



# ELLSWORTH COUNTY SPARK RECOVERY GRANTS

## -OVERVIEW-

Ellsworth County Economic Development's SPARK Recovery Grants (the "Grants Program") is funded by the Coronavirus Relief Fund which was established as part of the CARES Act. By completing this application, the undersigned acknowledges the connection of the Grants Program to the CARES Act, and agreed, individually and on behalf of the applicant business or non-profit, 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.

Please note that the Grants program has limited funding. In this regard, completing an Application does not guarantee that an applicant will receive a grant and it is anticipated that applications received will exceed available funding. Applications that are received on time and are fully completed will be processed based on the parameters of the Grants Program and will be scored on a variety of metrics to evaluate and amount of funding we are able to provide. In other words, this is not a first-come, first-serve grant program, but rather an attempt to fully serve our community with the allocated dollars we have available at this time.

## -INSTRUCTIONS PART 1-

Applications can be printed online by visiting [www.ellsworthcountyeconomicdevelopment.com/eced-open-for-business-grants](http://www.ellsworthcountyeconomicdevelopment.com/eced-open-for-business-grants). Please ensure that ALL required documents are attached and every blank has been completed. All fields are required unless marked 'optional' and incomplete applications cannot be considered for funding.

Deadline for application is October 15, 2020 at noon. You may return documents through the following:

- Scan and email all required documentation to [ewcountyeconomicdevelopment@gmail.com](mailto:ewcountyeconomicdevelopment@gmail.com)
- Drop off documents at 114 1/2 N Douglas. Please call 785-472-9204 prior to coming to the office.
- Mail documents to: ECED, PO Box 321, Ellsworth, KS 67439. Package MUST arrive prior to the deadline.

For frequently asked questions, please visit [www.ellsworthcountyeconomicdevelopment.com/eced-open-for-business-grants](http://www.ellsworthcountyeconomicdevelopment.com/eced-open-for-business-grants). If your question is not answered there, please call Stacie Schmidt at Ellsworth County Economic Development at 785-472-9204 weekdays between 9am and 4pm. You may leave a message for a return call.



## -PREQUALIFICATIONS-

1. Does the business or non-profit serve the County of Ellsworth? Yes ☐ No ☐
2. Does the business have 100 or fewer employees? ☐ Yes ☐ No
3. Was the business started before January 1, 2020? ☐ Yes ☐ No
4. How was the business or non-profit impacted by COVID19? Check all that apply.  
☐ Mandatory closure ☐ Voluntary closure ☐ Loss of revenue (measurable from previous years)
5. Does the business have delinquent property or sales taxes? ☐ Yes ☐ No

Eligible: Food Service, Retail, Wellness/Personal Grooming, Repair Service, Hospitality, Professional Services, 501c3, 501c19, agriculture-business

## -APPLICANT INFORMATION-

Name of Authorized Representative completing the application:

First \_\_\_\_\_ Last \_\_\_\_\_

Role of Person Completing the Application: ☐ Owner ☐ Officer ☐ Proxy (i.e. accountant)

Business Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Race/Ethnicity of Majority Owner

☐ White ☐ Black or African American ☐ Asian ☐ Hispanic or Latino ☐ Pacific Islander  
☐ American Indian or Alaska Native ☐ Other

Gender of Majority Owner: ☐ Male ☐ Female ☐ Non-Binary

Legal Business Name: \_\_\_\_\_

Doing Business As (DBA) Name (Optional) : \_\_\_\_\_

Legal Form of Business: (Choose One)

☐ Sole Proprietor ☐ LLC ☐ Partnership ☐ S Corp ☐ C Corp ☐ 501c3 ☐ 501c6 ☐ 501c19

Business Tax Identification Number, EIN, or SSN (SSN *only if* sole proprietor): \_\_\_\_\_

Address: (No PO Box) \_\_\_\_\_

Address Line 2: (optional) \_\_\_\_\_

City: \_\_\_\_\_ KS Zip: \_\_\_\_\_

Business Location (Choose One Option:

☐ Owned ☐ Rented ☐ Leased ☐ In-home

Number of Years in Business: \_\_\_\_\_

2019 Annual Gross Sales: \_\_\_\_\_

Business revenue decrease from April 2020 compared to April 2019?

☐ Less than 10% ☐ 11%-25% ☐ 26%-50% ☐ Greater than 50%

How did you hear about the SPARK Recovery Grant program?

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

What was the impact of COVID19 on your business? Check all that apply.

☐ Temporary Business Closure ☐ Reduced Hours of Operation ☐ Employee Layoffs  
☐ Revenue Decline ☐ Increased Operating Costs ☐ Decreased Customers ☐ Interrupted Supply  
☐ Inability to Serve Customers

Number of Full or Part-Time Employees as of December 31, 2019. (Choose one option) **Must provide verification.**

☐ 0-5 Employees (Eligible for up to \$15,000 grant)  
☐ 6-25+ Employees (Eligible for up to \$20,000 grant)

Did the business receive COVID19 related federal or state funding?

☐ Paycheck Protection Program ☐ SBA Economic Injury Disaster Loan (EIDL) ☐ HIRE ☐ CDBG CV

**\*\*Note:** Receiving federal funds from other sources DOES NOT preclude you from this application. However, federal funds may not overlap for the same services or duplicate financial assistance. Receiving additional assistance may also be a consideration in the scoring of the grant funding metrics.

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

Are you currently a member of Ellsworth County Economic Development? ☐ Yes ☐ No

*(Not being a member does NOT preclude you from receiving this grant)*

There are two components of allowable expenses through this grant program. It is permissible to use one, or a combination of both to budget your grant request.

**Reimbursements** - Affiliated costs that the business has already incurred due to COVID19 and for which businesses are requesting reimbursement. This includes rent, mortgage, utilities, inventory and supplies, and employee salary or benefits. Reimbursements must be from **March 1, 2020 - September 30, 2020** and MAY NOT be duplicative from any other federally funded program. Businesses and non-profits MAY request loss of revenue or fundraising on their budget. You will be required to demonstrate the loss through prior years' official financial records. **Receipts must be provided for all reimbursement requests.**

**Direct Aid** - Costs for a business to successfully streamline safety processes, increase their ability to sustain sales, prepare for future waves of this 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 **January 15, 2020.** **Any undocumented expenditures without receipts will be subject to be returned to Ellsworth County Economic Development.**

Please attach a **signed and dated** spreadsheet of itemized use of funds, one for reimbursements and one for direct aid requests. A sample spreadsheet has been provided for your convenience.

Your grant request should be **up to** the amount of dollars your business is eligible to receive (\$15,000 for 0-5 employees; \$20,000 for 6-25 employees) Your budget is not a guarantee that you will receive the full award. **Your budget may not duplicate funding from other federal sources in the same timeline, such as the Paycheck Protection Program, the Economic Injury Disaster Loan, or the CDBV CV.** If you are unsure which program you received, please contact your lender or your accountant.

**Important Note:** This grant under no conditions may be used for personal expenses. If you have an expense you would like to pay and are uncertain if it meets the criteria, please consult with Ellsworth County Economic Development prior to the expenditure. Any monies not spent by December 30, 2020 or expenses unable to be verified by receipt by January 15, 2020 must be returned to Ellsworth County Economic Development, under the terms of the Federal Cares Act.

This program is being administered by Ellsworth County Economic Development (ECED) through use of SPARK funds from the Federal Cares Act.

ECED must follow all regulations which are available here:

<https://home.treasury.gov/policy-issues/cares>



## Certification and Authorization:

The Applicant must certify to each of the statements below by checking the box next to each one and acknowledging the Terms of the Application by signing below.

- ☐ The Applicant has read the statements included in this Application and understands them.
- ☐ The Applicant has the authority and legal right to complete and submit this Application on behalf of the business or non-profit.
- ☐ The Applicant will use any grant awarded by the Grant Program in the manner specifically set forth in the attached Budget listing reimbursables and direct aid requests.
- ☐ The Applicant complies with all Federal, State, and Local Laws and further agrees to comply with any provisions of the Cares Act applicable to this grant program.
- ☐ To the best of the Applicant's knowledge, the information included in this Application and the information provided in all supporting documents is true and accurate.
- ☐ The Applicant understands that knowingly making a false statement, any intentional misrepresentation or omission of information contained in this Application or supporting documents will result in forfeiting this Application now and in the future, returning of any funds granted, and any such action may constitute fraud, for which the Applicant may be liable via criminal or civil action.

## Terms of Application:

By completing this Application, the Applicant, individually and on behalf of the Applicant, authorizes and consents to the disclosure, review, and storage of information by Ellsworth County Economic Development and any of their affiliates of any and all information and documents submitted in connection with this Application. The Applicant understands and acknowledges that the funding for the Grants Program is limited and that the Applicant is not legally entitled to receive a grant from the Grants Program. In this regard, the Applicant agreed that Ellsworth County Economic Development or any of their affiliates shall be liable to the Applicant, or any third party affiliated with the Applicant, and hereby releases Ellsworth County Economic Development from, any and all costs, expenses, damages, claims, or loss of any kind as many be incurred in connection with the grant requested in this Application or for anything they may do or refrain from doing, including, without limitation, any action or inaction relating to grant application requirements, grant criteria, application review and processing, grant approval or disapproval, grant payment amount, and all communications relating to any of the foregoing requirements, processes, or actions.

The Applicant further agrees and acknowledges that:

Ellsworth County Economic Development has the right to request supporting documentation regarding this Application and the use of the grant monies provided by the Grant Program and Applicant agrees to provide such documentation.

Ellsworth County Economic Development reserves the right to conduct an audit of this Application and a verification of any information provided herein.

All funds must be spent in accordance with the terms of the Cares Act, prior to December 30, 2020, and documentation will be required for all expenditures on or before January 15, 2020.

Ellsworth County Economic Development may publish the name of your business as part of a listing of grant award recipients.

Please attach and submit each of the following. Incomplete applications cannot be considered.

- ☐ The amount of funding received from other federal sources, including Paycheck Protection Program, SBA Economic Injury Disaster Loan (EIDL), HIRE, and CDBG CV funds.
- ☐ Signed narrative from the business owner stating the impacts of COVID19 on their business or non-profit and how these funds will be utilized.
- ☐ If including loss of revenue or loss of fundraising in your budget, 2 years of financial records must be provided to demonstrate loss average.
- ☐ Signed W-9.
- ☐ Financial records from April - August 2020 and from April - August 2019. Both must be included. Profit and loss statements are the preferred form of records. Business spreadsheets MAY be accepted.
- ☐ One payroll report to verify number of employees, if payroll funds are requested.
- ☐ Spreadsheet of all requested reimbursements and direct aid requests. Please remember that invoices and proof of payment MUST be provided for all requests.

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Business Owner Signature

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Date