

Economic Assistance 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 or 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 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)

Data base of requested reimbursement for your business from this program, with receipts attached digitally in a pdf format, an excel spreadsheet (provided) may also be used.

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

The information contained within is truthful to the best of my ability

Signature of Applicant **Date**

Print Name