

Barton County SPARK Business Assistance Grant Program (For-Profit Only)



Applications Open: Midnight, Monday, September 14, 2020.

DEADLINE: Completed applications and required documents must be received by 3:00 p.m., October 14, 2020. Submit applications via mail, in-person, or email.

Hardcopies of completed applications/required documents can be delivered In-Person (Monday-Friday, 9a.m.-3p.m.), Mailed, or Emailed to:

Great Bend Chamber of Commerce
Attn: Megan Barfield
1125 Williams St.
Great Bend, KS 67530

Email: mbarfield@greatbend.org

Required Documentation submitted with completed application:

- Receipts for any purchases made on or after March 01, 2020 for which you are seeking reimbursement for.
- W-9
- Budget Spreadsheet

For questions or to discuss your application, please call (620) 792-2401 to schedule a 15-minute private one-on-one meeting. Translators will be available.

- In-Person One-on-One Meetings: Thursday, September 17th (6:00p.m. – 8:00p.m.)
 - The Front Door, 1615 10th St., Great Bend, KS
- Virtual One-on-One Meetings: Tuesday, September 22nd (8:30a.m. – 10:30a.m.)
 - Via Zoom; Dial-In and Zoom Link emailed once scheduled

INSTRUCTIONS FOR SUBMITTING:

- Step 1: Review application and required documentation.
- Step 2: Complete application.
- Step 3: Determine amount of relief needed; including reimbursables and direct aid as outlined later in this document.
- Step 4: Secure required documentation.
- Step 5: Submit completed application and required documents.

Barton County SPARK Business Assistance Grant Program is funded by the Coronavirus Relief Fund (CRF) established as part of the CARES Act, a federal program and the State of Kansas through the Strengthening People And Revitalizing Kansas (SPARK) program. Businesses do **not** need to be a member of the Great Bend Chamber of Commerce to apply.

Award Amount. The Business Assistance Grant Program has limited funding but aims to provide reimbursement micro-grants for costs of business interruption caused by required closures and expenses in response to the COVID-19 public health emergency, to Barton County businesses and non-profits, with a *focus to address disproportionate impacts on racial minority owned businesses*. The total amount of funding available is \$125,116.23. (Note: Non-Profit organizations should contact Golden Belt Community Foundation.)

Eligibility Criteria.

- For-Profit Small Business located in Barton County and in operation March 01, 2020.
- Must still be in operation and operating at the time of application.
- Must demonstrate negative impacts from COVID-19
- Must have less than 100 employees

Award Process. Each request will be reviewed and evaluated on its own merit based on the contents of the application by a committee. This is a reimbursement grant for existing COVID-19 related expenses. Completing an application does not guarantee that an applicant will receive a grant. It is anticipated that requests will exceed available funding. This is not a first-come, first-served grant program, but rather an attempt to fully serve our county with the allocated dollars available currently. Additional information may be requested. Applicants will be notified as soon as possible following the close of application period.

Eligible Expenses.

Below is a list of potential eligible expenses but is not all encompassing.

- Cleaning and disinfection expenses
- Personal Protective Equipment (masks, sanitizer, etc.)
- Protective supplies

- Expenses for public safety measures taken in response to COVID-19
- Payroll expenses for employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- Expenses for food delivery to residents to enable compliance with COVID-19 public health precautions.
- Expenses to facilitate and improve telework/remote work capabilities for employees to enable compliance with COVID-19 public health precautions.
- Reimbursements for the costs of business interruption caused by required closures.
- Loss of revenue (must provide financials/statements for 01/01/2020 – 06/30/2020 AND 01/01/2019 – 06/30/2019)
- Working capital (must provide financials/statements for 01/01/2020 – 06/30/2020 AND 01/01/2019 – 06/30/2019)
- Any other COVID-19 related expenses reasonably necessary to the function of conducting business.

By completing this application, the undersigned acknowledges the Business Grant Program as part of the CARES Act, and agrees, individually and on behalf of the applicant business, to comply with all applicable provisions of the CARES Act and to provide any additional information that may be subsequently required under the CARES Act and SPARK Program.

Incomplete applications may not be considered for funding. Please attach required documents and budget information in the requested format. Grants to businesses may be taxable. Please consult a tax advisor for more information.

Contact: Megan Barfield, Great Bend Chamber of Commerce at (620) 792-2401 or email mbarfield@greatbend.org.



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Barton County SPARK Business Assistance Grant Program (For-Profit Only) Application

APPLICANT INFORMATION

Legal Business Name _____

Doing Business As (DBA) Name (Optional) _____

EIN/SSN _____

Contact person _____

Mailing address _____

Physical Address _____

City _____ ST _____ Zip _____

Phone _____ Email _____

Does applying business reside in Barton County?

- Yes
- No

How did you hear about the Barton County SPARK Business Assistance Grant Program?

- Social Media
- Word of Mouth
- Email
- Newspaper
- Other

Applicant Status (Must be in good standing with Kansas Secretary of State or applicable state.)

- For Profit
- Not For Profit (contact Golden Belt Community Foundation and do not continue with this application.)

Legal Status:

- Sole Proprietor
- LLC
- Partnership
- Corporation



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Number of years in existence:

Was Applicant in business before January 1, 2020?

- Yes
- No (list date started) _____

Race/Ethnicity of Majority Owner

- White
- Black or African American
- Asian
- Hispanic or Latino
- Pacific Islander
- American Indian or Alaska Native
- Other _____
- Prefer to not disclose

Gender of Majority Owner

- Male
- Female
- Other
- Prefer to not disclose

Number of Employees

- Full time (defined as employee working 30+ hours per week) _____
- Part time (defined as employee working less than 30 hours per week) _____

Average Payroll from 01/01/2020 – 06/30/2020:

Average Payroll from 01/01/2019 – 06/30/2019:

How was the Applicant impacted by COVID-19? Check all that apply.

- Mandatory closure
- Voluntary closure
- Loss of revenue (measurable from previous years)

Provide narrative describing impact of COVID-19 on Applicant (attach to application):

Describe how assistance would be used by Applicant (attach to application):

Applicant revenue decrease from March 1 – July 31, 2020 compared to March 1 – July 31, 2019:

- Less than 10%
- 11% - 35%
- 36% - 50%
- 50% - 75%
- Greater than 75%

If you receive a grant, would you be willing to share the story of how this program will help your small business for social media and/or other purposes?

- Yes
- No



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ALLOWABLE EXPENSES

There are two components of allowable expenses through this assistance program.

Reimbursements – Expenses the Applicant has already incurred due to COVID19 and for which reimbursement is being requested. Reimbursements must be from March 1, 2020 – December 1, 2020 and MAY NOT be duplicative from any other program. Applicants MAY request loss of revenue. You will be required to demonstrate the loss through prior year's official financial records. Receipts must be provided with completed application.

Direct Aid - Costs for Applicants to successfully streamline safety processes, increase ability to sustain sales, prepare for future waves of COVID-19 and/or other health pandemics, or to otherwise protect customers and employees from COVID-related health concerns.

ALL direct aid requests must be SPENT by December 30, 2020. Receipts must be provided by December 1, 2020. Business must submit receipts before receiving grant funds.

Important Note: This grant under no conditions may be used for personal expenses. Any monies not spent by December 30, 2020 or expenses unable to be verified by receipt by December 1, 2020 must be returned to the Great Bend Chamber of Commerce, under the terms of the Federal CARES Act.

Amount requested:

Reimbursement \$ _____
Direct Aid \$ _____
Total \$ _____

Required Documentation submitted along with completed application:

- Receipts for any purchases made on or after March 01, 2020 for which you are seeking reimbursement for.
- W-9
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ATTACH SPREADSHEET FOR ITEMIZED USE OF FUNDS.

Complete spreadsheet with requested reimbursement from this program, with receipts attached digitally or hardcopy format. An excel spreadsheet (provided) may also be submitted.

Date Issued	Payment Amount	Payment Method	Voucher/ Invoice #	Check #

Additional funding received from any other Federal Cares Act sources:

Date Issued	CARES Act program	Amount Received	Description of how funds were used including dates

Note: Receiving federal funds from other sources DOES NOT preclude this application; however, funds may not overlap for the same services or duplicate financial assistance. Receiving additional assistance may be a consideration in the evaluation of grant funding metrics.



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Important Note: This grant under no conditions may be used for personal expenses. Any monies not spent by December 31, 2020 or expenses unable to be verified by receipt by December 01, 2020 must be returned to Great Bend Chamber of Commerce under the terms of the Federal Cares Act.

The Great Bend Chamber of Commerce, Barton County, and the State of Kansas reserve the right to conduct an audit of this application and verify any information provided herein and related use of funding. All funds must be spent in accordance with the terms of the CARES Act, prior to December 30, 2020, and documentation is required for all expenditures on or before December 01, 2020.

The applicant agrees to comply with and utilize the grant funds received in accordance with and subject to all the applicable rules, regulations and provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and further agrees to hold Barton County, Kansas, Great Bend Chamber of Commerce, and the local SPARK committee harmless from liability with respect to this grant.

To the best of my knowledge, this information is accurate and true, and can be verified to proper officials of Barton County and/or the State of Kansas and/or the Great Bend Chamber of Commerce. I understand that falsification of information may result in the applicant to return any and/or all funds that may be provided.

SIGNATURE(s) of owner(s)/board chairman/authorized representative(s)

_____ Date _____

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