

Connectivity Program, – SPARK Application

Date: _____ Organization Applying _____

COMPANY INFORMATION						
Legal name of business or organization:		Type of Business:				
Primary Contact Person:		Mobile Phone:				
Email:		Business Phone:				
Website:		Social Media:				
Address of business or organization:						
Date business/organization established:		Is the business or organization open?				
NAICS Code (manufacturing):		Business EIN:				
Business structure (LLC, Not for Profit, Sole Proprietorship, Inc.):						
Total reimbursement requested from data base submitted						
Total working capital needed, described in narrative:						
Did you receive EIDL Funding?	Yes	No	If you answered YES to any of these questions, funds from this program CANNOT be used for the same purpose. Please reference the memorandum of understanding to describe other received funds.			
Did you receive Unemployment or PPP Funds?	Yes	No				
Did you receive KDADS or CDBG Funds?	Yes	No				
Total # of Employees including owners:			Full Time:		Part-Time:	
Does the business owner have a tax liability with the Kansas Department of Revenue, city, county or the IRS?	Yes	No				
	Unknown					
Is your memorandum of understanding signed and attached?	Yes	No	Are your receipts in one pdf document included?	Yes	No	

Narrative: *(In the space below please describe your situation and the need for the funds requested, revenue loss may not be requested in this program, utilize the back and/or a separate sheet/document to detail funding requested)*

