

Tonganoxie Business Grant Program

Proposal: The Tonganoxie City Council has allocated up to \$387,310 of the CARES Relief Aid for the purposes of Business Retention in response to the economic impacts of the COVID-19 Pandemic. This proposal outlines the use for the funds as well as a committee that will help to develop applications and support as well as review and recommend appropriate expenditures of the funds that would be in accordance with the rules and regulations set forth by the CARES Act adopted in Congress on March 25, 2020.

Businesses and organizations that are located and operate within the city limits of Tonganoxie will be encouraged to identify and apply for funding that was established through the dedication of resources in the Leavenworth County CARES Act allocation.

Business Grant Program:

Direct grants should be made available to businesses or non-profits that can demonstrate a significant need for financial support to help maintain their business or community service operations with impacts related to COVID-19. Businesses or organizations that apply for these grants should be able to identify either:

- (1) A year over year loss of revenue of 15% or more to be eligible. These grants should be used to cover qualified expenditures of the businesses or organizations as outlined in the CARES Act and would be limited to a maximum award of up to \$30,000 per business or organization.

Or

- (2) Restricted by previous orders in 2020 (state, county, city, etc.). These grants should be used to cover qualified expenses as outlined by the CARES Act and each business or organization would be limited to an award of up to \$30,000.

Eligible Business/Organization: Must be located within Tonganoxie city limits, must be in good standing with Kansas Secretary of State as verified by BESS check and must have been in operation as of March 1, 2020.

An Allocation Review Committee will be established to review applications and make recommendations to the City Council on grant awards.

Eligible Expenses: Typical working capital including, but not limited to wages, rent, utilities, inventory, advertising, insurance, etc. Expenses are eligible only if incurred between 3/1/20 and 10/1/20. Receipts, paid invoices or cancelled checks will be required for proof of eligible spending.

Tonganoxie CARES Act Business Grant Application

(see attached instructions before filling out)

COMPANY INFORMATION			
Legal Name of Business:		Type of Business:	
Primary Contact Person:		Mobile Phone:	
Email:		Business Phone:	
Website:		Social Media:	
Business Address:		Number of Owners:	
Home Address of Owner:		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	VETERAN	RACE/ETHNICITY:
	<input type="checkbox"/> Male	<input type="checkbox"/> Yes	<input type="checkbox"/> White
	<input type="checkbox"/> Female	<input type="checkbox"/> No	<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
Total Working Capital Need: _____ per month or per year?			
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"/> CDBG-CV	<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"/> Paycheck Protection	<input type="checkbox"/> EIDL	<input type="checkbox"/> Banker/Financing
	<input type="checkbox"/> Other:		
If you received or are seeking any other funding sources, please complete attached Funding Source Checklist			
# of Employees: Full-time: _____ Part-time: _____		Total Monthly Payroll: _____	
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 CDBG 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>	

Submit completed applications to: **info@tonganoxie.org & brettw.gas@outlook.com**

Grant information is available at:

<https://www.tonganoxie.org/business/coronavirus-relief-funding-small-business-grants>

Application support is available through the grant administrator, Brett Waggoner of Governmental Assistance Services at (785)760-2148 or email brettw.gas@outlook.com.

Instruction for Filling out the Tonganoxie CARES Act

Business Grant Application

Submit Completed Applications to: info@tonganoxie.org & brettw.gas@outlook.com

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)

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

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?

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. Specify whether this number is monthly or annually.

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 CDBG funds. Complete the attached Funding Source Checklist to provide additional required information.

of Employees - list all full-time and part-time employees separately

Total Monthly Payroll - list your average monthly payroll

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.

Funding Source Checklist

Name of Business: _____

As required by CARES Act guidance, a duplication of benefits is not permitted. These grants funds may not be used to pay for expenses already reimbursed by the other Federal Assistance programs listed below. If your business has received funding from the sources below, you may not use these Tonganoxie grant funds to pay for the exact same expenses. For questions regarding eligible expenses, please call the grant administrator at (785)760-2148 or email brettw.gas@outlook.com

Other Federal Assistance Received:

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

___ SBA Payment Protection Program (PPP)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Economic Injury Disaster Loan (EIDL)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Express Bridge Loan

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Debt Relief Program

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ Other Federal Program Assistance

- Name of Program: _____
 - Amount Received: _____
 - What were funds used for (please be specific): _____
-

Please sign next page

I understand the requirements for this grant program and certify under penalty of perjury that the information provided in this application and all supporting documents is correct. The grant will be required to be repaid if false information has been provided.

Signature of Business Owner