

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: Stephen D. RAI	USEY
Address: P.O. Box //	
City: London	State: WV Zip Code: 25126
Phone: 364-395-2399	Email: sdr @ suddenlinkinet
Individual Business Entity	O Non-profit
Business Information:	
Name: Hometown MEDic	al LLC
Address: Pioi Box 37 Sm	ithers WV 25186
Type of Ownership:	
○ Sole Proprietor ○ Corporation	LLC O Nonprofit
Type of Business:	
Retail Business Service	Restaurant
Other:	
Is your business registered with SAMgov?	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.

	Durable Medical Equipment.
	Provide medical equipment (IE; wheelchairs, walkers, Oxygen, CPAPS, Bed + Eter) to People in Meed of Said equipment in their
	Walkers, Oxygen, CPAPS, Bed + ETCIJTO
	People in Merd of Said equipment in Their
	homes,
1.	How many employees does your small business employ? ユ のルモ
2.	In what industry is your small business? Medical
3.	Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:
	NO

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?)

HirE at least one new worker, after an increase in revenue for one year, offer wage increase to current employee so I can retain employee. If necessary use some funds for rent, utilities and other operating cost. There to Expand product Buy more inventory, in other to Expand product line. Advertise more in order reach new clients, in the more rural outline areas.

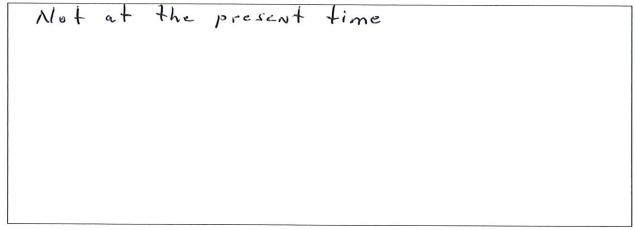
5. Has your small business faced periods of closure as a result of the COVID-19 pandemic? If so, please describe.

NO

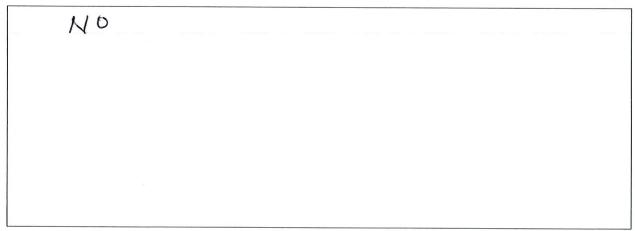
6. Has your small business experienced loss of revenue or financial hardship as a result of the result of the COVID-19 pandemic? If so, please describe.

Loss of some revenue due to covid Related deaths and decrease in referrels from hospitals.

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:			
Total Amount of ARP Funding Request:	\$25,	000,00	

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	
	Budget Amount	Yes	No
New Equipment to expand Inventory LIE: CPAP, B. PAP Bariatric Bods + ETC. In order Bariatric Bods + ETC. In order Hire prevenplayees, and wage increases in order to recruit and retain employees	ls \$10,000.	· ~	
Hire new employees, and to wage increases in order to recruit and retain employees	15 \$10,000.00 \$10,000.00		
Advertisement and marketing in order to reach more reterral sources and Client in rural press	\$5,000,00	V	

IV. NUMBER AND TYPE OF JOBS CREATED
Year One: Part-time
Type(s): delivery
Type(s): delivery Year Two (projected): Not Sure
Type(s):
This application is being submitted with the information that is correct and complete, to the best understanding of the applicant.
Stephen D. Rampey 7-31-22 Applicant Signature Date
Printed Name and Title: Stephen D. Ramsey President
Printed Name and little: Stephen D. Mansey Fres, den't

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.