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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: STEPHEN D. RAMSEY

Address: P.O. Box 11

City: London State: WV Zip Code: 25126

Phone: 304-395-2399 Email: sdr@suddenlink.net

Individual Business Entity Non-profit

Business Information:

Name: Hometown Medical LLC

Address: P.O. Box 37 Smithers WV 25186

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.

Durable Medical Equipment,
Provide medical equipment (IE; wheelchairs,
Walkers, Oxygen, CPAPs, Bed + ETC) to
people in need of said equipment in their
homes,

1. How many employees does your small business employ? 1 ONE
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 employees. If necessary use some funds for rent, utilities and other operating cost. 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 referrals 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?

Not at the present time

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: _____

Total Amount of ARP Funding Request: \$25,000.⁰⁰

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: 1 Part-time

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. Ramsey
Applicant Signature

7-31-22
Date

Printed Name and Title: Stephen D. Ramsey 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.