Senior/Child Care Program, - SPARK Application

Did you receive KDADS

or CDBG Funds?

Total # of Employees including owners:

Department of Revenue, city, county or the IRS?

Is your memorandum of understanding

signed and attached?

Does the business owner have a tax liability with the Kansas

| Date: O | 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 busin | ess or organization o | pen? | |
| NAICS Code (manufacturing): | | | | Business I | 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 | | | | |
| Did you receive Unemployment or PPP Funds? | 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 | | used for the same | |

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)

Yes

Yes

Yes No

Unknown

No

No

Full Time:

Are your receipts in one pdf

document included?

understanding to describe other received funds.

Part-Time:

Yes

No

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.

| Data Isawad | Payment | Payment Method | Voucher/ | Cla a alaaw |
|-------------|---------|-------------------|-----------|-------------|
| ate Issued | Amount | Metnoa | Invoice # | Check # |
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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 |
|-------------|-------------------|--------------------|--|
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| The information contained within is truthful to the best of my | ability |
|--|---------|
| Signature of Applicant | Date |
| Print Name | |