

Agency Operational Relief Grant Program

Webform Application Instruction Guide

A. PURPOSE

Small businesses, non-profit organizations, and local governmental agencies are eligible to apply for grants under this program. Grant funds may be used to pay working capital expenses such as payroll, rent, mortgage insurance, and utilities, or for purchase of items related to recovery from the COVID-19 pandemic such as equipment, vehicles, or personal protective equipment (PPE). Grants will be awarded on a rolling basis until funds are depleted.

The Program web application streamlines the application process by gathering required information and documentation from the Applicant in a step-by-step electronic process. Applicants may use the web-based application to apply anywhere, anytime.

B. REQUIRED FORMS AND DOCUMENTS

The full list of documents that are required to be submitted with this application, is included in [the Applicant Document Checklist](#). Please note that while documents may be submitted at a later date, all documents must be submitted for the Program to determine eligibility. Failure to submit all required documents and information in a timely manner could jeopardize your opportunity for funding, as grant funds are limited.

C. PROCEDURES

1. APPLICATION PROCESS

Navigate to the County website at to access necessary program materials and information. Applicants should review and become familiar with the program resources provided before starting an application.

1.1 General Entity Information

1.1.1 Complete entity contact information.

GENERAL ENTITY INFORMATION	
Legal Name of Entity	<input type="text"/>
Entity Physical Street Address	<input type="text"/>
Entity City	<input type="text"/>
State	<input type="text" value="v"/>
Entity Zip Code	<input type="text"/>

Figure 1

1.1.2 Select entity type from drop down list.

Entity Type *
Governmental Entity (emergency services district, other special district)
Corporation
General Partnership
Governmental Entity (emergency services district, other special district)
Limited Liability Company (LLC)
Limited Liability Partnership (LLP)
Non-Profit (501 (c)3; 501 (c)6; 501(d) or 501 (e))
Other
Sole Proprietorship (DBA)

Figure 2

- 1.1.3 Select the appropriate identification type for the entity, please note that social security number may only be used for sole proprietorship.

Entity Identification Number Type *

Social Security Number (Only use if sole proprietorship)
Employer Identification Number (EIN)
Data Universal Numbering System (DUNS Number)

Figure 3

- 1.1.4 Enter the Date of Inception or Incorporation (not applicable if Governmental Entity)

Date of Inception or Incorporation (not applicable if Governmental Entity)

mm-dd-yyyy

September 2020

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

Today

Figure 4

- 1.1.5 Select the Entity Identification Number Type.

Entity Identification Number Type

Social Security Number (Only use if sole proprietorship)
Employer Identification Number (EIN)
Data Universal Numbering System (DUNS Number)

Figure 5

1.1.6 Enter the Entity Identification Number.

Entity Identification Number

Figure 6

1.1.7 Upload Entity's 2019 Tax Return. Select *Choose file*. (Note: If the entity selected is Governmental upload the most recent budget, all other entities must upload 2019 tax returns.)

Upload Entity's 2019 Tax Return

Choose File

No file chosen

Figure 7

1.1.8 Double-click the required document and select *Open*.

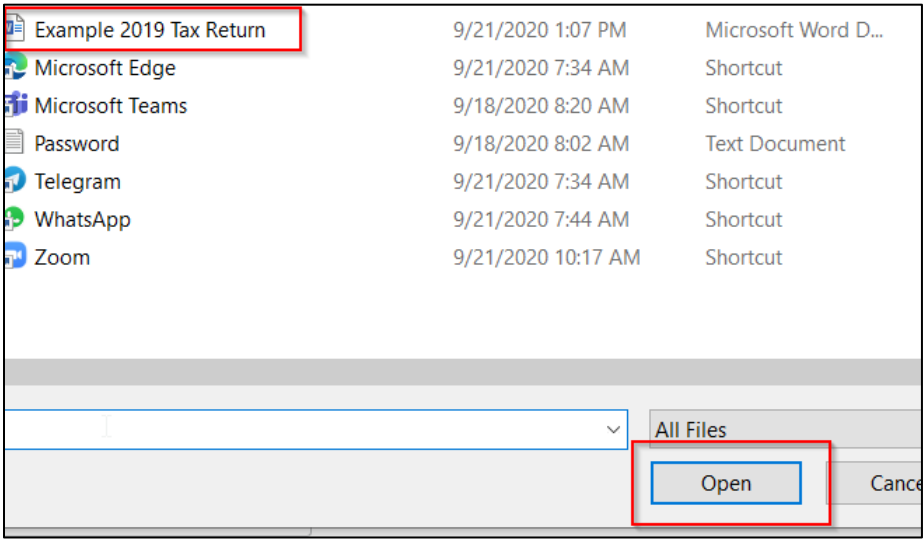


Figure 8

1.1.9 Slecect Yes or No if the Entity is currently in bankruptcy.

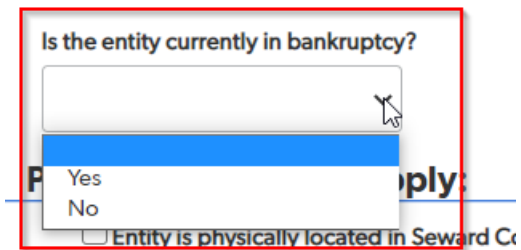
A screenshot of a web form. At the top, it asks "Is the entity currently in bankruptcy?". Below the question is a dropdown menu. The dropdown is open, showing two options: "Yes" and "No". The "Yes" option is highlighted in blue. To the right of the dropdown, there is a label "Apply:". Below the dropdown, there is a checkbox labeled "Entity is physically located in Seward Co".

Figure 9

1.1.10 Select all that apply.

✓ Please check all that apply:

- ☐ Entity is physically located in Seward County
- ☐ Entity provides services/goods in Seward County
- ☐ Entity has satellite offices(s) In Seward County
- ☐ None of the above apply to entity

Figure 10

1.1.11 Select all that apply and enter the number of Emploeyss currently working for the entity.

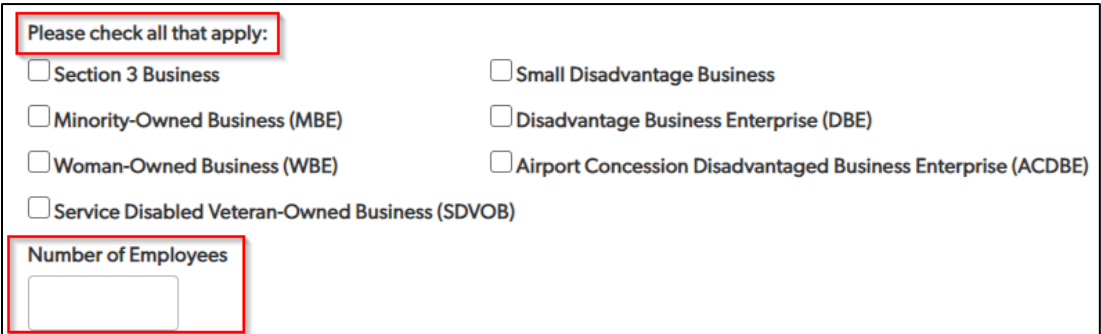
A screenshot of a web form. It contains a section titled "Please check all that apply:" with several checkboxes. The checkboxes are: "Section 3 Business", "Minority-Owned Business (MBE)", "Woman-Owned Business (WBE)", "Service Disabled Veteran-Owned Business (SDVOB)", "Small Disadvantage Business", "Disadvantage Business Enterprise (DBE)", and "Airport Concession Disadvantaged Business Enterprise (ACDBE)". Below this section is a text box labeled "Number of Employees".

Figure 11

1.2 Authorized Representative Information

- 1.2.1 Enter the contact information for the entity's authorized representative. The authorized representative means someone with authority to act on behalf of the entity, make representations for the entity and enter into legally binding agreements on behalf of the entity.

▼ AUTHORIZED REPRESENTATIVE INFORMATION

Authorized Representative First Name

Authorized Representative Last Name

Authorized Representative Title

Upload Authorized Representative ID

Choose File

No file chosen

Authorized Representative Mailing Address

City

State

▼

Zipcode

Authorized Representative Email Address

Authorized Representative Phone Number

ext.

Figure 12

- 1.2.2 Upload the Authorized Representative's ID by selecting *Choose File*.

Upload Authorized Representative ID

Choose File

No file chosen

Figure 13

1.2.3 Double-click the desired document and select *Open*.

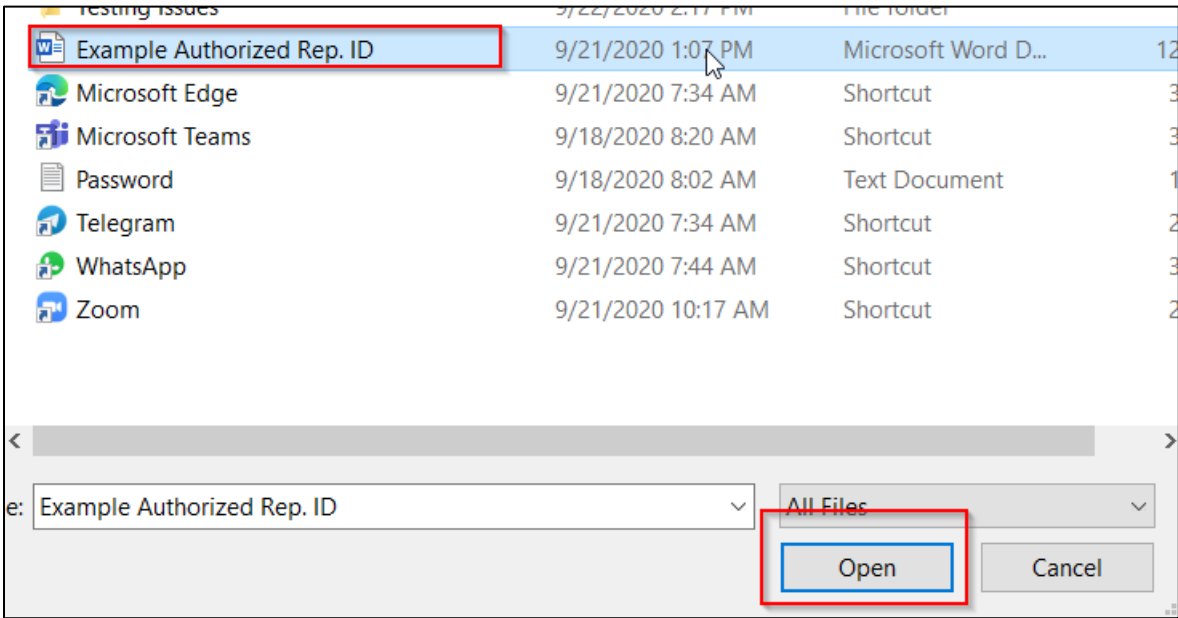


Figure 14

1.3 COVID-19 Impact Information

1.3.1 Using the drop-down menu, identify if the entity was required to close or cease operations due to COVID-19.

COVID-19 IMPACT INFORMATION

Was the entity required to close or completely cease operations due to a state, local, or other ordinance, order, or law related to COVID-19?

Yes

No

Figure 15

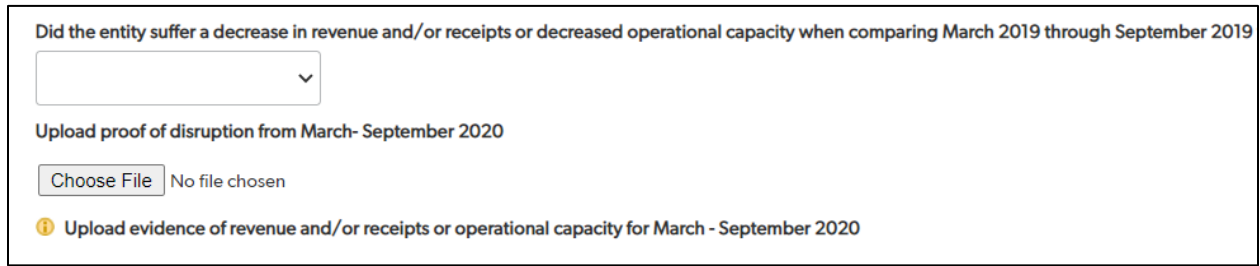
1.3.2 If yes, enter how long the entity was closed and if the entity is still closed.

How long (in months) was the entity closed due to COVID-19?

Is the entity still closed?

Figure 16

- 1.3.3 If no, identify if the entity suffered decreases due to COVID-19 and upload proof of that disruption, as applicable.



Did the entity suffer a decrease in revenue and/or receipts or decreased operational capacity when comparing March 2019 through September 2019

Upload proof of disruption from March- September 2020

No file chosen


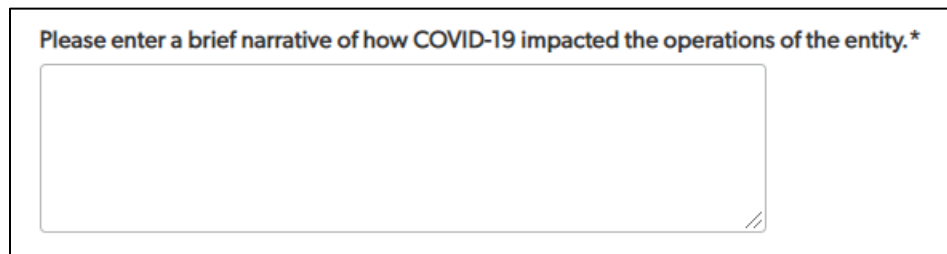
 Upload evidence of revenue and/or receipts or operational capacity for March - September 2020

Figure 17

- 1.3.4 Enter a brief narrative of COVID-19 impacts on the entity.

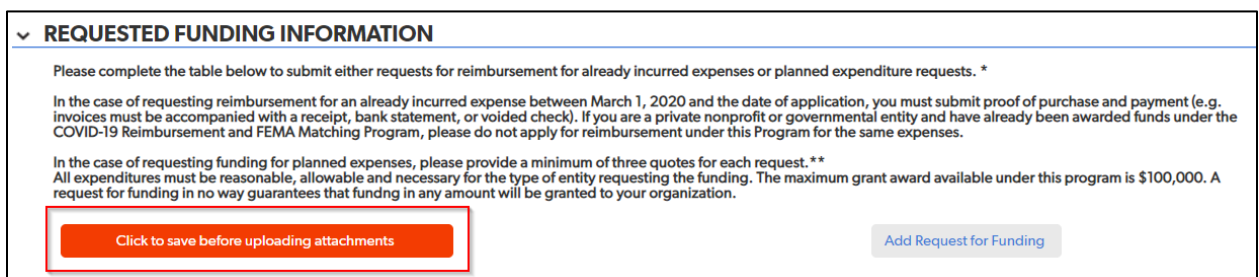


Please enter a brief narrative of how COVID-19 impacted the operations of the entity.*

Figure 18

1.4 Requested Funding Information

- 1.4.1 Select the "Click to save before uploading attachments" button to save.



REQUESTED FUNDING INFORMATION

Please complete the table below to submit either requests for reimbursement for already incurred expenses or planned expenditure requests. *

In the case of requesting reimbursement for an already incurred expense between March 1, 2020 and the date of application, you must submit proof of purchase and payment (e.g. invoices must be accompanied with a receipt, bank statement, or voided check). If you are a private nonprofit or governmental entity and have already been awarded funds under the COVID-19 Reimbursement and FEMA Matching Program, please do not apply for reimbursement under this Program for the same expenses.

In the case of requesting funding for planned expenses, please provide a minimum of three quotes for each request.**

All expenditures must be reasonable, allowable and necessary for the type of entity requesting the funding. The maximum grant award available under this program is \$100,000. A request for funding in no way guarantees that funding in any amount will be granted to your organization.

Figure 19

1.4.2 Select “Add Request for Funding” to upload.

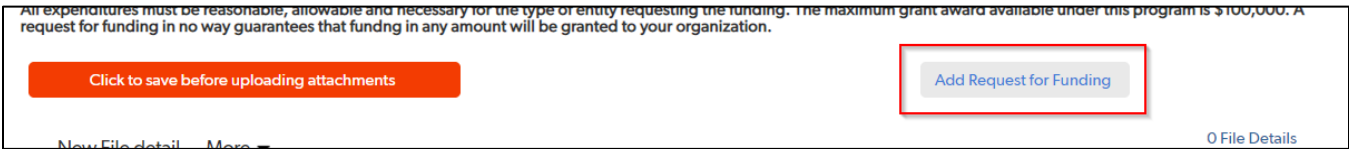


Figure 20

1.4.3 Upload the quotes, in one combined document for each item requested for all requests other than the working capital.



Figure 21

1.4.4 Double-click under *Funding Type* and use the drop-down menu to select the type of funding.

New File detail More		1 File Detail						
	Funding Type	Funding Category	Cost per Unit	Number of Units	Amount of funding in category	Brief Description of what funding will be used for.	File Name	View File
NEW	Planned Expenditure	Purchase/lease	10.00	1			Requested funding example.docx	View File
	Planned Expenditure							
	Reimbursable Expenditure							

Figure 22

1.4.5 Double click under *Funding Category* and use the drop down to select the funding category.

New File detail More ▾

	Funding Type	Funding Category	Cost per Unit	Number of Units	Amount of funding in category	Brief Description of what funding will
NEW	Planned Expenditure	Equipment Purchase/lease				
		Equipment Purchase/lease				
		Purchase of technology/applications to minimize employee and customer contact				
		Technical assistance/training				
		Other				

Figure 23

1.4.6 Double-Click under *Cost per Unit* to enter the cost per unit.

New File detail More ▾

	Funding Type	Funding Category	Cost per Unit	Number of Units
NEW	Planned Expenditure	Equipment Purchase/lease		1

Figure 24

1.4.7 Double-click under *Number of Units* to enter the number of units requested.

New File detail		More ▼					
	Funding Type	Funding Category	Cost per Unit	Number of Units	Amount of funding in category	Brief Description of what funding will be used for.	
NEW	Planned Expenditure	Equipment Purchase/lease					

Figure 25

1.4.8 Double-click under *Amount of Funding in Category* to enter the amount of funding requested for this category.

New File detail		More ▼					
	Funding Type	Funding Category	Cost per Unit	Number of Units	Amount of funding in category	Brief Description of what funding will be used for.	
NEW	Planned Expenditure	Equipment Purchase/lease					

Figure 26

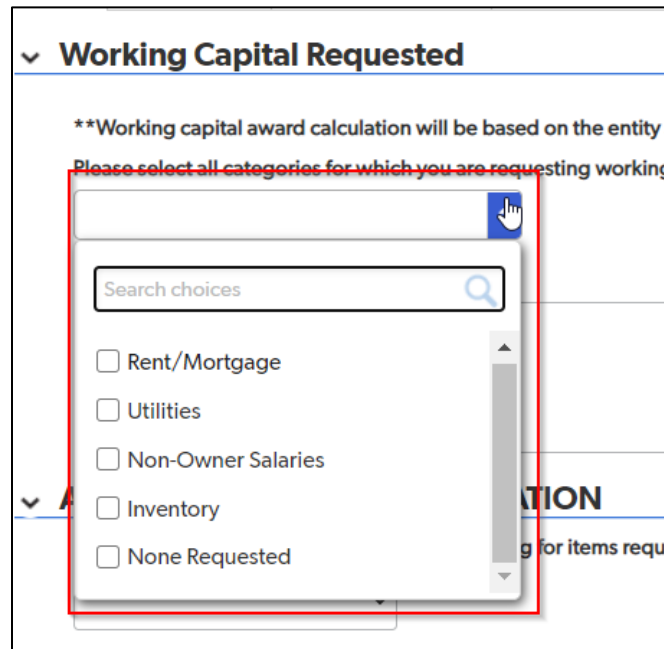
1.4.9 Double-click under *Brief description of what funding will be used for* and enter a brief description of what the funding will be used for.

New File detail		More ▼					
	Funding Type	Funding Category	Cost per Unit	Number of Units	Amount of funding in category	Brief Description of what funding will be used for.	File Name
NEW	Planned Expenditure	Equipment Purchase/lease	100	1	100		requested f

Figure 27

1.5 Working Capital Requested

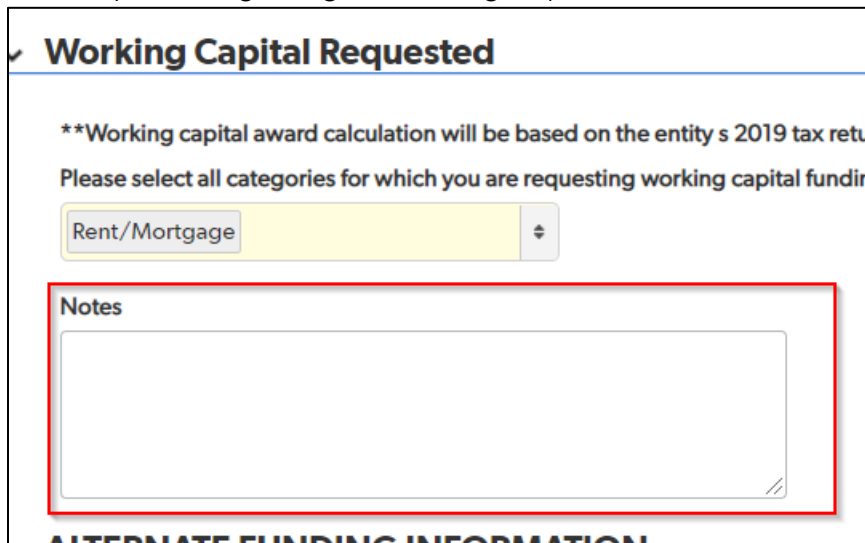
- 1.5.1 Under *Working Capital Requested* select all categories being requested. If you do not wish to request Working Capital, select None.



The screenshot shows the 'Working Capital Requested' section. It includes a dropdown menu with a search bar and a list of categories: Rent/Mortgage, Utilities, Non-Owner Salaries, Inventory, and None Requested. A red box highlights the dropdown menu.

Figure 28

- 1.5.2 Enter any notes regarding the Working Capital in the text field under Notes.



The screenshot shows the 'Working Capital Requested' section. It includes a dropdown menu with 'Rent/Mortgage' selected. Below the dropdown is a text field labeled 'Notes'. A red box highlights the 'Notes' text field.

Figure 29

1.6 Alternate Funding Information

- 1.6.1 Under *Alternate Funding Information*, use the drop-down menu to select Yes or No if Alternate funding was used. If No, select No and proceed to step 1.7.1. If Yes, see step 1.6.2.

▼ **ALTERNATE FUNDING INFORMATION**

Has the entity applied for or received any funding for items requested above in the "Requested Funding Information" section?

▼

Yes

No

Figure 30

- 1.6.2 Select Add Alternate Funding Item

Add Alternate Funding Item

New Alt funding file detail More ▼ 0 Alt funding file details

	Identification Number (SBA loan number, FEMA application ID, Insurance Policy number etc)	Funding Source	Amount of funding	File Name	View File

Figure 31

1.6.3 Select *Upload* when the new window appears.

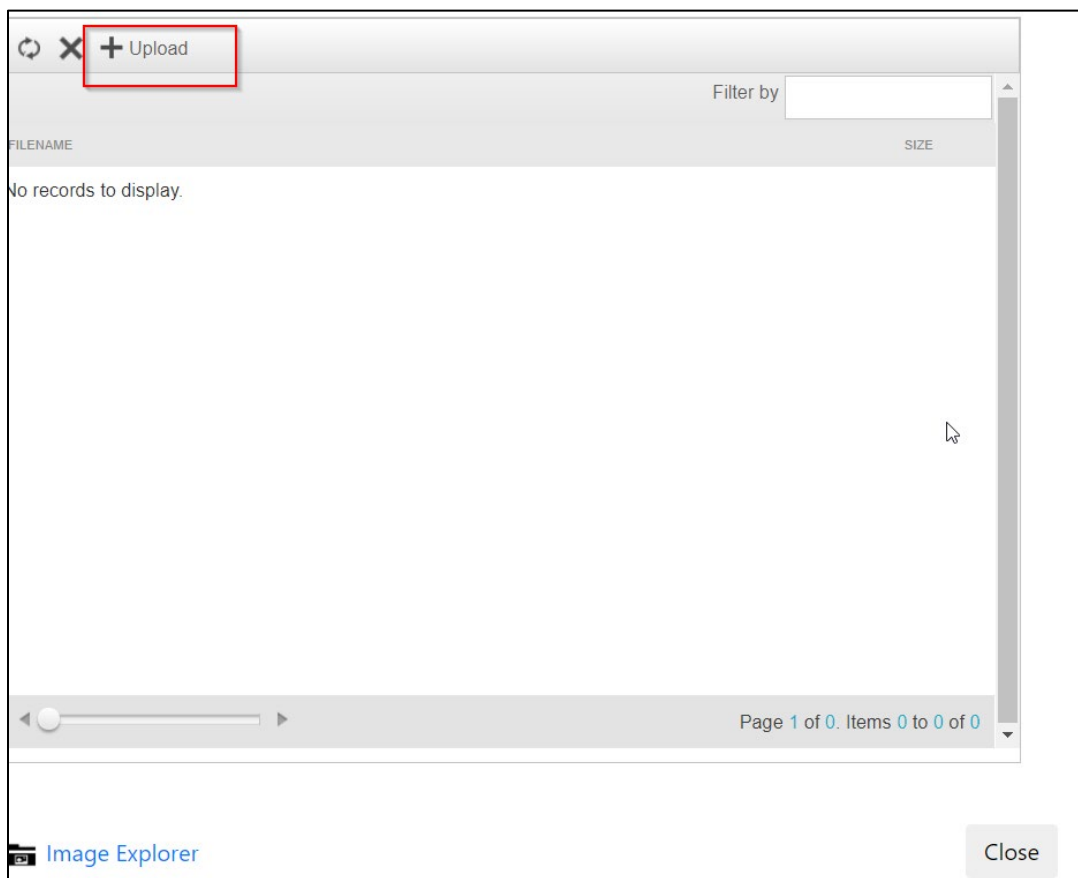


Figure 32

1.6.4 Click *Select*, to select the required document.

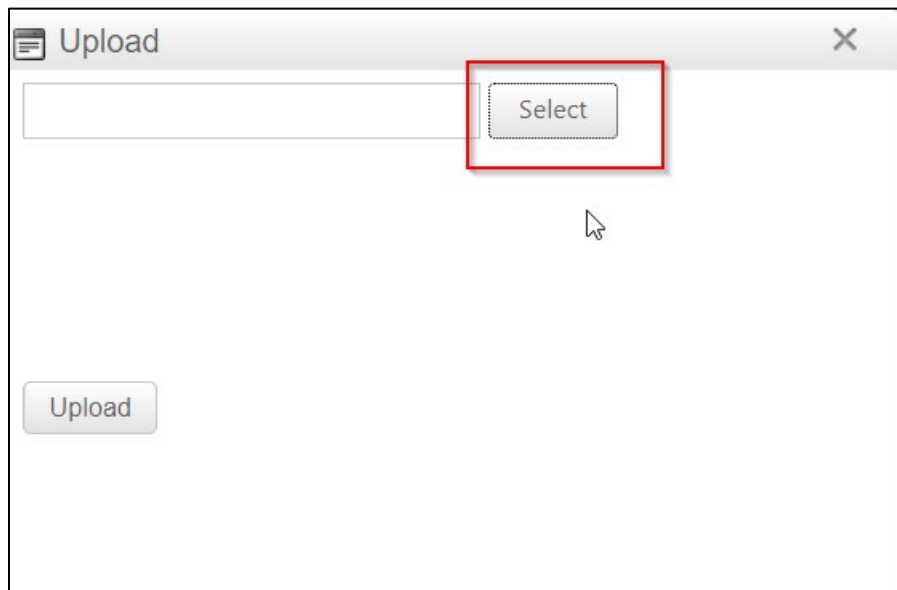


Figure 33

1.6.5 Double-click the desired document and select *Upload*.

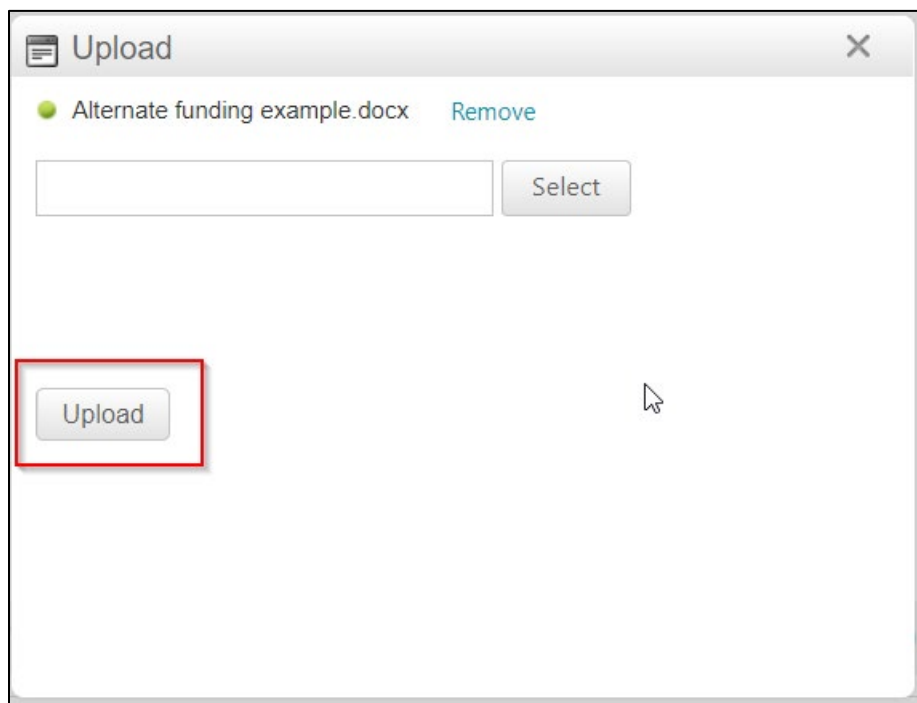


Figure 34

1.6.6 Enter the Identification Number, by clicking the box under *Identification Number*.

New Alt funding file detail

More ▼

1 Alt Funding File Detail

	Identification Number (SBA loan number, FEMA application ID, Insurance Policy number etc)	Funding Source	Amount of funding	File Name	View File
<div>NEW</div>				Alternate funding example.docx	View File

Figure 35

1.6.7 Enter the funding Source by double-clicking the box under *Funding Source* and selecting from the drop-down menu.

New Alt funding file detail

More ▼

1 Alt Funding File Detail

	Identification Number (SBA loan number, FEMA application ID, Insurance Policy number etc)	Funding Source	Amount of funding	File Name	View File
<div>NEW</div>	123				View File

State of Kansas Covid-19 Funding

Small Business Administration (SBA)

Federal Emergency Management Agency (FEMA)

Charitable Organization

Community Development Block Grant-Coronavirus (CDBG-CV)

Other

Insurance

Figure 36

1.6.8 Enter the amount of funding by double-clicking the box under *Amount of Funding*.

New Alt funding file detail

More ▼

1 Alt Funding File Detail


	Identification Number (SBA loan number, FEMA application ID, Insurance Policy number etc)	Funding Source	Amount of funding	File Name	View File
<div>NEW</div> <div>   </div>	123	Small Business Administration (SBA)		Alternate funding example.docx	View File

Figure 37

1.7 Acknowledgement, Consent and Submission

1.7.1 Read and Acknowledge the consent information included in the application. Select the acknowledgement checkbox and provide your digital signature.

▼

ACKNOWLEDGEMENTS AND CONSENTS

By submitting this application, I accept and acknowledge the following:

- Funding under the Program is limited. Submission of an application in no way constitutes a guarantee of funding;
- My household income has been negatively impacted by the COVID-19 pandemic;
- All information provided in this application is true to the best of my knowledge. I understand that knowingly submitting false or fraudulent information may result in being deemed not eligible for assistance under the program and/or repayment of program funds awarded;
- I authorize the County and its designees to share the information provided herein with third parties to the extent necessary to determine eligibility for the program or to carry out other program activities;
- My household liquid assets including checking and savings accounts, does not exceed \$10,000;
- I understand that if I receive funding for the same purpose(s) as funding provided by this program, I may be required to repay the County for funds received under the program.

I certify that the Entity being represented in this application for SPARK funding has not applied for or received funding from other sources for the planned expenditures requested in this application.

☒ Acknowledgement

Application ID
HHR-COUNTY-

Signature

Figure 38

1.7.2 When the new window appears, using your mouse, left-click and hold to sign. Then select **SAVE**.

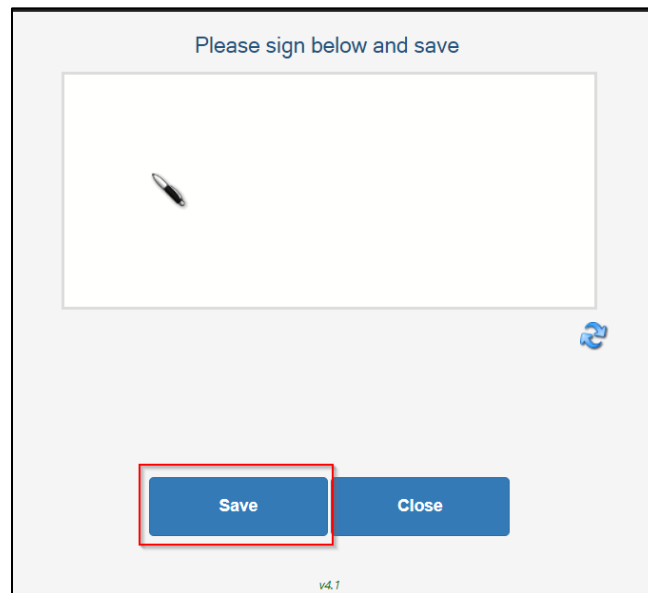


Figure 39

1.7.3 Click **Submit** to submit your application.

▼ **ACKNOWLEDGEMENTS AND CONSENTS**

By submitting this application, I accept and acknowledge the following:

- Funding under the Program is limited. Submission of an application in no way co
- All information provided in this application is true to the best of my knowledge. I
- eligible for assistance under the program and/or repayment of program funds awa
- I authorize the County and its designees to share the information provided herei
- program activities; • I am authorized to make representations for the entity conten
- I understand that if the entity receives funding for the same purposes as fundin
- program.

I certify that the Entity being represented in this application for SPARK funding has application.

✓ Acknowledgement

Signature

Application ID

ORF-Seward-11

Submit button

Submit

Figure 40

1.7.4 Please note that the application submission process may take some time to upload. Do not navigate away from the upload page while application upload is in progress.

END OF INSTRUCTION GUIDE.