



ARPA Building Opportunities for the Disabled & Elderly (ABODE)

Sample Grant Application

*Do not submit a paper copy of the application. Applications must be submitted at
<http://kansascommerce.gov/abode>*

What is your organization type?*

Residential Property Developer

Public Housing Authority

Non-profit organization in good standing with the State of Kansas

County or local unit of government

Existing licensed entity who provides supportive housing for individuals who are elderly or disabled under the definition of assisted living as provided by the Kansas Department Aging and Disability Services (KDADS)

If a currently licensed facility, provide a copy of your license.

Please select your appropriate organization type.

Funding Requested*: _____

Matching Funds Committed*: _____

Enter the matching funds committed for your project. Committed matching funds must be equal or greater than the amount of funding requested. A minimum one-to-one match is required. Match must be in the form of equity from developer, cash contribution, third party grants or the sale tax credits, or debt from a third party secured by the property or assets of the developer. No in-kind match is allowed. Applicants are expected to have some personal equity contributions beyond 3rd party contributions.

Number of Units Affected*: _____

Enter the number of units to be constructed or affected by renovations.

Property Name*: _____

Enter the name of the property requesting funding. If no property currently exists, enter the proposed address for construction.

Property Address* _____

Enter the street number and name of the project location. If a street address has not been developed, please enter the nearest cross streets.

Property City* _____



Enter the City for the Project's location.

Property ZIP Code* _____

Enter the 5-digit ZIP Code for the Project's location.

Property County* _____

Enter the full County name of the property's location.

Property Owner*

First Name _____

Last Name _____

Property Contact Phone* _____

Enter the Phone Number for the Property Contact.

Property Contact E-Mail Address* _____

Enter the E-mail Address for the Property Contact.

Project Manager*

First Name _____

Last Name _____

Enter the Project Manager's First and Last Name if different from Property Contact.

Project Manager Contact Phone* _____

Enter the Phone Number for the Project Contact.

Project Contact E-Mail Address* _____

Enter the E-mail Address for the Project Contact.

SAM.gov UEI Number*: _____

Enter the UEI number for the entity receiving funds from this application. A UEI number can be obtained for free from SAM.gov. This registration must remain active through the entire program period of the grant.

Employer Identification Number (EIN)* _____

Please enter the EIN for the Project Contact. **Do not enter a Social Security number.**

Project Narrative

In the following section, describe the scope of the project. Explain why this project is needed for economic revitalization in your area. Please be as concise and succinct as possible.

Project Description and Scope*

Limit: 1000 words



Projects can be renovation, new construction or acquisition with major rehabilitation. In order to qualify as major rehabilitation at least one half of the total development budget must be for rehabilitation and major components must be replaced including but not limited to roofs, siding, doors & windows, bathroom equipment and accessibility improvements. Include the current condition or use of the property, as well as the intended use. Please include demographic information related to employees, residents, and visitors anticipated to be served by the capital project. Other information can include market studies and senior debt financing commitments.

Project Funding Need*
Limit: 1000 words

Provide reasoning as to why the grant is being requested and what other sources and amounts of funding have been pursued for this project. Include any pending funds or funds that are to be applied for in the next 12 months. Also include the impact of the project compared to the need of the community.

Project Budget and Narrative*
Provide a detailed budget with expected expenditures required for the success of the project. You can also include owner equity & other 3rd party equity contributions and total development cost, as well as any local incentives provided.

Proof of Matching Funds*
You must provide written proof that all matching funds are available at the time of application submission. This application cannot leverage these program funds with any BASE or state ARPA funds. Local ARPA funds may be leveraged with this program. These matching funds must also be documented in your Project Budget and Narrative.

Project Timeline*
Provide details on the timeframe for completion of the project with the funds awarded. All projects must be completed by March 31, 2025.

Project Bids and Estimates*



Attach any bids or estimates you have received for your Project. Please attach any architectural or engineering reports that are relevant for your Project.

Current Project Photos*

Please attach up to 10 photographs of your current Project or proposed site.

Project Five-Year Expense and Pro Forma*

Provide expenses and incomes for the five years of the project following the completion of the use of all granted funds.

Letters of Support*

Please provide **up to 3** letters of support for your project.

IRS Form W9*

RISK ASSESSMENT QUESTIONS

Has your organization managed federally funded grant programming in the past 24 months?*

Yes/No

Have you received any findings from a financial statement audit in the past 24 months?*

Yes/No

If any findings were present, please detail below.

Have you received any audit findings in the past 5 years?*

Yes/No

If yes, please explain all findings.

Do you have the capacity to manage and implement federal regulations, including 2 CFR 200 and other specific federal regulations pertaining to items such as segregation of duties, cash handling, contracting procedures, and personnel and travel policies?*

Yes/No

Have key staff been fundamental in the funds process or generally remained stable in the past year?*

Yes/No



Has your financial or grant management system (technology or other) remained unchanged in the last 12 months?*

Yes/No

If changes were made, please explain below.

Does your accounting system segregate expenditures by funding source?*

Yes/No

Have you verified in SAM.gov that you are not debarred, suspended, or have any delinquent federal debt?*

Yes/No

Do you have documented procurement policies in alignment with the procurement regulations of 2 CFR Part 200?*

Yes/No

Do you maintain central file locations for all grants, loans, or other types of financial assistance?*

Yes/No

Do you have a conflict-of-interest policy in place and is it documented?*

Yes/No

Have you ever had to require, collect, or document any expenditure/financial reports from a sub-recipient?*

Yes/No

If yes, how frequently?

Have you been consistent and timely with prior program reporting requirements?*

Yes/No

N/A

Have your financial reports for any previous programming been adequate, accurate, and on time?*

Yes/No

N/A

I VERIFY THAT BY SUBMITTING THIS APPLICATION FOR STATE FISCAL RECOVERY FUNDS FROM THE STATE OF KANSAS, ALL INFORMATION PROVIDED AND PRESENTED HERE IN IS TRUE AND ACCURATE. ONCE FUNDING HAS BEEN AWARDED AND THE PROJECT BEGINS, I UNDERSTAND THE FUNDING MUST BE EXPENDED BY THE



COMPLETION OF THE PROGRAM PERIOD. I UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT PROGRESS REPORTS, PROOF OF APPROVED EXPENDITURES, AND OTHER DOCUMENTS INCLUDING PHOTOS ON A QUARTERLY BASIS.