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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: Kim Mack

Address: 432 3rd Avenue

City: South Charleston State: WV Zip Code: 25303

Phone: 304-744-9486 Email: kmack@cyclopswv.com

Individual Business Entity Non-profit

Business Information:

Name: Cyclops Industries, Inc.

Address: 432 3rd Avenue

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.

Our business started in 1959 by my Grandfather who at the time was working for UCC. Full story of how we began can be found in our business plan attached.

We are expanding our machining capabilities with the purchase of and CNC machine. This allows us to improve our machining time and limit our outsourcing.

Our products are used in any enviroment that needs a safe way to view a process. We call them view ports. These units are placed in a high pressure high temperature application and allows operators a safe way to view their processes.

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

The costs we have incurred during COVID are mostly loss of man hours due to infection, extra safety steps such as cleaning and sanitizing regularly the work stations and areas in use.

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?)

If awarded this grant I will spend this money on equipping our CNC with tooling, training and programming in order to do more work on it. Also CNC training for another employee. We offer apprenticeships to our workers now and with the help of this grant plan to expand that opportunity.

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

We have not experienced closure due to COVID but loss of man hours and production time. See attached W-2's for 2020 and 2021. We paid COVID pay of \$2026.25 in 2021.

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.

With the assistance of the PPP loans at the beginning of the pandemic we were able to keep our employees paid while orders where down. It really was a blessing to receive this help and benefited our small company immensely.

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 plans for capital expenditures. We built a new building to house our new CNC 2 years ago and received a loan to do so.

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: \$40000.00

Total Amount of ARP Funding Request: 25000.00

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: CNC trained employees

Type(s): New Lab Tech

Year Two (projected): Machinist/Shipping

Type(s): Trained machinist and a new person to assist with shipping, prod. processes and Lab

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

Kimberly L. Mack
Applicant Signature

07/29/2022
Date

Printed Name and Title: Kimberly L. Mack, 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.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.