

Valley Falls Covid-19 Economic Assistance Grant Application

# Valley Falls, Jefferson County, Kansas

Funds Provided by Kansas SPARK Program

## Background & Eligible Projects

The Valley Falls COVID-19 Economic Assistance Grant program was created through the Federal CARES act, and the Kansas SPARK program. This program is designed to assist businesses in the unincorporated areas of Jefferson County by providing funds to cover Covid19 related expenses.

The minimum grant request is $250 with a $5,000 maximum request per business entity. Businesses must have been registered, and in good standing, with the Kansas Secretary of State's office for at least one (1) year prior to the application submittal date and must not have received, or be planning to apply for, COVID-19 relief funding through any other agency. Any business that changes ownership during the grant application or award process shall have their application revoked and considered null and void.

## Who Qualifies:

* Businesses that have their registered office and physical location(s) with-in the City limits of Valley Falls, Kansas and;
* Businesses that have not received, or been previously approved for, additional COVID-19 funding under the CARES act and;
* Businesses that have incurred, or will be incurring, expenses directly related to COVID-19 and its mitigation.

## Who Does NOT qualify;

* Non-Profit Entities
* Businesses that have already received funding under the CARES act

## What type of expenses/uses qualify;

* Necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (Covid-19) (such as PPE, cleaning products, etc.)
* Expenses incurred due to interruption caused by required closures. (Such as late fees on rent/mortgage payments, payroll expenses during a required closure, etc.)
* Unemployment Insurance costs related to COVID-19, so long as those costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

## What type of expenses/uses do not qualify;

* + Reimbursement for lost revenue
  + Severance Pay or Legal Settlements
  + Damages already covered by Insurance
  + Expenses that have been or will be reimbursed under any federal program, such as the CARES Act (PPP for example)

## When will applications be available?

Applications will be available between October 12th and October 30th, and can be found on the Valley Falls website at www.valleyfalls.org or physically at City Hall at 417 Broadway Street.

## When will applications be accepted?

Applications will be accepted digitally between October 12th and close of business on October 30th. You can submit the online application to cityofvalleyfalls@gmail.com - In order to help accommodate social distancing and to limit in person contact, physical applications will be accepted in the drop box outside of City Hall.

ALL FIELDS BELOW MUST BE FILLED OUT TO BE CONSIDERED.

### Applicant Information (Please Print)

1. Business name: \_
2. Entity type (i.e. LLC, sole proprietorship, etc.)
3. Primary Contact and Title:
4. Mailing Address:
5. KS Secretary of State Registered Office address:
6. Physical Address of business:
7. Phone Number:

Cell Number:

1. Fax Number:

Email:

1. Business website:
2. Does the business have a tax liability in arrears with Jefferson County, the Kansas Department of Revenue or the IRS?
3. Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings? If yes, please give date and explanation.
4. Has the applicant ever been convicted of a felony offense or registered as a sex offender? If so, please provide some details about the conviction.
5. Is the applicant currently delinquent or behind on either student loan repayments or child support payments? If so, please explain.

### Requested Funding Information

**Grant Funding Proposal and Demographic Information**

1. Amount of funds being requested:
2. Please describe your intentions for the grant funding, if you were to be awarded your requested funding amount.
3. If you were awarded an amount less than you requested, how would you prioritize the allocation of the funds?
4. Describe the project in detail and provide a breakdown of how the funds will be used for this project?

### 5. Company Demographics:

Business organization and tax structure: \_

DUNS #:

EIN/Tax ID #:

Month/Year business was established:

What type of business is receiving the funds (restaurant, manufacturing, retail, etc.…)?

Current full-time employees:

Current part time employees:

2020 Projected Revenue: 2019 Annual Gross Revenue: 2018 Annual Gross Revenue:

Actual / Projected Cost of Goods Sold: Actual / Projected Cost of Goods Sold:

Gender

Male Female

Veteran

Yes No

Race/Ethnicity:

American Indian or Alaska Native Asian

Black or African American Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Jobs Retained Full Time Part-Time

Average Wages $ Per Hour Full Time Wages $ Per Hour Part-Time Wages Will Full or Part-Time jobs be retained as a result of the funds?

Yes No Unknown

What is your annual payroll? $

6. How was the business directly affected by COVID-19 and what have you done to help mitigate exposure to your employees, clients, and customers?

By signing below the applicant agrees to abide by the requirements of the federal CARES Act and understands that they are not guaranteed to be awarded funds under this program or any other portion of the CARES Act funding. You are also certifying that you are an authorized representative of the entity described herein.

Any applications submitted outside the time frames described above will be considered null and void.

Applicant (Printed)

Applicant (Signature) Date: