



Johnson County CARES Small Business Grant Program

Welcome to the Johnson County CARES Small Business Grant Application. The Small Business Grant Program is designed to help address the economic hardships that small businesses are experiencing due to the COVID-19 pandemic. The Small Business Grant Program offers Johnson County small businesses a one-time \$10,000 grant to help offset business expenses and/or revenue loss incurred due to COVID-19. The Johnson County Commission has allocated \$13.5M in small business relief grants allowing 1,350 small businesses to receive grants. It is anticipated that the high volume of applicants will exceed the total grants available.

To be eligible for a grant, your small business (profit or non-profit) must:

Be located in Johnson County, KS (Lease/rental/mortgage statement/utility bill with business name and Johnson County address must be uploaded for verification)

Have 1 - 50 employees (Employee roster must be uploaded for verification)

Have documented expenses from Mar 1-Dec 30, 2020 and/or documented revenue loss for Mar 1-Oct 31, 2020 versus Mar 1-Oct 31, 2019 totaling at least \$10,000 directly related to Covid-19 (Receipts/invoices/proof of payment and/or profit & loss financial statements must be uploaded for verification)

NOTE: Federal CARES Relief funding guidelines require collecting documentation to verify applicant eligibility.

Expenses or revenue losses that have been reimbursed from other relief funding sources (i.e. PPP, EIDL, HIRE Fund, CDBG, County Relief funds, etc) are not eligible to be reimbursed by this grant.

Grant Eligibility

Is the business currently located in Johnson County, KS?

Please upload a copy of a lease/rental agreement/mortgage statement/utility bill showing your Johnson County business location.

Please provide the current number of employees:

Please upload a current employee roster that includes first and last name of all employees

Did the business incur COVID-19 related expenses from Mar 1-Dec 30, 2020 and/or suffer COVID-related revenue losses for the period Mar 1- Oct 31, 2020 versus Mar 1-Oct 31, 2019 of at least \$10,000? Yes No

Please upload copies of receipts/invoices and proof of payment for COVID-related expenses and/or financial profit and loss statements verifying revenue loss.

General Information

Business Legal Name

Trade Name (if different from legal name)

Does the business qualify as a minority- or woman-owned business (at least 51% ownership by minority or woman)? Captured for reporting purposes only Yes No

Does the business qualify as a veteran-owned business (at least 51% ownership by a veteran)? Captured for reporting purposes only Yes No

Month and Year Business Was Established. Month Year

Business Phone Number

Business Email Address

Business Address (cannot be a PO Box)

Address Line 1

Address Line 2

City

State

Zip Code

Business Entity Type: (LLC, Sole Proprietorship, C-Corp, S-Corp, General Partnership, Limited Partnership, Limited Liability Partnership, 501C3, non-profit, Other)

Business EIN (if applicable)
DUNS Number (if applicable)

Business Information

What Industry Sector is your business?

(Arts & Entertainment, Business/Professional Services, Communications & Marketing, Educational Services, Finance & Banking, Grocery, Healthcare & Medical, Logistics & Distribution, Manufacturing, Non-profit (excluding Arts; non-profit Arts organizations should select Arts & Entertainment above), Personal Services, Restaurants & Hospitality, Retail, Other

Please select any business-related expenses directly related to COVID-19

Personal Protection Equipment
COVID Testing Expenses
Required Office Modifications
Remote Worker Expenses
Rent/Mortgage
Utilities
Other COVID-related expenses

(Dollar amounts will be requested for any expense category selected)

Please check box to verify these expenses have NOT been reimbursed by other COVID relief programs:

If your business incurred a revenue loss related to COVID-19, please enter the amount of revenue loss for Mar 1-Oct 31, 2020 as compared to Mar 1-Oct 31, 2019. (Failure to upload previously requested documentation will make your application ineligible)

Grant Request

Small Business grants are to be used exclusively for business expenses directly related to the COVID-19 pandemic. How will your business use the funds should they be awarded? (Select all that apply.)

Payroll/Wages (Due to revenue loss)
Rent/Mortgage (Due to revenue loss)
Covid-19 Safety Equipment
Utilities (Due to revenue loss)
Inventory (Directly related to COVID-19)
Equipment (Directly related to Covid-19)
Other (Directly related to COVID-19)

Has the business received any additional local, city, county, state or federal funding (i.e. PPP, EIDL, HIRE Fund, CARES Act Funding, CDBG-CV, etc.) to help mitigate the impacts of COVID-19?

Receiving previous funds will not eliminate your business from a grant but expenses reimbursed from other programs are not eligible for this grant.

Select all funding options received (*Amounts must be entered for any selected*)

Federal PPP

Federal EIDL

Kansas SPARK Grant

Other Johnson County Relief Funds

Kansas City Community Relief Fund

Other (please provide detail)

Please check box to verify the funds previously received from other relief programs have not been used to reimburse expenses or revenue losses attributed with this application

I verify

Acknowledgment

Accuracy of Information. By submitting this application, you certify that you are authorized to apply for grant funds on behalf of the business identified. You also certify that the information provided is true and correct to the best of your knowledge. Falsification of information could result in the immediate repayment of grant funds with the possibility of other legal action.

Your Name

First Name

Last Name

Title / Role in the Business

Your Phone Number

Your Email Address

Select this box if you consent to have your application information shared with other funding organizations for the purposes of providing you with additional funding options for your business.

I consent

Signature

Use your mouse or finger to draw your signature above