



**Due Date: October 15, 2020**

Submit to either:

City Office of Sublette  
103 Cody Street  
Sublette, KS 67877

City Office of Satanta  
503 Ponca Ave.  
Satanta, KS 67870

Haskell County EMS  
PO Box 980  
Sublette, KS 67877

*Must be postmarked by October 15, 2020*

**Haskell County SPARK Grant Application**

General Information

Business/Non-Profit Entity Legal Name

Trade Name (if different from legal name)

Business/Non-Profit Entity Phone Number

Business/Non-Profit Entity Email Address

Business/Non-Profit Entity Address

Physical Address

Mailing Address (PO Box)

City

State

ZIP Code

Business/Non-Profit Entity Type

You must provide one of the following forms of business identification for your application to be considered complete: Business EIN or Social Security Number.

Business EIN (if applicable; no special characters accepted)

Social Security Number (if a sole proprietor or independent contractor; no special characters accepted)

Is the business or non-profit entity open and operating and providing goods and/or services?

# Business/Non-Profit Entity Information

Business/Non-Profit Entity Activity

Please provide a description of the goods and/or services provided by your business/non-profit entity.

How many full-time equivalent (FTE) employees does your business/non-profit entity have?

Please provide a short description of how COVID-19 is negatively impacting the business/non-profit entity (i.e. reduction in revenue, increased costs to implement safety procedures, average weekly decrease in revenue, inability to open due to employee COVID-related illness, etc.)

Attach documentation to support your financial loss for the COVID-19 period from **March 1st to September 30th, 2020. Reimbursements from March 1st to December 30th 2020.**

## Grant Request

Grant amount requested:

\$

How will your business/non-profit entity use the funds should they be awarded? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Loss of Revenue    | <input type="checkbox"/> Utilities                         |
| <input type="checkbox"/> PPE                | <input type="checkbox"/> Inventory Purchase                |
| <input type="checkbox"/> Payroll/Wages      | <input type="checkbox"/> Equipment Purchase                |
| <input type="checkbox"/> Mortgage/Rent      | <input type="checkbox"/> Other Please provide explanation. |
| <input type="checkbox"/> Mortgage Insurance |  |

The Haskell County Committee requires all awarded funds be spent no later than Dec. 1, 2020 to ensure that all monies are expended by the Federal CARES Act guidelines deadline of Dec. 30, 2020. Do you plan to have all of your expenditures made by Dec. 1, 2020, deadline? Yes  No  If yes, documentation must be provided subsequent to spending. If Loss of Revenue is recorded as option, example of documentation could include proof of revenue brought in for same months in prior year.

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

## ACKNOWLEDGMENT

Accuracy of Information. By submitting this application, you certify that you are authorized to apply for grant funds on behalf of the business/non-profit entity 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 Business/ Non-Profit Entity

Your Phone Number

Your Email Address

Signature

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## For Grant Reporting Data Only:

Please select all that apply:

# of Employees \_\_\_\_\_

# of Males \_\_\_\_\_ # of Females \_\_\_\_\_

Are Minority Communities served by your Business/Non-Profit Entity? Yes  No

If yes, please list.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disadvantaged