Linn County CDBG-CV Business Application

Date: Click or tap here to enter text.

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| Legal Name of Business: Click or tap here to enter text. | Type of Business: Click or tap here to enter text. |
| Primary Contact: Click or tap here to enter text. | Mobile Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Business Phone: Click or tap here to enter text. |
| Website: Click or tap here to enter text. | Social Media: Click or tap here to enter text. |
| Mailing Address: Click or tap here to enter text. | Number of Owners: Click or tap here to enter text. |
| Physical Address: Click or tap here to enter text. | Duns Number: Click or tap here to enter text. |
| Gross Revenue for previous 12 months:Click or tap here to enter text. | Cost of Goods Sold for previous 12 months:Click or tap here to enter text. |
| Business Structure (LLC, Sole Proprietorship, etc)Click or tap here to enter text. | Is the business located in the city limits of Pleasanton, KS? Yes [ ]  No [ ]  |
| Date business was established:Click or tap here to enter text. | Does the applying business have a related operating or holding company? Yes [ ]  No [ ]  |
| Is the business currently in operation? If no, why not Yes [ ]  No [ ] Click or tap here to enter text. |
| Total working capital needed: Click or tap here to enter text. |
| Jobs Retained: Full time Click or tap here to enter text.  Part time Click or tap here to enter text. |
| Will full or part time jobs be retained as a result of this grant: 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 [ ]  |
| 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, etcSBA [ ]  City [ ]  Network Kansas/HIRE [ ]  Chamber of Comerce [ ]  Main Street [ ]  Community Foundation [ ]  Main Street [ ]  Community Foundation [ ]  E-Community [ ] MCAC [ ]  Banker/Financing [ ]  Other: Click or tap here to enter text. |
| Bank name: Click or tap here to enter text. |

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| Please provide a description of the services provided by your business: | Click or tap here to enter text. |
| 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) | Click or tap here to enter text.  |
| Describe how the use of the CDBG-CV grant fund enhances the ability of this business to survive: | Click or tap here to enter text. |
| What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)? | Click or tap here to enter text. |
| Please list any other business resource partners that the business is working with, if any, (e.g. small business development centers, economic development organizations, industry or trade services). | Click or tap here to enter text. |