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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: Anthony Smith for David S. Smith
 Address: 7018 MacCorkle Ave. SW
 City: St. Albans State: WV Zip Code: 25177
 Phone: 304 727 4255 Email: DSEFBSTRACE@AIM.COM
 Individual Business Entity Non-profit

Business Information:

Name: David Smith Frame & Body Shop Inc.
 Address: 7018 MacCorkle Ave. SW St. Albans WV 25177

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.

We are a automotive repair business located in the town of Jefferson. We have been in business for 37+ years in the same location. We have currently purchased through equity the old Eye store known as "Playmate's". We purchased the building without a plan, we only knew we didn't want it to fall into the wrong hands. The building has been nothing but problems for the last 10-12 years. We have developed a plan to renovate the entire building and turn it into something useful. We are currently trying to renovate it to be able to rent out areas of the building to future business. We have been approached by a few different types of businesses.

1. How many employees does your small business employ? 15
2. In what industry is your small business? Automotive
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

Yes. We have added clear protectors at our counters in the office. Also we now have to be clean car intakes before we can start on them. We have purchased extra PPE for all our employees.

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?)

We will use the money to renovate the Eptic building. Unfortunately the building has been stripped by thieves for copper.

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

No. We stayed open as we were essential business. But with limited cars on the road we were way down on work.

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. We were down on cars to repair during the pandemic.

July 1st 2022

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?

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.

II. FINANCING NEEDS

Total Amount of Investment: 125,000

Total Amount of ARP Funding Request: _____

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: 2-3

Type(s): Maintenance, Retail

Year Two (projected): 5-10

Type(s): Maintenance, Retail, Labor

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

Anthony Smith
Applicant Signature

7/31/22
Date

Printed Name and Title: Anthony Smith Body Shop Manager

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

Mall 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.