



# Small Business Incentives Application

## Business Information:

- If the business is registered with the Kansas Secretary of State's Office, what is the registered name of the business?
- If the business operates under a DBA, what is the name of the DBA?
- Physical Address of the Business
- Mailing Address of the Business
- Phone Number
- Email (please use your preferred email address for communication regarding this application)
- Website
- Business Start Date or Projected Start Date
- Legal Structure of Business (check one)

Sole Proprietor	Partnership	Limited Liability Company
B-Corp	S-Corp	Limited Liability Partnership
C-Corp	Other	

- Number of 30+ hrs/week W-2 Employees (including owner)
- Number of Part-time W-2 Employees (including owner)
- Is the owner an employee, but not a W-2 employee?  
Yes      No
- Check all that apply to the business:
  - Women-Owned: Business is at least 51% women-owned
  - Minority-Owned: Business is at least 51% minority-owned
  - Veteran-Owned: Business is at least 51% veteran-owned
  - Disabled-Owned: Business is at least 51% disabled-owned
  - SBA 8(a)-Certified:  
<https://sba.gov/federal-contracting/contracting-assistance-programs/8a-business-development-program>
- Type of Business
- NAICS Code (If uncertain, look up NAICS Code at [www.naics.com/search/](http://www.naics.com/search/))
- Is the business located in Topeka or Shawnee County?  
Yes      No
- Are the business's customers/clients primarily located in Topeka or Shawnee County?  
Yes      No
- What percentage of the business's customers/clients are located in Shawnee County?  
(If you are starting a new business, what do you expect the percentage to be?)
- What percentage of the business's customers/clients are located outside of Shawnee County?  
(If you are starting a new business, what do you expect the percentage to be?)
- Is the business a for-profit entity?  
Yes      No
- Is the business a home-based business?  
Yes      No



- Is the business a franchise?  
(If so, please submit a copy of your franchise agreement.)  
Yes            No
- Is this business currently closed to the public for any reason?  
Yes. If yes, explain.            No
  
- Does the business conduct government-contracting? If yes, check all that apply:  
City or County contracts            State contracts            Federal contracts            No
- Does the business import goods/services?  
Yes            No
- Does the business export goods/services?  
Yes            No
- Does the business primarily generate its revenues from property rentals, interest, or other passive income sources that do not require material engagement of the business ownership or management team?  
Yes            No
- Is the business a multilevel marketing business?  
Yes            No
- Is the business membership-based?  
Yes. If yes, on what basis does it include or exclude members?            No
  
- Is the business engaged in any illegal activities or sell products associated with illegal activities?  
Yes            No



## Owner Information:

- Name of Owner applying for incentive
- Physical Address
- Mailing Address
- Phone Number
- Email
- List the name and percent of ownership for all owners of this business:
- For each owner listed, list any other company in Shawnee County in which he/she is an owner.
- Has the company submitting this application received a Small Business Incentive from GO Topeka in the last three years?  
Yes      No



- Has the owner(s) of this company received a Small Business Incentive from GO Topeka for any other businesses they own in Shawnee County?

Yes      No

- Are any of the owners of this business, currently incarcerated, on probation or on parole?

Yes      No

- Is this business, or any of the owners, involved in a bankruptcy or insolvency proceedings?

Yes      No

- Is this business, or any of the owners, involved in any pending lawsuits?

Yes      No

**Demographic Information:**

Check all that apply to the owner-applicant(s):

- Gender

Male      Female      Prefer not to respond

- Race/Ethnicity

American Indian or Alaskan Native      Asian      Black or African American

Hawaiian or Pacific Islander      White      Spanish, Hispanic or Latino

Prefer not to respond

- Military Status

Active Military      Veteran      Non-veteran      Prefer not to respond

- Disability Status

Disabled      Not-disabled      Prefer not to respond



## Proposal Information:

- For which incentive(s) are you applying?

Marketing

Equipment

Construction and Renovation

Architect & Design

Professional Services or Consultancy Directly Related to Commercialization

Global Markets Matching Grant

Proof of Concept (POC) Matching Grant

Small Business Innovation Research (SBIR) Grant Writing Assistance

Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) Matching Grant

**Please note that specific requests might require additional information, documentation and/or business site visits. Approved proposals will need to follow the plan submitted and provide documentation of payments on completed reimbursement request form before reimbursement incentives are disbursed. As part of our program management, we will request that approved applicants provide us with a brief monthly progress report while the project is underway. Any changes to proposals should be kept to a minimum and must be approved in writing in advance of usage of funds. Approval may be withdrawn if projects change in intent, scope or timeline in a way that is inconsistent with the purpose of the incentive program or change from the project proposed and reviewed by the Small Business Incentive Review Committee. We will also request that you fill out an annual survey to enable us to evaluate program performance.**

*By submitting this application, I certify that the information I have provided is correct to the best of my knowledge and ability and agree to the terms of the Small Business Incentive Program.*

Electronic Signature:

Date:

