

## Instruction for Filling out the Application

Legal Name of Business – business name as filed with state

Type of Business – general business category

Primary Contact Person – who is responsible for this paperwork and available to answer questions regarding the application?

Mobile Phone – of Primary Contact Person above

Email – Official business email address OR email address of Primary Contact Person above

Business Phone – official business phone listing (if available)

Website – if available

Social Media – list handles for Facebook, Instagram, Twitter, etc. (optional)

Home address of owner – list one address of majority owner or all home addresses of equal owners

# Of Owners – how many owners have interest in your business?

Project Site address – where does your business entity do most of its business?

DUNS # - use your DUNS # if you have one; IRS EIN is acceptable; use individual SSN if you don't have an EIN or DUNS # available at <https://www.dnb.com/duns-number.html>

Business Structure – is your business a sole proprietorship, LLC, LLP, etc.?

Is the business located in the same city as the mailing address above? If no, what City is your business located in?

Date business established – date your business officially began

Does the applying business have a related operating or holding company? If yes, list the holding company's name.

Gross Revenue for Previous 12 months – list your company's previous 12 month gross revenues, as reported in your most recent tax filing

Cost of Goods Sold in Previous 12 months - list your company's previous 12 month cost of goods sold, as reported in your most recent tax filing

Voluntary Demographics – answers are not required here and are optional

Total Working Capital Need – list total amount of funding needed to maintain operations. Grant funds may not cover this entire amount, but this will help illustrate the total need in the event that additional funds become available.

List other funding you are currently seeking – check all boxes that apply; seeking or receiving funding from these other sources does not necessarily preclude your business from receiving CARES ACT ED funds.

Will Full or Part-Time jobs be retained as a result of these funds? –Answer yes, no or unknown.

Tax liability? – answer yes, no or unknown

Page 2 questions are all self-explanatory. Answer each to the best of your ability. Answers are required for each question.

Please scan and submit the application to: [lyoncoed@gmail.com](mailto:lyoncoed@gmail.com)

# 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		RACE/ETHNICITY:
	<input type="checkbox"/> Male		<input type="checkbox"/> White
	<input type="checkbox"/> Female		<input type="checkbox"/> Black/African American
	VETERAN		<input type="checkbox"/> Asian
	<input type="checkbox"/> Yes		<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> No		<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 Economic Development 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>	

Annual Revenue:	<input type="checkbox"/> \$0-\$249k <input type="checkbox"/> \$250k-\$499k <input type="checkbox"/> \$500k - \$749k <input type="checkbox"/> \$750k - \$999K <input type="checkbox"/> \$1 million +
How many years have you operated within Lyon County?	
Do you have additional locations? If so, where?	
Please summarize your community involvement. This can include direct or in kind assistance to organizations or events, and civic memberships.	
Have you laid off any employees as a result of loss of revenue due to COVID?	<input type="checkbox"/> None <input type="checkbox"/> One or Two <input type="checkbox"/> More than Three