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**Langlade County, Wisconsin**

**Microenterprise Business Assistance Program**

**Application**

**Applications for the Langlade County Wisconsin Microenterprise Business Assistance Grant Program will be accepted and reviewed on a rolling basis until all available funds have been fully expended not to exceed beyond date of April 1, 2023. Applications will be accepted on a first-come, first-served basis depending on the demand.**

**Please make sure to download, review, and complete all related File Attachments, including Program Guidelines, Certifications, and Forms.  Please read the program guidelines carefully for instructions on how to apply and to ensure that your business is eligible for this program.**

### Only complete applications submitted during the Application Period to [aclose@co.langlade.wi.us](mailto:aclose@co.langlade.wi.us) with all required attachments will be considered for a grant.

### If you need assistance with application submittal, please contact Angie Close at [aclose@co.langlade.wi.us](mailto:aclose@co.langlade.wi.us) or call 715-623-5123.

### This program is funded by a Community Development Block Grant

### through the Wisconsin Department of Administration, Division of Energy, Housing & Community Resources.

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**Langlade County, Wisconsin **

**Microenterprise Business Assistance Program**

**Program Description**

Langlade County Economic Development Corporation (LCEDC) is the program administrator of the Langlade County Microenterprise Business Assistance Program. The Microenterprise Program provides up to $10,000 grants to microenterprise businesses (5 or fewer employees including the owners) that have been adversely impacted by the Covid-19 crisis. Langlade County has received $282,500 from the Wisconsin Department of Housing and Community Development as a Community Development Block Grant (CDBG) to implement this program.  Funding for this program was made available under the Federal CARES-Act.  We anticipate serving between 20 and 25 micro-enterprise businesses.

**Eligibility**

To qualify for this grant, a business must be:

* + Small; defined as five or fewer employees including the owner(s). All employees, regardless of full-time or part-time status, are included in the employee count.
  + Located in Langlade County
  + Owned by a person(s) of qualifying income. If there are multiple owners of the business, the majority (51% or more) of the owners must meet the income eligibility requirements or 51% of the employees must meet the income eligibility OR
  + 51% of total employees must meet the income eligibility
  + The business started operating on or before December 31, 2020, is still operating in 2021, and suffered an economic loss as a result of the COVID-19 pandemic. An economic loss may be from lost revenue or increased expenses as a result of the pandemic
  + Meets all other CDBG-CV and Microenterprise Assistance program guidelines

**Additional eligibility requirements:**

* + Only one grant allowed per family.
  + Only one grant allowed per business.
  + Business owner(s) must be current on income and property taxes.

### Eligible Use of Funds

### Grant funds must reimburse working capital needs resulting from the COVID-19 pandemic. Examples include:

### • Operating expenses such as payroll, rent, mortgage, insurance, utilities, inventory, professional fees, and COVID-19 related expenses such as protective equipment

### Fines and fees are not eligible uses of the grant funds.

### Applicant must furnish documentation equal to or more than $10,000 to show how grant funds have been spent on working capital needs related to the pandemic. Documentation can include recent payroll reports, paid invoices/receipts from protective equipment or professional fees, mortgage/rent/tax statements, etc. since the pandemic began on February 5, 2020. Funds cannot be used to duplicate benefits – funds cannot be used to pay the expenses for which a business has already received federal, state, or local sources of grant or loan forgiveness funding.

**Langlade County, Wisconsin **

**Microenterprise Business Assistance Program**

### QUALIFYING INCOME TABLE

### To qualify for a Microenterprise Grant, a business must be owned by a person(s) of qualifying income. If there are multiple owners of the business, the majority (51% or more) of the owners must meet the income eligibility requirements. To determine eligibility, please do the following for each business owner or 51% of the employees must meet the income eligibility requirements.

### 1. In the appropriate county table, locate the number of persons in the owner’s family. “Family” means all related persons in a household.

### 2. Determine whether the owner’s family income, using gross income, is within the qualifying income range. If the majority of the business owners have family incomes within the qualifying income range, the business is an eligible Microenterprise Grant applicant.

**INSTRUCTIONS:** Please answer questions A, B, and C, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current family income in the following table. “Family” means all related persons in your household.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please Circle # of Persons in your Family** | **MICROENTERPRISE OWNER SELF CERTIFICATION**  **FAMILY INCOME CATEGORY** | | | | | |
| **Please check your family income in the same row as the number of persons in your family.** | | | | | |
| **A** | **B** | **C** | | | **D** |
| 1 | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | Greater than $40,250 | |
| 2 | $0 - $17,420 | $17,421 - $28,750 | | $28,751 - $46,000 | Greater than $46,000 | |
| 3 | $0 - $21,960 | $21,961 - $32,350 | | $32,351 - $51,750 | Greater than $51,750 | |
| 4 | $0 - $26,500 | $26,501 - $35,900 | | $35,901 - $57,450 | Greater than $57,450 | |
| 5 | $0 - $31,040 | $31,041 - $38,800 | | $38,801 - $62,050 | Greater than $62,050 | |
| 6 | $0 - $35,580 | $35,581 - $41,650 | | $41,651 - $66,650 | Greater than $66,650 | |
| 7 | $0 - $40,120 | $40,121 - $44,550 | | $44,551 - $71,250 | Greater than $71,250 | |
| 8 or more | $0 - $44,660 | $44,661 - $47,400 | | $47,401 - $75,850 | Greater than $75,850 | |

Source: 2021 HUD low-moderate income level limits for Langlade County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you currently unemployed or were you unemployed prior to employment with this company? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

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# 2021 Langlade County

**STATE OF WISCONSIN**

**COMMUNITY DEVELOPMENT BLOCK GRANT**

**EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*Langlade County Economic Development Corporation* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Community Development Block Grant (CDBG) program. To meet federal regulations, *Langlade County Economic Development Corporation* is required to collect statistical data on your family income, race/ethnicity, and employment status. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Your name and personal information will be kept private, and your income, race and unemployment status information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current family income in the following table. “Family” means all related persons in your household.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please Circle # of Persons in your Family** | **FAMILY INCOME CATEGORY** | | | | | |
| **Please check your family income in the same row as the number of persons in your family.** | | | | | |
| **A** | **B** | **C** | | | **D** |
| 1 | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits for Langlade County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you currently unemployed or were you unemployed prior to employment with this company? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

|  |
| --- |
| **EMPLOYER USE ONLY *(ALL SECTIONS ARE MANDATORY)***  **Position Details**  ☐Full Time☐Part Time (FTE: \_\_\_\_\_)☐Employer-Sponsored Healthcare Plan Offered  **Position Class**  ☐ Official/Manager ☐ Professional ☐ Office/Clerical  ☐ Sales ☐ Technician ☐ Craft Worker/Skilled  ☐ Operative/Semiskilled ☐ Laborer/Unskilled ☐ Service Worker  **Date Hired: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |

**Job Category Definitions**

1. **Officials or Managers -** Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm’s operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

2. **Professional -** Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.

3. **Technicians -** Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.

4. **Sales -** Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.

5. **Office or Clerical -** Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.

6. **Craft Worker (skilled) -** Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers,

job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.

7. **Operatives (semi-skilled) -** Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer’s furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.

8. **Laborers (unskilled) -** Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.

9. **Service Workers -** Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, chairworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred worker.

**Langlade County, Wisconsin **

**Microenterprise Business Assistance Program**

### Ineligible Businesses

### Ineligible entities include units of government and businesses primarily engaged in any of the following North American Industry Classification System (NAICS) codes beginning with:

### 111 - Crop Production

### 112 - Animal Production or Aquaculture

### 531 - Lessors of Real Estate

### 813 - Nonprofit Organization

**Application Timeline & Procedures**

Interested, eligible businesses must submit a completed, signed Microenterprise Grant Program Application and all required attachments to the West Central Wisconsin Regional Planning Commission via email to: [aclose@co.langlade.wi.us](mailto:aclose@co.langlade.wi.us). Please note the maximum attachment size is 10MB. If an email and attachments exceed the allowable size, please send multiple emails.

Applications will be accepted and reviewed on a rolling basis until all available funds have been fully expended not to exceed April 1, 2023. Applications will be accepted on a first-come, first-served basis depending on the demand. Please make sure to download, review, and complete all related File Attachments, including Program Guidelines, Certifications, and Forms.  Please read the program guidelines carefully for instructions on how to apply and to ensure that your business is eligible for this program.

### Submit the following application and all required attachments (in one or more PDF files) to the Langlade County Economic Development Corporation via e-mail to: [aclose@co.langlade.wi.us](mailto:aclose@co.langlade.wi.us)

### For questions and assistance on the application please contact Angie Close at 715-623-5123 or [aclose@co.langlade.wi.us](mailto:aclose@co.langlade.wi.us)

**Langlade County Economic Development Corporation (LCEDC)**

**MICROENTERPRISE BUSINESS GRANT APPLICATION**

**The LCEDC, Fund Administer, may ask for additional information not included in this application.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION I-BUSINESS INFORMATION** | | | | | | |
| **Legal Entity:** C Corp S Corp LLC LLP Partnership Sole Proprietor | | | | | | |
| **Legal Name:** | | | | | | |
| **Trade Name:** | | | | | | |
| **Mailing Address:** | | | | | | |
| **City, State, Zip: County:** | | | | | | |
| **FEIN:**  (Federal Employee Identification Number –Tax ID) | | | | | | |
| **Date Established: State of Organization** (Per Articles of Incorporation/Organization)**:** | | | | | | |
| **Current Employment Full-time: Part-time:** | | | | | | |
| **Website URL:** | | | | **Phone:** | | |
| **Head of Organization:** | | | | **Title:** | | |
| **Phone:** | | | | **Email:** | | |
| **Briefly describe the business including products/services, locations and customers. Please attach business summary:** | | | | | | |
|  | | **SECTION II- PRIMARY APPLICATION CONTACT** | | | | |
| **Project Contact:** | |  | | **Title:** | | |
| **Email:** | |  | | **Office Phone:** | | |
| **Cell Phone:** | |  | | **Mailing Address:** | | |
| **City, State, Zip:** | |  | | | | |
|  | |  | | | | |
| **SECTION III- BUSINESS OWNERSHIP** | | | | | |  |
| **List All Owners:** | | | | | |  |
| **Name** | **Ownership %** | | | | **Phone** | **Email** |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
| **How many years has the business been under current ownership?** | | | | | |  |
|  | | | | | |  |
| **SECTION IV- BUSINESS OWNER(S) INCOME CERTIFICATION** | | | | | | |
| **Each business owner listed in Section III will need to complete and sign a business owner self- certification form/ If Business owner doesn’t qualify and 51% of employees do than each employee will need to complete an individual self-certification form.**  **All business owner(s) identified in Section III have completed and signed a business owner self-certification form for Langlade County  YES  NO**  **If Business owner(s) do not qualify, each employee has completed and signed an individual self-certification from for Langlade County  YES  NO**  **All signed self-certification forms will need to be attached to the application form.**   |  |  | | --- | --- | | **SECTION V- COVID-19 IMPACT** |  |   **Describe how the Covid-19 pandemic has impacted your business: (attach documentation or separate summary)**   |  |  | | --- | --- | |  | **SECTION VI-GRANT REQUEST**  **Please detail how you intend to use the grant dollars. Attach documentation.** | | | | | | | |
| **Rent/Mortgage Payment:** | | |  | | | |
| **Operating Costs:** | | |  | | | |
| **Payroll Expenses:** | | |  | | | |
| **Personal Protective Equipment:** | | |  | | | |
| **Inventory Replacement:** | | |  | | | |
| **Professional Fees:** | | |  | | | |
| **TOTAL not to exceed $10,000:** | | |  | | | |
| **SECTION VII- DOCUMENTATION**  **OF OTHER ASSISTANCE PROVIDED** | | | | |  | |
| **Please include any source of government (federal, state, or local) grant assistance and loan forgiveness received by the business during the COVID-19 pandemic. Detail the use of funds and amount received.** | | | | | | |
| **SOURCES AND USE FUNDS** | | | | | **AMOUNT** | |
|  | | | | |  | |
|  | | | | |  | |
|  | | | | |  | |
|  | | | | |  | |
| **SECTION VlII – COMPLIANCE CHECKS FOR GRANT ELIGIBILITY** | | | | | | |
| **Your business and its owners need to be in compliance with several authorities including but not limited to the following.** | | | | | | |
| **For-profit Corporations, Limited Liability Companies, Limited Liability Partnerships, Limited Partnerships and Cooperatives doing business in the State of Wisconsin are required to register with the Department of Financial Institutions (DFI). These types of businesses must be registered using their legal name and be current with DFI. If your business is not listed as being current in DFI records your business is not eligible for a micro-loan. Businesses operating as Sole Proprietorships are not required to be registered with the DFI.** | | | | | | |
| **SECTION VIII- BUSINESS / OWNER STATUS**  Please Answer the Following Questions (circle/highlight box that applies):  Are you and your business current on past federal and state income taxes? If no, you are ineligible.  YES  NO  Are you and your business current on property taxes? If no, you are ineligible.  YES  NO | | | | | | |
| **SECTION IX – ATTACHMENTS**  The following required attachments are provided (circle/highlight box that applies):  Business Articles of Incorporation or Articles of Organization  YES  NO  For Sole Proprietors only, most recent tax return’s Schedule C  YES  NO  If available, documentation of the COVID-19 impact on your business  YES  NO  Documentation of grant uses (i.e. payroll statements, rent/mortgage statements, professional fee invoices, past tax statements, inventory replacement receipts, etc.)  YES  NO  Completed and signed business owner self-certification forms for all owners of the business  YES  NO | | | | | | |
| **SECTION X-CERTIFICATION** | | | | | | |
| **I hereby understand, attest, certify and/or agree to the following terms and conditions:** | | | | | | |
| **(a) Certifies that to the best of its knowledge and belief, the information being submitted in this application, and accompanying attachments, is true and correct.** | | | | | | |
| **(b) Authorizes the State or any of its duly authorized representatives herein to verify any of the statements below** | | | | | | |
| **(c) I agree to indemnify, defend and hold harmless Langlade County, LCEDC, officers, officials, employees, agents and other associated parties against claims and damages relating to or arising from this application or any funds provided in connection with this application, and hereby release and waive any claims and damages arising now or in the future relating in any matter to rights, losses, liabilities, costs or expenses against them.** | | | | | | |
| **(d) Understands the information provided prior is collected to determine if I/we are eligible to receive assistance under the Wisconsin’s Community Development Block Grant – Coronavirus (CDBG-CV) Microenterprise Grant program.** | | | | | | |
| **(e) Understands that unless it qualifies as a trade secret, all information submitted to Langlade County/Langlade County Economic Development Corporation is subject to Wisconsin’s Open Records Law** | | | | | | |
| **(f) Understand that providing false statements or information is grounds for termination of Community Development Block Grant assistance and is punishable under federal law.** | | | | | | |
| **(g) Authorize Langlade County Economic Development Corporation to verify all information provided in this application, if applicable.** | | | | | | |
| **(h) Understand that additional information may be required and may be requested.** | | | | | | |
| **(i) Certifies grant use(s) identified in Section VI and as provided in the documentation requested in Section IX have not been funded with any other sources of funding and are not a duplication of benefits received in Section VII.** | | | | | | |
| **(j) Understand that I/we must repay any assistance received, from any other source, for the same purpose for which the CDBG-CV funds were provided.** | | | | | | |
| **(k) Certifies the business is small (five or fewer employees including the owner(s); and, if employment numbers change, I/we will immediately notify WCWRPC.** | | | | | | |
| **Signature:** | | | | | | |
| **Name:** | | | | | | |
| **Title:** | | | | | | |
| **Date:** | | | | | | |
| **Signature:** | | | | | | |
| **Name:** | | | | | | |
| **Title:** | | | | | | |
| **Date:** | | | | | | |

**Include additional signatures as required to authorize the submission of this application on behalf of the business.**

**Submit this application and its attachments to:**

**Angie Close**

**Executive Director, LCEDC**

**U.S. Mail: Langlade County Economic Development Corporation 312 Forrest Avenue Antigo, WI 54409**

# E-Mail: [aclose@co.langlade.wi.us](mailto:aclose@co.langlade.wi.us)

**For questions on the application call: 715-623-5123**

# ADDITIONAL REQUIREMENTS

**Applicants shall complete the following information:**

1. Business Summary - Provide a brief overview of your business. LCEDC reserves the right to require an up-to-date business plan for any projects. At a minimum, business overview should include:

* History of the company’s operations
* The physical address of business of the Applicant
* Ownership structures and any authorized agent
* Include the number of full-time employees
* The Number of part-time employees
* A simple budget summary/Profit and Loss Statement

1. Demonstrate why the Langlade County Microbusiness Assistant Grant is needed (please attach additional pages if necessary)
2. Please answer following questions:

When did the impact start and what is the anticipated end date? From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were your business sales/revenues during the affected period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were your business sales/revenues during the SAME period last year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of business interruption insurance received or anticipated, if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the business closed:\_\_\_\_\_\_(if yes, when did it close) or considering closing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people did you employ prior to the pandemic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many are currently employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many employees do you anticipate retaining following the pandemic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What initiatives have been taken to reduce costs, defer loan payments, adjust lease terms, etc.

How long do you think you will be able to support operating costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide details on the proposed use of funds:

Describe what other types of assistance you have applied for or plan to apply for including State or Federal loan components like the Payment Protection Program or Economic Injury Disaster Loan, SBA Debt Relief, grants and other types of assistance. Include dates of application, amounts requested and anticipated turnaround time:

4.Explain any other factors to consider in evaluating this request (attach additional sheet)