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SMALL BUSINESS ASSISTANCE GRANT APPLICATION



Kanawha County Commission

407 Virginia Street East
Charleston, WV 25301

For more information call 304-357-0101

I. APPLICANT INFORMATION

Applicant:

Name: Lovonza Hairston

Address: 800 8th Street

City: Nitro State: WV Zip Code: 25143

Phone: 304-759-9026 Email: 1stplacecafelc@gmail.com

Individual Business Entity Non-profit

Business Information:

Name: 1st Place Nitro Deli & Cafe, LLC (DBA) 1st Place Cafe

Address: 800 8th Street, Nitro, WV 25143

Type of Ownership:

Sole Proprietor Corporation LLC Nonprofit

Type of Business:

Retail Business Service Restaurant Manufacturing

Other: _____

Is your business registered with SAM.gov? Yes No

Provide a brief description of the business that is starting or expanding. Your attached business plan can more fully explain your products or services, so please be brief but informative.

1st Place Café is a newly opened, minority owned, restaurant located in Nitro, WV. Due to COVID19, we were confronted with several obstacles and setbacks, but were able to successfully open and start serving the Nitro community in March 2022. Due to staffing issues, we started with a soft opening and offered pick up orders only, to make sure we were able to accommodate the need and provide excellent and quality service. Without a doubt, we have surpassed that goal! We immediately gained the support of the Nitro community and currently maintain a five-star rating on several platforms such as Yelp, Google and Facebook. 1st Place Café is known for its generous portions and made to order fresh sandwiches.

We quickly transitioned from pick up only, to a full service dine-in restaurant. As a new business, we continue to grow and improve daily. We try to interact one on one with our customers and look forward to all the positive and constructive feedback. Our goal is to become a long-term fixture of the community and to provide the best dining experience possible. Due to the support and demand, we would like to expand our business and offer outdoor dining. This will allow us to serve more customers and provide options for their dining environment.

Attached is a page of online reviews for reference of the community support and commendatory reviews.

1. How many employees does your small business employ? 5
2. In what industry is your small business? restaurant/cafe
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

Yes, we have incurred cost for COVID-19 mitigation and prevention measures. All staff are required to double hand wash several times a day, hand sanitizer is supplied for all customers and employees and we diligently clean and disinfect all surfaces and areas within the establishment. Counters and tables are cleaned after each customer, bathrooms are cleaned and sanitized several times per day and the entire restuarant is cleaned thoroughly at the open and close of each day. All new employees are required to provide a negative COVID-19 test before their first day of employment. Estimated cost of \$300 for the year of 2022.

4. How will you use the funds received from the Small Business Assistance program? (e.g., Will you hire new workers, provide on-the-job training, obtain technical assistance, support payroll, benefits, rent, utilities, or other operating costs?)

We are requesting funding to expand our business with an outdoor deck and seating. The outdoor seating area will allow us to increase our seating capacity and provide additional employment opportunities. Our current dining room has a seating capacity of 30 and is most often at maximum capacity. The outside deck would give our customers the option of traditional indoor dining or a relaxing open-air environment to have a mental vacation from their usual surroundings. They can relax, unwind in the fresh air, and continue their day with a natural mood boost. With the ongoing COVID-19 pandemic, some diners prefer to be outside in an open space, rather than being in a confined area and we will be able to fulfill that need.

Also, the expansion will allow for additional employment opportunities and on the job training. We currently employ 5 crew members, all within the Nitro community and the expansion will allow for at least 4-6 more crew members.

5. Has your small business faced periods of closure as a result of the COVID-19 pandemic? If so, please describe.

Our business opening was delayed due to the COVID-19 pandemic.

6. Has your small business experienced loss of revenue or financial hardship as a result of the result of the COVID-19 pandemic? If so, please describe.

The pandemic has been devastating for independently owned restaurants, and we were directly affected by the COVID-19 pandemic. We signed our lease and started preparations for bringing 1st Place Cafe to reality in November, 2019. The building lease was renewed for 2022/2023. We were just completing final touches and working to determine an official opening date when the pandemic hit and shut down the restaurant industry completely. Unfortunately, we still incurred the costs of rent, utilities, products, and equipment with no source of revenue.

6. Do you intend to use your small business assistance funds for capital expenditures? If so, what capital expenditures do you intend to make and what is your time for completion of capital expenditures?

Yes, we plan to expand our business with an outdoor deck and seating. Please see the attached estimate and diagram of the project. Once the project is started, the projected completion would be within 3-4 months.

7. Are you requesting funds to open a startup business? If yes, did you lose expected startup capital or face other difficulties, cost increases, or delays due to the COVID-19 pandemic? Please describe fully.

N/A

II. FINANCING NEEDS

Total Amount of Investment: \$27,677.08

Total Amount of ARP Funding Request: \$25,000.00

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: 5

Type(s): cashier, server, cook, dishwasher, kitchen assistant

Year Two (projected): 9

Type(s): server, cook

This application is being submitted with the information that is correct and complete, to the best understanding of the applicant.



Applicant Signature

07/29/2022
Date

Printed Name and Title: Lovonza Hairston, Owner/Manager

ATTACHMENT: Your business plan MUST contain the following information:

- Description of the business and its goods and/or services
- Demand for proposed for goods or services
- Target market and marketing approaches
- Amount of funding required to capitalize the business and operate with adequate cash flow
- How the ARP funds will be used including a description of the work done or equipment purchased
- Three year operating pro forma

The ARP program requires the following information:

- Personal financial statement
- Personal or business tax return
- Building lease if applicable

HOW DO I SUBMIT MY APPLICATION?

Email the completed application to: kimmallory@Kanawha.us

Mail the completed application to:

Kanawha County Commission
Attention: Kim Mallory
PO Box 3627, Charleston, WV 25336

Submitted applications will be made publicly available and will be posted on the County's website.