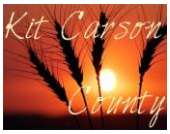


Kit Carson County Small Business Emergency Grant Application

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?

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?* _____

28. Was your business considered a non-essential business according to the State of Colorado? *

Yes No

29. Please attach a copy of your 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