

BUTLER COUNTY BUSINESS GRANT APPLICATION

DATE:

COMPANY INFORMATION	
Legal Name of Business:	Type of Business:
Primary contact Person:	Mobile Phone:
Email:	Business Phone:
Home Address of Owner:	Number of Owners:
Business Address:	Tax ID Number:

Business Structure (LLC, Sole Proprietorship, Inc.)		Date Business Established:	
Does the applying business have a related operating or holding company? Yes No		Have you received any revenue replacement funds from Federal Government Programs: YES NO	
Total Requested Funding Based on Revenue Lost:			
List any and all other funding you are currently seeking or have received, including but not limited to, bank loans, public or private loans, grant funding etc.	SBA:	City	Network KS/Hire
	Chamber of Commerce	Main Street	Comm. Foundation
	E-Community	MCAC	Bank/Financing
	Other:		
Jobs Retained: Full Time:		Part Time:	
Will full or part-time jobs be retained as a result of these funds: Yes No Unknown			
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue, IRS or Butler County or has filed bankruptcy.		Yes No Unknown	
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 grant fund enhances the ability of this business to survive.	
What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?	
Signature Indicating everything to the best of your knowledge is correct in this application:	Signature: _____ Date: _____

Request Reviewed and Approved By:	
Funding Approved: Yes No	Amount Approved:

Revenue Loss Calculation

				$((2020-2019)/2019*100)$
Revenue	2019	2020	Net Difference	% Difference
March				
April				
May				
June				
July				
August				
Total				