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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: Eugenie Provosty Taylor for Crescent Counseling Group, LLC

Address: 206 Kanawha Blvd, West

City: Charleston State: WV Zip Code: 25302

Phone: 304-205-9185 Email: eugenie@crescentcg.net

Individual Business Entity Non-profit

Business Information:

Name: Crescent Counseling Group

Address: 206 Kanawha Blvd, West Charleston, WV 25302

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.

Formed in September 2021, we are a women owned small mental health counseling group with three full time therapists. We are providing much needed mental health counseling to West Virginia adults, families, couples, and adolescents. We also offer support groups that are a great way to reach more people. Mental health needs are at an all time high and counselors are overwhelmed. We would like to grow our business in multiple ways to meet the increasing need. Given the current political climate and the state of the economy, all after experiencing the negative effects of a global pandemic, our community needs proper mental health care to continue to thrive and grow.

1. How many employees does your small business employ? 1 with 2 partners
2. In what industry is your small business? Medical - mental health
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

We pay for HIPAA compliant Telehealth services so we can offer therapy on-line for those who might have or were exposed to COVID-19. The cost of this program is roughly \$100 per month, per clinician.

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 would like to hire new providers for medication management so we can be holistic in our treatment.
* We would like to hire more therapists so we can work down our 9 month waitlist for those potential clients who are waiting to get the help they need.
* We need an office support staff person to handle intakes, billing, and insurance prior authorization needs for additional services.
* We need to rent and furnish a new building to house the new providers.
* We would like to be able to offer more support group and psychotherapy group options for those struggling with loss and trauma. We can offer a reduced rate for these services if other financial support is awarded.
* We would like to provide continuing education training to our clinicians in evidence-based practices in the treatment of trauma.

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

We have not had to close the doors. Because we pay for a Telehealth service platform, providers and clients have been willing to attend sessions on-line in the case of COVID-19 exposure or illness.

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.

We have lost several hours of work as the number of COVID-19 positive cases has risen. Clients are either caring for small children who have tested positive with COVID-19 or they themselves have contracted COVID-19 and are not feeling well enough to attend a therapy session either in person or on-line. This has translated into many lost hours of otherwise reimbursable time. Collectively, we are seeing an average increase of 6-8 COVID-19 related cancellations each week. This results in over approximately \$4500 in lost income 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?

We currently rent a building which provides three full-time therapy offices. We have identified a second rental property on the same block as our first office. The building would provide us the space to double our business footprint and house three additional mental health providers. If we are granted funding, our goal is to rent the second building, furnish the space, and purchase and install signage - all to be completed by mid September 2022.

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.

We are not starting a new business (we were recently established in September 2021), but we are expanding our services offered. We are requesting funding to support our goal of bringing on three more providers, a support staff person, and funding for group therapy services so we can touch more lives and increase our service capacity. Each group can have up to 10-12 participants. Group sessions last for 60-90 minutes and meet weekly for 8-10 weeks.

II. FINANCING NEEDS

Total Amount of Investment: \$35,000

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
ARP funds	\$25,000		pending
American Express or Cit	\$10,000	5.5%	pending

Use of Funds

Item and Description	Budget Amount	ARP Funds Needed	
		Yes	No
Furniture & Signage	\$12,000	x	
Additional support staff - sign on bonus	\$2,000	x	
Continuing Education for staff	\$5,000	x	
Group therapy underwriting	\$6,000	x	
Lease new building - down payment and rent	\$2,900		x
Marketing for new providers	\$2,000		x
Increase in liability insurance	\$5,100		x

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: 3-4

Type(s): Psychiatric nurse practitioner(s) and therapist(s)

Year Two (projected): 2

Type(s): more therapists

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

Eugenie P. Taylor LICSW
Applicant Signature

8/1/22
Date

Printed Name and Title: Eugenie P. Taylor, LICSW, Managing Partner

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.