]  No [ ]  Unknown |
| Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS? | [ ]  Yes [ ]  No [ ]  Unknown |

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| Please provide a description of the services provided by your business: |       |
| 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.) |       |
| Describe how the use of the CDBG grant fund enhances the ability of this business to survive. |       |
| What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)? |       |
| 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). |       |

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