



Applying Local/Regional Organization

CloudCorp
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Get in the Cloud Application Form

Client Information

1. Name of entrepreneur or small business _____
2. If company, list entity type (LLC, sole proprietorship, etc.) _____
3. Name of Primary Contact _____
4. Title of Primary Contact _____
5. Mailing Address _____
6. Phone Number _____
7. Fax Number _____
8. Email Address _____
9. Does the entrepreneur or small business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS? YES NO
10. Is the applicant current on all property taxes in Cloud County? YES NO
11. Will the business be located in the same city listed in Question 5? YES NO
12. If 11 is No, physical address of where business is/will be located _____

13. Are there any outstanding judgments against the business or any of the principals involved?
That would also include any members or officers of a Limited Liability Company and officers,
directors, and major stockholders of a corporation. ____ YES ____ NO
14. Any prior bankruptcies (applicable to all those mentioned in question 12) ____ YES ____ NO
15. Name of the landlord/property owner _____
16. Phone Number of Landlord/property owner _____

17. Please use this space to provide a summary of your project. You may refer us to your business plan if you are a new entrepreneur.

18. If you are a new business, please identify your desired customers and how you intend to reach them. If you are an existing business, please use this space to identify how this expansion/construction will increase your customer base and how you plan to advertise and reach them.

19. What are the potential economic impacts of your project on the community? Sales tax increases, job creation, property tax increases, etc.

20. How will the Get in the Cloud Grant impact this specific project? Could you do the project without these funds?

21. Tell us about your business experience/what qualifies you personally to run a business?

22. How will your project increase the quality of life for the community?

23. **FUNDING INFORMATION**

Please fill out the excel budget form

Date Funds are needed _____ Amount of Funds being requested _____

Check all eligible use of funds categories you intend to apply under:

___A) Brick and Mortar Improvements to existing buildings: Projects may include but are not limited to:

- ___ Building expansion
- ___ Interior or exterior renovation and restoration
- ___ Permanent Fixtures such as HVAC, plumbing fixtures, flooring lighting, etc.
- ___ Site Clearance
- ___ Signage

___B) New Building Construction

Please make sure you have every item under this checklist. Place these items in order behind your application when you turn it in. Incomplete applications will be returned.

	Existing Business Owning the Property	New Business Owning the Property	Existing Business Renting/Leasing the Property	New Business Renting/Leasing the Property
Completed Application Form	✓	✓	✓	✓
Completed Budget Form	✓	✓	✓	✓
Business Plan		✓		✓
Past 3 Years Income Tax Returns	✓		✓	
Personal Financial Statement	✓	✓	✓	✓
Past 3 Years-end balance sheet and book value financial statement (if not in tax returns)	✓		✓	
Startup Costs		✓		✓
Three-year income/expense projections if project is awarded	✓	✓	✓	✓
Letter from bank verifying participation through loans or letter from bank or backer verifying cash injection	✓	✓	✓	✓
Signed Marketing Release of Information	✓	✓	✓	✓
Signed copy of mentoring agreement		✓		✓
Construction or repairs estimates (2 quotes)	✓	✓	✓	✓
Verification of completion of SBDC Training		✓		✓
Signed copy of permission for leasehold improvements			✓	✓
A signed copy of a lease at least 3 years or longer			✓	✓

By signing below, you also agree to the following:

** In most cases, the Get in the Cloud grant will need to be considered income and reported on your business income statement. Please discuss this item with your tax professional before applying for grant funds.*

**If awarded, you will have one month from the date on the award letter to accept the grant. If you do not accept the grant in writing to CloudCorp, your award will be void and all funds will be returned to the grant pool.*

**Awarded funds must be spent within one calendar year of the date on your award letter.*

**The information you provided will be shared with the grant committee. This information will be destroyed after the grant selection process.*

Signature of Business Owner

Date

MARKETING RELEASE OF INFORMATION

By submitting an application for financial assistance, the Client (prospective grant recipient tenant and landlord) agrees to the following Marketing Release of Information* to be used by the Get in the Cloud Grant Program administered by CloudCorp for the purpose of promoting the successful delivery of services to entrepreneurs and small business owners.

Marketing Release of Information*

Upon receiving notification that the Financial Advisory Committee has selected the Client to receive financial assistance, the Client agrees to provide pertinent information to CloudCorp for the purpose of preparing a news release for distribution to other Resource Partners and media outlets as determined by CloudCorp;

Information for the news release will be obtained primarily from the Get in the Cloud application, the CloudCorp and grant recipient's Web sites and previously published information, and by phone interviews with representatives of both parties;

CloudCorp will make accommodations to withhold all information identified by the Client as being sensitive or competitive in nature, particularly when this information is not previously published and therefore not already considered to be in the public domain. All parties named in the release will receive a final copy of the news release prior to distribution in order to verify the accuracy of all information contained therein;

CloudCorp will disseminate a news release and related information to external media outlets only after the grant is approved and closed by CloudCorp;

In addition to disseminating the resulting news release to media outlets CloudCorp may distribute all or part of the news release and related information to organizations, networks and individuals via Email, CloudCorp, and third-party Web sites, blogs, instant messaging, chat rooms, message boards, et...

I have read and agree to the terms described in the Marketing Release of Information Declaration.

Yes_____ No_____

Signature of Tenant

Date

Signature of Landlord

Date

MENTORING AGREEMENT

I _____ agree to act as a mentor to _____
Name of Mentor Name of Entrepreneur

by helping them with the following activities:

1. Looking over their business plan and making suggestions.
2. Monthly financial review for the first year after doors open.
3. Quarterly financial review for the remaining two years after doors open.
4. Available to answer questions.

Signature of Mentor

Date

Signature of Entrepreneur

Date

LEASEHOLD IMPROVEMENTS PERMISSION

Only applicable to candidates who do not own the property

I _____, agree to allow _____
Name of Property Owner Name of Applicant

to execute leasehold improvements described in the design and construction estimates listed in the Get in the Cloud application. I understand that any improvements made to my property might result in a property tax increase. I also understand that any improvements to the building must adhere to any local and state zoning guidelines.

I am also aware that any dollars spent in leasehold improvements to my property can be considered taxable income and will need to be disclosed for tax purposes.

Signature of Property Owner_____

Date_____

Verification of Completion of Small Business Courses *(for new businesses only)*

_____ *(applicant name)* has completed the LRS Small Business series
(including: Meeting the 3 Ms – Learning the Basics of Money, Marketing &
Management, The Right Start – Using a Business Plan and Cash Flow Made Easy.

Signature

Linda Sutton, LRS
Small Business Consultant

Personal Financial Statement (For New Businesses)

To _____ Lender

Date _____

Name _____

Address _____ Character of Business _____

For the purpose of obtaining credit, I hereby tender the following statement as of _____ 19____

(Every schedule on this report must be filled out. Where there are no amounts to enter, write the word "None".)

ASSETS				LIABILITIES			
Cash on Hand and on Deposit	\$						
Notes Receivable not due, but maturing within six months.	{ For merchandise sold { For money loaned { For real estate sold			Notes Payable, due within one year.	{ For merchandise { For real estate { To banks { To others		
Accounts Receivable, current and considered good.	{ For merchandise sold { Other			Accounts Payable.	{ For merchandise, not due { For merchandise, past due { Others, not due { Others, past due		
Merchandise (Indicate whether cost or replacement value)				Other current liabilities			
United States Bonds or Notes							
Other Listed Securities (Give detailed list on back)							
TOTAL CURRENT ASSETS	\$			TOTAL CURRENT LIABILITIES	\$		
Notes Receivable, past due or maturing in over six months.	{ For merchandise sold { For money loaned { For real estate sold			Notes Payable, not due within twelve months from date of this statement.	{ Real Estate Mortgages (List on reverse side) { Other		
Accounts Receivable, past due.	{ For merchandise sold { Other			Other mortgages, judgments or liens not due within twelve months from date of this statement. (List in detail)			
Real Estate (List on reverse side)							
Buildings (List on reverse side)							
Machinery and tools \$							
less depreciation net				TOTAL LIABILITIES	\$		
Stocks and Bonds other than U.S. (See reverse side)				NET WORTH	\$		
Other Assets (Itemize)				This section to be used only if a corporation to show distribution of net worth.			
				Capital Stock, common			
				Capital Stock, preferred			
				Surplus			
				Undivided Profits			
TOTAL ASSETS	\$			TOTAL	\$		

Total sales last calendar or fiscal year \$_____. Cost of sales \$_____. Profit or loss \$_____.

Have endorsed notes of others amounting to \$ _____. In present business _____ years. Carry \$ _____

insurance on merchandise \$_____ on buildings, and \$_____ on machinery and equipment.

Carry \$_____ life insurance payable to_____. Have pledged \$_____.

of above accounts and notes as collateral.

Personal Financial Statement Page 2 (For new businesses only)

SCHEDULE OF REAL ESTATE OWNED AND MORTGAGES PAYABLE

Location and Description	Improvements	Value		Mortgages	Equity
		Assessed	Cash		

NOTE—If you have ever failed in business, give particulars below and how and on what basis you settled with creditors.

Listed Stocks and Bonds other than U. S. Bonds—See opposite side

DESCRIPTION	MARKET VALUE

PLEASE ANSWER FULLY:

- Are you a partner in any firm? _____ Name of firm _____
- Is real estate as listed recorded in your name? _____
 If not, in whose name? _____
 If joint, state with whom _____
- If this statement covers the business of a partnership, list below the names and addresses of all partners.

I certify that the above schedules and the statements on the opposite side are a true and correct account of the condition of my business and affairs on the day above stated.

Witness my hand and seal, this _____ day of _____, 19____.

(Seal)