

SOUTHEAST KANSAS BUSINESS RESTORATION ASSISTANCE PROGRAM

Kansas Department of Revenue
Office of Policy and Research
915 SW Harrison St., Room 230
Topeka, KS 66612-1588

Telephone: (785) 296-3081
FAX: (785) 296-7928

Date _____

(1) Name of business: _____ EIN of business: _____
Business type: Corporation L.L.C. Limited Liability Partnership/Partnership Individual
 Other _____

(2) Individual contact for business: _____
Name
Telephone Number _____ Fax Number _____

(3) Mailing address of business: _____
Box Number and/or Street Number and Name
City: _____ State: _____ Zip: _____

(4) Location of business facility on June 26, 2007: _____
Street Number and Address
County: _____ City: _____ State: _____ Zip: _____
Parcel No: _____
Approximate square footage of this business facility: _____

(5) Did you own or lease your business facility on June 26, 2007? Owned Leased

(6) County appraised value of business real property: _____
County appraised value of business tangible personal property: _____
Provide a list of your business machinery and equipment and its fair market value that was in place on June 26, 2007.

(7) Number of employees on June 26, 2007: _____ full-time _____ part-time _____ seasonal
Complete attached employee worksheet and file with your business restoration assistance application.

(8) Are you rebuilding a business facility that was located in one of the affected counties on June 26, 2007 that was damaged by the flooding and other severe weather that began on June 26, 2007? Yes No
If yes, is the business facility you are rebuilding within the same community where the business facility was located at the time of the flood? Yes No

(9) Proposed location of business facility: _____
Street Number and Address
County: _____ City: _____ State: _____ Zip: _____
Parcel No: _____
Approximate square footage of this business facility: _____

CONTINUE ON REVERSE SIDE

FOR OFFICE USE ONLY

Application Received: _____ Log No.: _____
Investment Assistance approved: _____
Job Restoration Assistance approved: _____ Total Assistance approved: _____
Approved by: _____ Date: _____

- (10) Will you own or lease this proposed business facility? Own Lease
- (11) Describe specifically the type of business activity to be conducted by this business at the proposed business facility:

- (12) **ATTACH** an explanation or list of improvements to be constructed, repairs or remodeling to be done, and machinery and equipment to be purchased.
- (13) Estimated project costs: Total _____ Construction costs: _____
 Machinery and equipment costs: _____
- (14) List the name(s) and address(es) of the general contractor(s): _____
 Contract date: _____ Contract No.: _____
- (15) Estimated completion date (not to exceed two years): _____
- (16) Number of employees to be restored: _____ full-time _____ part-time _____ seasonal
Complete attached employee worksheet and file with your business restoration assistance application.
- (17) Will you be leasing a temporary business facility while your permanent facility is being repaired or rebuilt? Yes No
 If yes, please provide the location of the temporary business facility.
 Location of temporary facility: _____
Street Number and Address
 County: _____ City: _____ State: _____ Zip: _____
- (18) If you will be or are leasing a temporary business facility, enter the monthly rental payment and the date the rent payment commenced. Monthly rent payment _____ Date rent commenced _____
Provide a copy of the executed rental agreement.
- (19) Has your business submitted a property loss claim to your insurer? Yes No
 If yes, please **provide** a copy of the claim submitted and any supporting documents, the amount of reimbursement you have received, and the amount of any reimbursement that is currently pending.
- (20) **Provide** any additional documentation to evaluate the financial needs of your business.
- I authorize the Secretary of Revenue or the Secretary's designee the ability to review business property records on file with the city or county.

I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete application.

 Business Applicant (please type or print)

 Name of Authorized Representative (please type or print)

 Signature of Authorized Representative

 Title

 Phone Number

INSTRUCTIONS

The Southeast Kansas business restoration assistance program has been established for the purpose of assisting businesses with less than 50 employees that were in operation in one of the affected counties and damaged by the flooding and other severe weather in Kansas that began on June 26, 2007. The counties included in this Southeast Kansas business restoration program include: Allen, Anderson, Bourbon, Butler, Chautauqua, Cherokee, Coffey, Cowley, Crawford, Edwards, Elk, Franklin, Greenwood, Harper, Labette, Linn, Miami, Montgomery, Neosho, Osage, Pawnee, Wilson, and Woodson. This program shall provide the following: (a) investment assistance payments shall be available for investment made to rebuild or replace the building or structure or to replace the business machinery and equipment; (b) job restoration assistance payments for businesses that restore employees in one of the affected counties; and (c) rental assistance payments to lease a temporary business facility while the permanent facility is being rebuilt. Applications will be accepted through June 30, 2008.

- Line (1) Enter the name and EIN of the business applying for assistance and check the appropriate box identifying the business type. If the business is a sole proprietorship, enter the SSN of the owner. This business entity must have been in operation providing goods or services within one of the affected counties, on June 26, 2007 and was damaged by the flooding and other severe weather that began on June 26, 2007.
- Line (2) Print the name, telephone number, and fax number of the individual to be contacted regarding this application.
- Line (3) Enter the complete mailing address of the business entity seeking assistance.
- Line (4) Enter the address and parcel number of the location of the business on June 26, 2007, and the approximate square footage of the business facility prior to the flood and severe weather. The parcel number may be obtained from the county appraiser.
- Line (5) Indicate whether the business owned or leased their business facility on June 26, 2007 prior to the flood and severe weather.
- Line (6) Enter the appraised value of the real and tangible personal property this business had as of the most recent county appraisal.
- Line (7) Indicate the number of full-time, part-time, and seasonal employees the business employed on June 26, 2007 prior to the flood and severe weather. In order to qualify for the job restoration assistance, your business must have employed less than 50 employees. Full-time shall mean that an employee works at least 40 hours per week; part-time shall mean such person is customarily performing such duties at least 20 hours per week; and seasonal basis, shall mean such person performs such duties at least 20 hours per week for substantially all of the season customary for the position in which such person is employed.

COMPLETE the first half of the Employee Worksheet on page 3 of this application. Indicate the type of position (sales clerk, accountant, manager, etc.) this business employed on June 26, 2007 prior to the flood and severe weather. Provide each positions monthly salary, whether that position was located in one of the affected counties and whether that position was considered as full-time, part-time, or seasonal.

Owners, partners or shareholders of a business shall be considered in this worksheet when that individual performs duties in connection with the operation of the qualifying business on a full-time or part-time basis as defined above.

An independent contractor is not considered as a qualifying job.

- Line (8) Check whether you are rebuilding a business facility that was located in one of the affected counties on June 26, 2007 prior to the flood and severe weather. If you have checked no, you will not qualify for this business restoration assistance program.
- Line (9) Enter the street address, county, city, zip and parcel number of the property you are proposing to rebuild upon as well as the approximate square footage of the proposed business facility. The parcel number may be obtained from the county appraiser.
- Line (10) Indicate whether your business will own or lease the business facility you are proposing to locate to.
- Line (11) Describe specifically the type of business activity to be conducted by this business at the business facility.
- Line (12) **ATTACH** a scope of work, construction contract and description of the materials, machinery, equipment, and services you will make for this project.
- Line (13) Enter the estimated cost of the project. These costs should be separated between construction costs (materials and labor) and machinery and equipment costs.

- Line (14) List the name and address of the general contractor if available. If a general contractor does not exist for this project, please attach a list of all the contractors/subcontractors (if available) involved in performing labor services or supplying materials for the project. Include in this list, the estimated project costs, contract date, contract number, and the estimated completion date for each contract.
- Line (15) Enter the estimated completion date for this project.
- Line (16) Indicate the number of full-time, part-time, and seasonal employees the business is proposing to restore. Full-time shall mean that an employee works at least 40 hours per week; part-time shall mean such person is customarily performing such duties at least 20 hours per week; and seasonal basis, shall mean such person performs such duties at least 20 hours per week for substantially all of the season customary for the position in which such person is employed.
- COMPLETE** the second half of the Employee Worksheet on page 3 of this application. Indicate the type of positions (sales clerk, accountant, manager, etc.) this business is proposing to restore. Provide each positions monthly salary, whether that position will be located within the same community of one of the affected counties, whether that position is considered as full-time, part-time, or seasonal, and when that position will be filled.
- Owners, partners or shareholders of a business shall be considered in this worksheet when that individual performs duties in connection with the operation of the qualifying business on a full-time or part-time basis as defined above.
- An independent contractor will not be considered as a qualifying job.
- Line (17) Enter the address location of the temporary business facility you are renting. In order to qualify for the rental assistance, the temporary business facility must be located within the same community and county as your original business facility at the time it sustained flood damage.
- Line (18) If you are leasing a temporary business facility, provide the monthly rental payment and the date the rent payment commenced. **ATTACH** a copy of the executed rental agreement.
- Line (19) Check whether your business has submitted a property loss claim to your insurer. If a property loss claim has been submitted, **PROVIDE** a copy of the claim and any supporting documents, the amount of reimbursement you have received and the amount of any reimbursement that is currently pending.
- Line (20) Provide any additional documentation to evaluate the financial needs of your business.
- Signature The name of the business as well as the authorized representative requesting the assistance should be typed or printed in the area provided. The authorized representative must also sign the request and provide a phone number where they can be reached during business hours.