



Applying Local/Regional Organization

CloudCorp
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Get in the Cloud Application Form

Applicant Information

1. Name of entrepreneur or small business _____
2. If company, list entity type (LLC, sole proprietorship, etc.) _____
3. Name of Applicant/Entrepreneur _____
4. Title of Applicant/Entrepreneur _____
5. Mailing Address _____
6. Phone Number _____
7. Email Address _____
8. Does the entrepreneur or small business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS? YES NO
9. Is the applicant current on all property taxes in Cloud County? YES NO
10. Will the business location be in the same city listed in Question 5? YES NO
11. If 10 is No, physical address of where business is/will be located _____

12. Are there any outstanding judgments against the business or any of the principals involved?
That would also include any members or officers of a Limited Liability Company and officers,
directors, and major stockholders of a corporation. ____YES ____NO
13. Any prior bankruptcies (applicable to all those mentioned in question 12) ____YES ____NO
14. Name of the landlord/property owner _____
15. Phone Number of Landlord/property owner _____

16. Please use this space to provide a summary of your project. You may refer us to your business plan if you are a new entrepreneur.

17. If you are a new business, please identify your desired customers and how you intend to reach them. If you are an existing business, please use this space to identify how this expansion/construction will increase your customer base and how you plan to advertise and reach them.

18. What are the potential economic impacts of your project on the community? Sales tax increases, job creation, property tax increases, etc.

19. How will the Get in the Cloud Grant impact this specific project? Could you do the project without these funds?

20. Tell us about your business experience/what qualifies you personally to run a business?

21. How will your project increase the quality of life for the community?

22. FUNDING INFORMATION

Please fill out the excel budget form

Date Funds are needed _____ Amount of Funds being requested _____

Check all eligible use of funds categories you intend to apply under:

___A) Brick and Mortar Improvements to existing buildings: Projects may include but are not limited to:

- ___ Building expansion
- ___ Interior or exterior renovation and restoration
- ___ Permanent Fixtures such as HVAC, plumbing fixtures, flooring lighting, etc.
- ___ Site Clearance
- ___ Signage

___B) New Building Construction

Please make sure you have every item under this checklist. Place these items in order behind your application when you turn it in. Incomplete applications will be returned.

	Existing Business Owning the Property	New Business Owning the Property	Existing Business Renting/Leasing the Property	New Business Renting/Leasing the Property
Completed Application Form	✓	✓	✓	✓
Completed Budget Form	✓	✓	✓	✓
Business Plan		✓		✓
Past 3 Years Income Tax Returns	✓		✓	
Personal Financial Statement	✓	✓	✓	✓
Past 3 Years-end balance sheet and book value financial statement (if not in tax returns)	✓		✓	
Startup Costs		✓		✓
Three-year income/expense projections if project is awarded	✓	✓	✓	✓
Letter from bank verifying participation through loans or letter from bank or backer verifying cash injection	✓	✓	✓	✓
Signed Marketing Release of Information	✓	✓	✓	✓
Signed copy of mentoring agreement		✓		✓
Construction or repairs estimates (2 quotes)	✓	✓	✓	✓
Verification of completion of SBDC Training		✓		✓
Signed copy of permission for leasehold improvements			✓	✓
A signed copy of a lease at least 3 years or longer			✓	✓

By signing below, you also agree to the following:

** In most cases, the Get in the Cloud grant will need to be considered income and reported on your business income statement. Please discuss this item with your tax professional before applying for grant funds.*

**If awarded, you will have one month from the date on the award letter to accept the grant. If you do not accept the grant in writing to CloudCorp, your award will be void and all funds will be returned to the grant pool.*

**Awarded funds must be spent within one calendar year of the date on your award letter.*

**The information you provided will be shared with the grant committee. This information will be destroyed after the grant selection process.*

Signature of Business Owner

Date

MARKETING RELEASE OF INFORMATION

By submitting an application for financial assistance, the Client (prospective grant recipient tenant and landlord) agrees to the following Marketing Release of Information* to be used by the Get in the Cloud Grant Program administered by CloudCorp for the purpose of promoting the successful delivery of services to entrepreneurs and small business owners.

Marketing Release of Information*

Upon receiving notification that the Financial Advisory Committee has selected the Client to receive financial assistance, the Client agrees to provide pertinent information to CloudCorp for the purpose of preparing a news release for distribution to other Resource Partners and media outlets as determined by CloudCorp;

Information for the news release will be obtained primarily from the Get in the Cloud application, the CloudCorp and grant recipient’s Web sites and previously published information, and by phone interviews with representatives of both parties.

CloudCorp will make accommodations to withhold all information identified by the Client as being sensitive or competitive in nature, particularly when this information is not previously published and therefore not already considered to be in the public domain. All parties named in the release will receive a final copy of the news release prior to distribution in order to verify the accuracy of all information contained therein.

CloudCorp will disseminate a news release and related information to external media outlets only after the grant is approved and closed by CloudCorp;

In addition to disseminating the resulting news release to media outlets CloudCorp may distribute all or part of the news release and related information to organizations, networks and individuals via Email, CloudCorp, and third-party Web sites, blogs, instant messaging, chat rooms, message boards, et...

I have read and agree to the terms described in the Marketing Release of Information Declaration.

Yes_____ No_____

Signature of Tenant

Date

Signature of Landlord

Date

MENTORING AGREEMENT

I _____ agree to act as a mentor to _____
Name of Mentor Name of Entrepreneur

by helping them with the following activities:

1. Looking over their business plan and making suggestions.
2. Monthly financial review for the first year after doors open.
3. Quarterly financial review for the remaining two years after doors open.
4. Available to answer questions.

Signature of Mentor

Date

Signature of Entrepreneur

Date

Verification of Completion of Small Business Courses *(for new businesses only)*

_____ *(applicant name)* has completed the LRS Small Business series (including: Meeting the 3 Ms – Learning the Basics of Money, Marketing & Management, The Right Start – Using a Business Plan and Cash Flow Made Easy.

Signature
Linda Sutton, LRS
Small Business Consultant
