## **Emergency Response – CDBG Application**

## Date:

COMPANY INFORMATION				
Legal Name of Business:			Type of Business:	
Primary Contact Person:			Mobile Phone:	
Email:			Business Phone:	
Name & Home Address				
of all business Owner(s):				
Business Address:				
Date business established:	# of Owners:			
NAICS Code (manufacturing):	Business EIN			
			Owner(s) Social Security No.(s)	
Business Structure (LLC, Sole Proprietorship, Inc.):		Does the applying business have a related operating or holding company?		
Voluntary Demographics	GENDER  Male Female	VETERAN  YES  NO	Asian Black or Africar Hispanic or Lati	
Amount of Loan Request (Working Capital Only)		·		
List any and all other funding you are currently seeking, including but not	SBA	Ci	ty	HIRE
limited to Bank loans, SBA loans, Public or private loans, grant funding, etc.	Banker/ Financing	Other:		
<b>Current Number of jobs:</b>	Full Time:		Part-Time	
Number of jobs to be retained if loan funded:	Full Time:		Part-Time	
Average Wages:	Full Time wages:		Part-Time Wages:	х
Will Full or Part-Time jobs be retained as a result of the funds?	Yes/No/Unknov	Wha your ann payro	ual	2019 Sales: Net Income:
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?	Yes/No/Unknov		Bank (or other organization) name:	

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 loan fund enhances the ability of this business to survive.	
What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?	
Please list any other business resource partners that the business is working with if any (e.g. CloudCorp, small business development centers, industry or trade services).	