



Planning & Development

CDBG-CV Job Retention Grant Business Application

Date of Application:

General Business Information

Legal Name of Business:	
Type of Business:	
Structure of Business:	
Primary Contact Person:	Mobile Phone:
Primary Contact Home Address:	
Email:	Business Phone:
Website:	Social Media:
Business Site Address:	DUNS#:
Is the business located within the city limits of Manhattan, KS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, the business is not eligible for this grant.	
Number of Full-Time Equivalent Employees (FTEs):	
If number of FTEs is greater than 50, the business is not eligible for this grant.	
Date Business Established:	
Does the applying business have a related operating or holding company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gross Revenue for previous 12 months:	
Cost of Goods sold for previous 12 months:	

Owner Information

Name of Owner:			
Number of Owners			
Home Address (If different than above):			
Voluntary Demographics of Owner (If multiple owners, select one)	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE/ETHNICITY: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <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

Request and Documentation of Need

Please provide a detailed description of the goods or services provided by your business:
Please provide a short description of how COVID-19 has and is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, revenue drop compared with last year's revenues, etc.)
Explain how the business plans to recover from the negative impacts of COVID-19 and describe how the use of the CDBG-CV grant funds enhances the ability of this business to survive.
Total Working Capital Need:
What types of working capital will the CDBG-CV funds be used for (e.g. utilities, payroll, inventory)?
Will full or part-time jobs be retained as a result of the CDBG-CV funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Jobs to be Retained (In FTEs): Full-time: _____ Part-Time: _____
Do 51% of the jobs to be retained meet the Low-Moderate Income Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any federal funding you have received and describe what the funding was used for:
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"/> MCAC <input type="checkbox"/> Main Street <input type="checkbox"/> Community Foundation <input type="checkbox"/> E-Community <input type="checkbox"/> Banker/Financing <input type="checkbox"/> Other:
Would CDBG-CV funding be a duplication of benefits from any other federal funding source?: <input type="checkbox"/> Yes <input type="checkbox"/> No
List any other business resource partners that the business is working with, if any, (e.g. small business development center, economic development organization, industry of trade services):
Does the business owner(s) have a tax liability in arrears with the Kansas Department of Revenue or the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No