## **BUSINESS QUESTIONNAIRE**

for "Covid Resiliency (CVR) Funding potential" for Oberlin Businesses

The purpose of this questionnaire is to help the City of Oberlin to identify businesses that may qualify for CDBG-CVR funding through the Kansas Dept. of Commerce.

Please take a few minutes to complete this form and return it to: srush@oberlinkansas.gov

| sti | ons:  |
|-----|---|
| 1.) | Business Name:  |
| 2.) | For-Profit Business YES No (Must be for-profit to qualify)                                    |
|     | Business Address:   |
|     | Business Website:   |
|     | Contact information: (Name/Phone/E-mail)  |
| 6.) | Were you in business prior to March 1, 2020? Yes No (Must have been, to be eligible)          |
| 7 ) | Is a majority of your Company owned by a socially or economically disadvantaged person or     |
| ,   | persons? YES NO (See attached CVR – 14004 document for definition)                            |
| 8.) | Do you have low-to-moderate income employees? YES NO(See attached CVR                         |
| •   | Chart)  |
| 9.) | Does your business have less than 50 employees? YES NO  |
|     | How many employees do you have?   |
| 10. | ) Were your business operations impacted by COVID Closures? YES NO                            |
| 11. | ) Are there any facility improvements that would help your business prepare for potential     |
|     | closures from future Community Health Emergencies? YES NO                                     |
|     | Please elaborate:   |
|     |   |
|     |   |
| 12. | ) Are there technology, computer or networking hardware or software upgrades that would help  |
|     | modernize your business operations? YES NO  |
|     | Please elaborate:   |
|     |   |
| 4.2 |   |
| 13. | ) Are there E-Commerce updates, including on-line inventory management or website             |
|     | enhancements, that your business could benefit from? YES NO                                   |
|     | Please elaborate:   |
|     |   |
|     |   |
| 1.4 | \( \( \frac{1}{2} \)  |
| 14. | ) Could your business benefit from professional training or development to improve operations |
|     | and propare for potential tuture ( enamerically Health Enamerical VIC NO                      |
|     | and prepare for potential future Community Health Emergencies? YES NO Please elaborate:       |

|    | ould you provide a list of potential improvements (in the categories above) that could benefit om funding through your local Community? YES NOease elaborate:              |
|----|--|
|    | re you interested in talking about applying for grant funding through your local Community to y for these improvements? YES NO   |
|    | you have an idea/estimate of costs? YES NO If so, please provide an estimated st: \$   |
|    | sinesses with 5 or fewer employees can apply for a Maximum of #30,000 and Businesses with oyees can apply for a Maximum of \$50,000. The Maximum per Business is \$50,000. |
|    | A ITTOO A A PO   |
|    | OUTCOMES:  How will you determine any of the aforementioned projects to be a success?  |
| A. |  |

Thank you for participating in this survey. Please complete and return it no later than July 19, 2023. Oberlin will utilize the information provided from this survey, in applying for CVR Grant funding to assist businesses in Oberlin with qualified and identified needs.

If you have any questions pertaining to this survey, please contact: Sandy Rush at 785-475-2217.