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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: Breanna Neff

Address: 7A 10th Street

City: Dunbar State: WV Zip Code: 25064

Phone: 3045393546 Email: kyrotechllc@gmail.com

Individual **Business Entity** Non-profit

Business Information:

Name: Kyro Tech LLC

Address: 7a 10th street Dunbar WV 25064

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.

Kyro Tech LLC is developing sensory toys for individuals of all abilities! The purpose of selling these products is to raise money to build the first sensory gym experience in our area for the youth. We are currently working towards opening our first brick and mortar store.

1. How many employees does your small business employ? Just me and my son he's 10
2. In what industry is your small business? Retail
3. Has your small business incurred costs for COVID-19 mitigation and prevention measures? If so, describe the costs, mitigation, and prevention measures:

We were in the process of having events for the children in the area but because of COVID we had to cancel all our fundraising events.

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 as a deposit on the brick and mortar store front as well as purchase the inventory needed to open.

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

Yes I've had to cancel many projects because of Covid. I registered this business in 2019 right before Covid hit and its done nothing but stop my business from growing as it should have over the past two years.

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, I am currently working two jobs one to pay my bills and the other to use the money to get my business up and running. I lost a job last year which was funding the project and I had to put everything on the backburner until I recently picked up a second job.

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! If I receive the grant I will be able to open my store before Christmas which is the goal. We are going to be the one stop shop for teachers, therapists/psychologists, and parents to find the newest and cheapest toys and products to help every child thrive in their learning environment.

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.

We started during COVID-19 and lost a lot of money due to me losing a job during the outbreak as my job supports me and my business.

II. FINANCING NEEDS

Total Amount of Investment: A couple thousand

Total Amount of ARP Funding Request: Honestly anything will help from \$1,000-\$10,000

IV. NUMBER AND TYPE OF JOBS CREATED

Year One: Two Jobs

Type(s): My job as owner and then my son is the innovative creator 1

Year Two (projected): Atleast 6

Type(s): I would like to hire a few more to run the store. I will making a ton of jobs once I open the Sensory Gym.

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

Breanna Neff
Applicant Signature

07/22/2021
Date

Printed Name and Title: Breanna Neff OWNER/CEO

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.