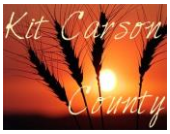


Kit Carson County Small Business Emergency Grant Application

1. Is your business for profit or nonprofit? * _____
2. Name of Business * _____
3. Doing Business As (DBA) _____
4. Physical Address of Business*
Note: this must be in Kit Carson County to be eligible.
5. Address Line 2
6. City* _____ State* _____ Zip Code* _____
7. Business Website _____
8. Contact Name* _____
Note: Name of person should Kit Carson County have questions regarding your application.
9. Contact's Email address _____
10. Contact's Address* _____
11. City* _____ State* _____ Zip Code* _____
12. Phone Number* _____
13. What industry are you in?* _____
14. Are you a home- based businesses? * _____
15. Are you registered and in good standing with the Colorado Secretary of State?* _____
16. Are you current with Kit Carson County for required personal property taxes for your business?* _____
17. Are you current with State of Colorado sales and withholding taxes?* _____
18. Is the entity that would receive the grant funds currently in bankruptcy proceedings or does the entity plan to file bankruptcy within the next 6 months?* _____
19. Do you have other locations in Kit Carson County you will be applying separately for? * _____
20. List the addresses of all other locations in Kit Carson County, if you are applying for more than one entity.

21. How many years have you been in business in Kit Carson County?* _____
22. How much of your annual revenue was impacted to date?* _____



Kit Carson County Small Business Emergency Grant Application

23. If you are part of a national chain, are you an individually owned franchise operator?* _____

24. Have you been forced to temporarily close or forced to dramatically limit operations due to the Public Health Orders related to the COVID-19 public health crisis? Please explain.* _____

25. Amount Requested?* \$ _____

26. What are the impacts to your business resulting from COVID- 19? (Please check all that apply)*

- Business closure due to stay at home order
- Reduced hours of operation
- Revenue decline
- Increased operating costs (e.g. employee paid leave from Family First)
- Inability to serve customers
- Interrupted supply/delivery
- Employee absenteeism
- Other

27. How will the funds be used to help your business return to full operation?* Please attach additional information

28. Was your business considered a non-essential business according to the State of Colorado? *
 Yes No

29. Please attach copies of your profit and loss statement and completed W9*

Signature Authority. If your grant application were approved, who would sign the grant agreement and what is that person's title? *

30. Signatory Name* _____

31. Signatory Title* _____

32. Is there any other information you would like to provide us regarding your application?* Please attach pages as needed

33. Attach copies of files – W-9, Budget, and any other information that you feel will be helpful.

34. Signature* _____

35. Printed Name* _____

36. Today's Date* _____

* Required information