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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: Miranda Lovejoy

Address: 154 Oak Tree Lane

City: Nitro State: WV Zip Code: 25143

Phone: 681-222-8132 Email: miranda.higginbotham@gmail.com

Individual Business Entity Non-profit lower case L

Business Information:

Name: Squeaky Klean Cleaning Services

Address: 154 Oak Tree Lane, Nitro, WV 25143

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.

The Company is called Squeaky Klean Cleaning Services. We travel from Charleston to Huntington areas. We provide different types of cleaning services, as well as painting services for commercial & Residential. We started July of 2021. We have 8 apartment complexes as well as Residential & some Air BnB's. Currently have 2 employees as well as my husband & I. We need to hire more for 2nd crew and get a company car for that crew.

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

Thankfully we have not lost business. Just had to provide mask, disinfectant, gloves & hand sanitizer.

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?)

I will use the funds for hiring more workers, buy a company vehicle, support payroll, buy extra supplies to stock up, use for more advertisement.

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

No, thankfully with safety precautions we were able to continue, but only in empty units.

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, The process of doing business in an occupied home wasn't good because people were afraid to let anyone in because of covid so we were only able to do empty units.

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?

Buy extra supplies like a floor buffer etc. & also buy a company vehicle so there is no wear & tear on personal vehicles. Would like to complete within 6 months.

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: \$ 30,000

Total Amount of ARP Funding Request: \$ 20,000

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: 150

Type(s): Painting & cleaning

Year Two (projected): 300

Type(s): Painting & cleaning

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

Miranda Lovejoy
Applicant Signature

7-29-22
Date

Printed Name and Title: Miranda Lovejoy Sole Proprietor

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.