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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:

Michael and Rachel Ervin

Name: _____

2523 Winter Street

Address: _____

Saint Albans

WV

25177

City: _____ State: _____ Zip Code: _____

304-389-0140

michael@coalrivercoffee.com

Phone: _____ Email: _____

- Individual
 Business Entity
 Non-profit

Business Information:

Coal River Coffee Company

Name: _____

64 Olde Main Plaza, St. Albans, WV 25177

Address: _____

Type of Ownership:

- Sole Proprietor
 Corporation
 LLC
 Nonprofit

Type of Business:

- Retail
 Business Service
 Restaurant
 Manufacturing
 coffee shop/coffee roaster

Other: _____

- Is your business registered with SAM.gov? Yes No

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?)

These funds will be used to construct and furnish a second roasting facility within our current shop space on Olde Main Plaza in St. Albans. We will purchase equipment and materials needed to renovate a portion of our current space. We also place to use funds to pay for the cost of labor (construction) and the cost of hiring and training a new coffee roaster to assist with roasting, packaging, and shipping. Current employees will also need additional training to be cross trained on the roasting process. These funds will help support our payroll in order to cover the cost of training individuals.

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

In April of 2020 we closed our doors for a period of three weeks. When we reopened it was just for three mornings each week (7am-12pm). Over the course of 2020 we gradually reopened fully to our regular (Pre-COVID) hours.

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. As a business only open roughly 18 months when the pandemic occurred, we experienced loss of revenue while also need to borrow funds (owner financed loans) in an effort to stay open and keep up with rising costs of goods and services. Due to government regulations during the pandemic some of our biggest ways to create revenue (live music and other in person events) were halted. Limiting our open hours also resulted in loss 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 make upgrades to our building and purchase new equipment. Our plans include upgrades to our current building to create a safe space for roasting coffee within our current building. Further, we will purchase the necessary equipment for roasting coffee in this new space (including, but not limited to, a new coffee roaster, scales, grinder).

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

\$25,000

Total Amount of Investment: _____

\$25,000

Total Amount of ARP Funding Request: _____

III. SOURCES AND USES OF FUNDING

Sources of Funding

Source	Amounts	Terms	Is Funding Committed Yes/Pending
Coal River Coffee Co.	\$4,000.00	paid over the next few months	yes

Use of Funds

Item and Description	Budget Amount	ARP Funds Needed	
		Yes	No
Equipment: roaster	\$9,000.00	x	
Materials: heat resistant flashing, building materials to construct a wall and vent	\$6,000.00	x	
Construction: labor costs	\$3,000.00	x	
Supplies/small equipment: tables, bags, scoops, scales, grinder, labels, bins, coffee beans, etc	\$4,000.00	x	
Payroll: training new roasting employees and cross training current employees	\$2,000.00	x	

IV. NUMBER AND TYPE OF JOBS CREATED

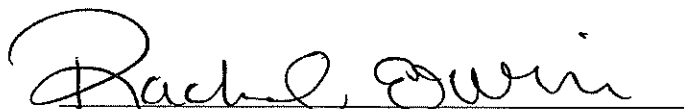
1
Year One: _____
part-time roasting trainee

Type(s): _____

1
Year Two (projected): _____
part-time roaster/packaging employee

Type(s): _____

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



Applicant Signature

7/28/2022

Date

Rachel Ervin

Printed Name and Title: _____

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.