

ALL KAN

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: Krista A. Barnette, RN

Address: 5203 Villa Pike

City: Cross Lanes

State: WV

Zip Code: 25313

Phone: 304-395-4362

Email: Krista.rnrfts@aol.com

Individual

Business Entity

Non-profit

Business Information:

Name: Birth - Babies & Beyond LLC

Address: 5210 Frontier Drive, P. O. Box 7003, Cross Lanes, West Virginia 25356

Type of Ownership:

Sole Proprietor

Corporation

LLC

Nonprofit

Type of Business:

Retail

Business Service

Restaurant

Manufacturing

Other: Healthcare

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.

Birth-Babies and Beyond, LLC (BBB), is a For-Profit business that provides prenatal and post-natal services to pregnant women and women with a child less than one year old, with Medicaid medical coverage. We contract with the Right From the Start Program (RFTS), a statewide program that helps West Virginia mothers and the first year of their babies life, lead healthier lives.

Currently, BBB has a staff of one full-time Office Manager, one part-time clerical assistant, and eight Designated Care Coordinators (4 RNs and 4 Social Workers). We are currently funded 100% from Medicaid through the RFTS program.

1. How many employees does your small business employ? 2 FT, 1 PT, 8 Contracted
2. In what industry is your small business? Healthcare
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

When Covid started, no one thought it would last over 2 years. During March, April and May 2020, we had to cancel all in-home visits, because essentially the State was "shut down". We were calling, but many were suspicious of these calls. Once the Regional Care Coordinators identified that we would be calling them, they were more receptive. When it was decided that Covid was going to last a while, the WV Medicaid agreed to reimburse for Telehealth visits. This allowed our DCC's to continue regular visits with our patients.

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?)

Birth-Babies and Beyond, LLC, is requesting funds from the ALL KAN 2022 Small Business Assistance Program to start an incentive program to encourage our referrals to have their regular care appointments, increase their educational information and to contact our DCC's when they have questions or concerns with their pregnancy or their infant child.

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

During March, April and May 2020, we had to cancel in-home visits, because essentially the State was shut down.

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.

During March, April and May 2020, we had to cancel visits, because essentially the State was shut down. We currently average 800 units per month.

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?

No, we do not plan any capital expenditures.

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.

No, we are not starting a business.

II. FINANCING NEEDS

Total Amount of Investment: Initial investment \$10,000

Total Amount of ARP Funding Request: \$25,000

III. SOURCES AND USES OF FUNDING

Sources of Funding

Source	Amounts	Terms	Is Funding Committed Yes/Pending
WV Medicaid	800 units/month	\$12.78/unit billed	yes

Use of Funds

Item and Description	Budget Amount	ARP Funds Needed	
		Yes	No
Contracted visits	\$6,800/month		X
Monthly expenses	\$1,500/month		X
Educational materials	\$2,000	X	
Client incentive materials	\$15,000	X	
Payroll	\$3,000/month		X
One time retention bonus	\$5,000	X	
Retention bonus match	\$5,000		X
Equipment	\$3,000	X	

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: .5

Type(s): Make part-time office assistant full-time (these funds not used for this)

Year Two (projected): 0

Type(s): _____

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

Krista Barnette, RN/owner
Applicant Signature

7/28/22
Date

Printed Name and Title: Krista Barnette, RN, Owner

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.