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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: Blue Creek Masonry Inc.

Address: 1505 Rutledge Rd.

City: Charleston State: WV Zip Code: 25311

Phone: (304) 400-4620 Email: MasonStone@hotmail.com

- Individual
- Business Entity
- Non-profit

Business Information:

Name: Blue Creek Masonry Inc.

Address: 1505 Rutledge Rd., Charleston WV 25311

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.

Please see attached pages

1. How many employees does your small business employ? 16
2. In what industry is your small business? Masonry Construction & Retail
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

Shut down during covid 2 months
Trouble getting materials & delays
~~equipment~~ ~~supplies~~ need worker's

July 1st 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?)

Please see attached

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

yes 1st 2 months of shutdown

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.

yes Please see attached expanded description.

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?

Please see attached

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

II. FINANCING NEEDS

Total Amount of Investment: \$25,000

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

1

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: 2

Type(s): Stone Mason

Year Two (projected): 2

Type(s): Stone Mason - installation

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



Applicant Signature

8/11/22

Date

Printed Name and Title: David S. Means President

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.ua

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.