Lindsborg Small Business COVID19 Recovery Grant Request

Grants in this program are designed to help small businesses (15 or less employees) with losses as a result of the COVID-19 pandemic and lockdown orders. Businesses located in Lindsborg, Kansas qualify. A maximum of \$2500 per business is allowed. This application and receipts of the expenditures must be submitted in its entirety to receive funding.

Business Name	
Contact Name:	
Mailing Address:	
City/State/Zip:	
Phone Number:	Email:
EIN/Tax ID:	
Grant request amount: Maxi	imum award is \$2500 per business
Type of Business Please sele	ect one.
Retail	
Service	
Industry	
Hospitality	
Other	
Employees	
• •	ve, including yourself?
, , , ,	
description of the nature of how please describe what services and	D-19 has had on local businesses, please give a brief this emergency has affected your business. If applicable, d how many clients are at risk of losing services, and what emergency, including costs of these measures.

Funding Request

Please list typical monthly expenses (what granted funds will be used for) and the amount for each item. Please submit receipts along with this application for consideration.

Item:	Amount:
Item:	Amount:
Other Assistance	
Have you received assistance from other	sources, i.e. federal, state, or other programs?
YES. If yes, what type of program	
NO	
Did you apply for assistance, but were de	nied?
Has your landlord forgiven your rent for p YES NO	part of the year?
Sustainability	
After restrictions are lifted, would a grant YES NO	t help you re-open or sustain your operations?
Other	
Please share anything else regarding your	business needs right now.
Printed Name:	Date:
Signature:	

Email completed application and receipts to: celeste@mcphersonfoundation.org.