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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: VickiSpurlock/Elkview Health, LLC

Address: 139 Woodbridge Drive

City: Charleston State: WV Zip Code: 25311

Phone: 3045419886 Email: RnVicki@Suddenlink.net

- Individual Business Entity Non-profit

Business Information:

Name: Elkview Health, LLC

Address: 105 Crides Landing, Elkview, WV 25071

Type of Ownership:

- Sole Proprietor Corporation LLC Nonprofit

Type of Business:

- Retail Business Service Restaurant Manufacturing

Other: HealthCare Provider

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.

I am a Nurse Practitioner with an existing primary care practice in Elkview, West Virginia. I want to expand services in my practice to include:

- 1) CDL/DOT Physicals
- 2) Medication Assisted Treatment for Opioid Use Disorder (in office)
- 3) Hepatitis C Treatment
- 4) Create a formal Smoking Cessation Program for current patients and community at large
- 5) Provide Ultrasound Guided Joint Injections to aid with non-opioid pain management

In order to expand and provide these services, I need additional staff, training, and equipment.

I opened my practice in November 2019, without existing patients. The COVID-19 Pandemic greatly affected my practice, especially in 2020 through about Summer 2021. I did not see my practice grow as I thought I would, because of the pandemic. This started to improve last Summer, and I have grown, but would like to expand my existing business.

I have been limited in my ability to expand my training and services, due to decreased revenue, and shuttering of business during the COVID-19 Pandemic (trainings I needed were not readily available).

I am attaching my Business Tax Return for 2020. My CPA has filed an extension for 2021, and I do not have these documents completed, and have made estimated projections on the ProForma based on the 2020 return.

1. How many employees does your small business employ? 2 Partners/2 Hourly Employees

2. In what industry is your small business? Healthcare/Primary Care

3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

My business has incurred costs to provide masks, additional cleaning supplies, gowns, etc, during the entire pandemic but I am also now incurring increased cost of obtaining supplies that are in shortage (gloves, saline solution, etc). We also incurred cost for a Telemedicine Application, to allow Telehealth Visits for anyone that was interested.

Our office scheduled "sick visits" at designated times, to allow sick patients to be seen at a different time of the day than "well patients," and we discontinued our Walk-In Policy to offer additional protection. This did cause our office to loose business, but, we have continued to schedule sick visits at different times to place health and safety ahead of profit.

And, we eliminated non-essential visits during the early part of the pandemic, as requested/directed by DHHR.

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?)

Use of funds would include:
1) Hiring of Part-Time Employee x 1 at \$15 per hour, 20 hours weekly (payroll support)
2) Equipment:
-Audiometer for DOT/CDL Exam at \$800-\$1000
-Laptop (for part-time employee) at \$500
-AED (Defibrillator) at \$2500
-Ultrasound Machine for joint injection at \$2500-\$3000
-CME/On-The-Job Training for Substance Abuse Treatment, and Ultrasound Guided Joint Injection at \$3000

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

Yes, our business was closed in April of 2022 due to the fact I had COVID-19 (closed for 5 days)

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, my business has had a loss of revenue because I essentially opened 2-3 months before COVID-19 hit. We incurred advertising expenses during our opening, and saw little or no results of these efforts because the fear of COVID-19 was greater than the perceived need for healthcare at the time.

During the early pandemic, we saw fewer patients, and had difficulty obtaining supplies. It was very difficult to grow a new business during the pandemic, especially in a rural area.

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, the assistance I would receive would largely be used for the purchase of equipment, and I plan on purchasing in 2022 if possible (if awards are available by that time).

- 1) Immediate Purchase of AED (Automatic Electric Defibrillator) - \$2500
- 2) Immediate Purchase of Laptop (for new position created) - \$500
- 3) Hiring Part-Time Employee, 20 hours weekly, within 60 days (intangible asset)
- 4) Purchase Audiometer for CDL/DOT Exams within 60 days
- 5) Purchase Ultrasound Machine by January 1, 2023

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.

I am not requesting funds to open a business. I am requesting funds to expand my current business and improve the health of the community I serve. Expanding my business will also allow me to create additional jobs, while caring for patients in an underserved (HPSA) area.

II. FINANCING NEEDS

Total Amount of Investment: \$26,000

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

Use of Funds

Item and Description	Budget Amount	ARP Funds Needed	
		Yes	No
Audiometer	\$1000	X	
Laptop/PC	\$500	X	
AED/Defibrillator	\$2500	X	
Ultrasound Machine	\$3000	X	
Part-Time Employee/20 Hours, week	\$16,000	X	

IV. NUMBER AND TYPE OF JOBS CREATED

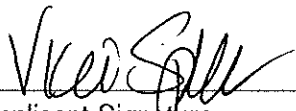
Year One: 2 Hourly/2 Partners

Type(s): Medical Assistant and Receptionist, Provider, Office Manager

Year Two (projected): 4 Hourly/2 Partners

Type(s): Medical Assistant, Receptionist, Referral Coordinator, Part-Time Med. Assistant, 2 Part

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


Applicant Signature

07/24/2022
Date

Printed Name and Title: Vicki Spurlock, MSN, APRN, FNP-BC, Owner/Operator

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.