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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: Shafer Equipment LLC

Address: 141 Campbell's Creek Drive

City: Charleston State: WV Zip Code: 25306

Phone: 304-548-4300 Email: courtney@shaferequipmentwv.com

Individual Business Entity Non-profit

Business Information:

Name: Shafer Equipment LLC

Address: 141 Campbell's Creek Drive Charleston, WV 25306

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.

Please see attached Business Plan, Page 2.

1. How many employees does your small business employ? 14
2. In what industry is your small business? Heavy Equipment Rental, Sales, Service Repairs + Custom Fabrication
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

No, Shafer Equipment did not incur costs for COVID-19 mitigation and prevention measures. Although, we did receive two rounds of PPP to assist with payroll and utilities to prevent lay-offs.

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?)

Shafer Equipment intends to use these funds to expand our rental fleet to reach our new target market, described on page 8 of attached Business Plan. Should we reach our goal to accommodate and capitalize on the described target market, Shafer Equipment is projected to create five jobs in the Kanawha County area within the next two years.

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

Shafer Equipment was briefly closed in 2020 due to the state-wide mandatory shutdown. However, the nature of our business is considered essential so we were allowed the opportunity to resume normal business hours while following CDC guidelines.

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, Shafer Equipment did experience financial hardship as a result of the COVID-19 Pandemic. During this time our business was mainly catering to pipeline and construction companies, due to the high volume of employees on the job sites contractors were forced to halt projects and return rental equipment.

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, Shafer Equipment will not use any funds granted for 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.

No, Shafer Equipment is not requesting funds to open a startup business.

II. FINANCING NEEDS

Total Amount of Investment: \$25,000.00

Total Amount of ARP Funding Request: \$0.00

IV. NUMBER AND TYPE OF JOBS CREATED


Year One: 2

Type(s): Technician and Salesperson

Year Two (projected): 3

Type(s): Two Technicians and Shop Hand

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



Applicant Signature

07/28/2022

Date

Printed Name and Title: Courtney Runyon, Controller

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.