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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: Crawford Holdings LLC

Address: 123 Washington St. W.

City: Charleston State: WV Zip Code: 25302

Phone: (304) 553-6343 Email: fighe.bullock@gmail.com

Individual  Business Entity  Non-profit

**Business Information:**

Name: Crawford Holdings, LLC

Address: 303 Washington St. W., Charleston, WV 25302

Type of Ownership:

Sole Proprietor  Corporation  LLC  Nonprofit

Type of Business:

Retail  Business Service  Restaurant  Manufacturing

Other: Development, Real Estate

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.

See Attached

1. How many employees does your small business employ? 4, but soon to hire more for this project.
2. In what industry is your small business? Real Estate Development
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

See Attached

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?)

See Attached

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

See Attached

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.

See Attached

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?

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.

See Attached

## II. FINANCING NEEDS

Total Amount of Investment: \$70,000

Total Amount of ARP Funding Request: \$20,000



## IV. NUMBER AND TYPE OF JOBS CREATED

Year One: Over 100

Type(s): Construction, Support

Year Two (projected): +60

Type(s): Bank tellers, shop keepers, retail, cooking & serving staff, engineers, social services, & more

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

Tygha C. Bullock  
Applicant Signature

7/18/22  
Date

Printed Name and Title: Tygha C. Bullock

### **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](mailto: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.**