

Sherman County Area E-Community Application

Sherman County Community Development  
524 W Hwy 24  
Goodland, KS 67735  
<https://gogoodland.org>

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Applicant Information (Please Print)

Business Information

Business Name: \_\_\_\_\_ Entity Type: \_\_\_\_\_ (LLC, S-Corp, Etc.)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Primary Contact Information

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Information

Does the entrepreneur or business have a tax liability in arrears with the Kansas Department of Revenue or the IRS? \_\_\_\_ Yes \_\_\_\_ No

Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings? \_\_\_\_

If yes, please give the date and explanation: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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Describe the business, its owner(s) and key employees (detailed information should be included in the business plan):

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Please provide a copy of your business plan with the application.

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### E-Community Funding Example

Assume the applicant needs a total of \$60,000 and assume the applicant has \$10,000 of his or her own capital. Of the remaining \$50,000 needed, the E-Community can provide no greater than 60% of that gap funding with a maximum of \$45,000. The other 40% must come from a financial institution and/or a local/regional funding source. Please ask your local E-Community contact for more details.

### Requested Funding Information

Amount of Funds requested from the E-Community program for this project: \$ \_\_\_\_\_

What date are the funds requested by? \_\_\_\_\_ Please provide an explanation if the date is critical:

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Name and amount of funds provided by financial institutions:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_

Amount of Funds provided by the entrepreneur or small business (down payment of other investment into the business for this project):

\$ \_\_\_\_\_

Amount of funds being provided by any local or regional funding sources (city/county revolving loan funds, microloan, certified development companies, Kansas Main Street, other):

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_

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Describe any additional funding that will be utilized in this project (other investors, equity injections, etc):

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Describe the project in detail and provide a breakdown of how the funds will be used for this project (i.e. building purchase, land acquisition, equipment, inventory purchase, payoff bank loan, working capital, construction, etc):

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Provide projected sales, sales growth, and any project employment growth from this project (detailed information should be made available in the business plan):

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List other Network Kansas resource partners that have or will assist with this project and their role of contribution:

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Are there any other comments you would like to add as to why you need this funding and how it will benefit the city, county, and community?

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## Sherman County Area E-Community Application

### Marketing Release of Information Declaration

By submitting an application for financial assistance from the E-Community fund, the prospective grant or loan recipient, hereafter referred to as "Client", agree to the following Marketing Release of Information\* to be used by the Kansas Center for Entrepreneurship (dba Network Kansas) for the purpose of promoting the successful delivery of services to entrepreneurs and small business owners.

Upon receiving notification that the E-Community has selected the Client to receive financial assistance, the Client agrees to provide pertinent information to Network Kansas for the purpose of preparing a news release for distribution to other Resource Partners and media outlets as determined by Network Kansas; Information for the news release will be obtained primarily for the application, corresponding documents, the Resource Partner and the Client's web sites and previously published information, and by phone interviews with representatives of both parties.

Network Kansas 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. 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;

Network Kansas will disseminate a news release and related information to external media outlets only after the loan or grant is approved and closed by the Resource Partner;

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Annual Progress Reports

By submitting an application for financial assistance from E-Community fund, the Client agrees to provide annual progress until the loan is paid in full or the business closes.

In order to track the success of our programs, Network Kansas will contact the name listed below annually to update job, revenue and net income/loss information.

Please provide the contact information of the person we should get in touch with to obtain this updates. The contact may be the Client, Client's accountant, or the Network Kansas Resource Partner.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

Email Address: \_\_\_\_\_

Final Loan or Grant Recipient (Client) Signature: \_\_\_\_\_

Printed Name, Title and Date: \_\_\_\_\_