

HEAL Application Form

Organization Name *

Limit: 30 characters

Organization and Project Contact *

First Name

Last Name

Phone Number



Email

Organization Legal Address (As shown on W-9)

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Organization Type *

Select... ▼

Organization Employer Identification Number (EIN)

Please provide the Employer Identification Number for the applicant organization .

Has either your organization or the building owner previously applied and was not awarded for HEAL for this project? *

- Yes
- No. This project has not been previously submitted for HEAL.

Is this project connected to a BASE, SEED, Rural Champion, or CDBG Commercial Rehab project in any way? If Yes, explain. *

Limit: 100 characters

Select Which HEAL Grant You Are Applying For * *Select only one grant option.*

- Building Grant
- Facade Grant

Eligible Building Grant Project Expenses

Masonry, insulation, foundations, roofs and guttering, fire stairs, windows, doors, chimneys, walls, ceilings, floors, interior stairs, elevators, lighting and fixtures, electrical wiring, data and communication, wiring (not including equipment), HVAC systems and components, plumbing systems, fire suppression sprinkler systems, and ADA accessibility solutions. This list is not exhaustive. Project expenses not listed here are at the discretion of the Secretary of the Kansas Department of Commerce for eligibility under the grant. Up to 5% of the grant award may be retained by the applicant organization for project administration expenses.

Ineligible Building Grant Project Expenses

Professional services (architect and engineering fees), acquisition costs, or leasing contracts. This list is not exhaustive. Grant funds are to be utilized for the physical construction of the project.

Building Grant Award Amount

Up to \$20 per square foot of the total building space, not to exceed \$75,000 per project.

Eligible Façade Grant Project Expenses

Masonry, windows, storefronts, cornices, doors, awnings, ADA accessibility solutions. Removal of façade slipcovers such as metal, stucco, tiles, stone veneer must be performed before applying for a façade grant. This list is not exhaustive. Project expenses not listed here are at the discretion of the Secretary of the Kansas Department of Commerce for eligibility under the grant. Up to 5% of the grant award may be retained by the organization for administration.

Ineligible Façade Grant Project Expenses

Professional services (architect and engineering fees) and slipcover removal – this should be finished prior to apply for a façade grant. This list is not exhaustive. Grant funds are to be utilized for the physical construction of the project.

Facade Grant Award Amount

\$20 per square foot, not to exceed \$25,000

Project Name - (Format: City, Address) *

Use the following naming convention to name the project: City, Address

Limit: 6 words

Example: Hays, 123 Main Street

Project Site Address (Street address)

City *

Zip Code

City Population * *Choose the population of the city where the project is located. Projects in cities of over 50,000 are not eligible to apply for HEAL.*

- < 5,000
- 5,000 - 15,000
- 15,001 - 25,000
- 25,001 - 35,000
- 35,001 - 49,999

County *

Building area square footage or Façade area square footage *

Limit: 10 characters

Building Owner *

First Name

Last Name

Building Owner Organization Name (if applicable)

Phone *



Email *

How many years have you owned the building? *

Less than 5 years

More than 5 years

Is the building listed on the National or State Historic Register or located within a Registered Historic District and considered contributing? *

Yes

No

Please go to: <https://khri.kansasgis.org/index.cfm?in=207-6010-00026>

(<https://khri.kansasgis.org/index.cfm?in=207-6010-00026>) to check the project site address to see if the building will require a SHPO review.

Describe the current condition of the building. *

Limit: 100 characters

Has the building been condemned or vacant for an extended period of time and is suitable for revitalization? Is the building in eminent danger of collapse? What condition is the building currently in?

Project Narrative

In the following section, describe the scope of the project, explain the historical or architectural significance of the building to the downtown district, and describe how the building will be revitalized and put to use. Please be as concise and succinct as possible.

Project Description and Scope of Work *

Limit: 750 words

Provide a description of the rehabilitation project and scope of work for the project.

Explain the historical or architectural significance of the building to the downtown district *

Limit: 300 words

Describe how the building will be revitalized and put to use *

Limit: 400 words

Describe the intended use for the building once it is revitalized and how it will contribute to the downtown district and local economy.

Project Funding Need *

Limit: 300 words

Provide reasoning for why the HEAL grant is being requested. What other sources and amounts of funding have been secured for the project? If you have requested other funding and it has been denied or is pending, note that here.

Project Timeline

Explain the proposed timeline for the project. The project timeline should be based on receiving the proposed award. Projects must begin construction no later than September 1, 2023 with construction complete by May 1, 2025 with a tenant in place by August 31, 2025.

NOTE: Site cleanup, removal of debris, and demolition **do not** qualify as construction. Tenant must be leasing the space.

Proposed Timeline *

Limit: 400 words

Provide dates and project milestones in a list format. Be sure to connect project milestones and project tasks with your budget and narrative.

Project Readiness *

Limit: 400 characters

Please explain why this project can happen now with this funding. Who is the project manager, general contractor and professional team responsible for the construction? Are there any environmental issues that will need to be resolved? Describe them - floodplain, possible asbestos remediation, tribal. What permits will be required to commence construction? Will the project site require preparation of clean up? Describe established relationships with the project contractor or professionals to enable commencement of construction by September 1, 2023.

Project Budget *



Project Name:				
INCOME				
Source	details/notes	Cash Match	HEAL Request	In-Kind
		0	0	0
			Total Income	0

EXPENSE				
Category	details/notes	Cash	HEAL	In-Kind
		0	0	0
			Total Expenses	0

Attachments

Please provide the following attachments as supporting documentation for your project and grant request. If specific attachments are not available, explain why they are not available.

Bids and Estimates

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files. Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf

Please provide any copies of bids or estimates that support your budget.

Preliminary Architectural Renderings

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Preliminary architectural drawings, including plans and elevations are required to support the scope of work. Color renderings are required if work is being done to the street facing façade(s). Written contractor quotes are sufficient for projects that do not require architectural drawings such as roofing.

Projects are encouraged to follow the Secretary of Interior's Standards for Rehabilitation.

<https://www.nps.gov/tps/standards/rehabilitation.htm>

(<https://www.nps.gov/tps/standards/rehabilitation.htm>)

<https://www.nps.gov/tps/how-to-preserve/briefs.htm> (<https://www.nps.gov/tps/how-to-preserve/briefs.htm>)

Projects that are on the State or National Register of Historic Places or contributing buildings in a Historic District must follow these standard and best practices guidelines and receive appropriate state approvals before beginning work.

Current Photos of Project Site *

Choose File

Select up to 15 files to attach. No files have been attached yet. You may add 15 more files.

Acceptable file types: .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv

Please provide images relevant to the project.

Business Plan for Intended Reuse *

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf

The intent of the HEAL program is to provide funding for underutilized buildings in downtown districts to become fully utilized, economic drivers for the community. A tenant is required to be in place by August 31, 2025. Provide a business plan and a pro-forma for the building reuse. · Pro-forma should show all sources and uses on the project and include a business plan for operation of the building after completion of construction.

Proof of Matching Funds *

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Building owner must provide proof of matching funds with a minimum of a 1:1 cash match of the grant amount requested at the time of application.

Letter of Commitment *

Choose File

Select up to 2 files to attach. No files have been attached yet. You may add 2 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

A letter signed by both the applicant and the building owner that confirms commitment by both parties to the project.

Statement of Assurances

I am authorized to act on behalf of the organization and personally certify that by submitting this application for consideration of funding by the Kansas Department of Commerce under the HEAL program, all information provided and presented here in is true and accurate. The organization understands that if the project submitted under the HEAL program is chosen to be awarded for funding, the organization will be responsible for completing necessary forms, contracts, and financial information for the Kansas Department of Commerce in order to receive funding. **Commencement of construction must begin by September 1, 2023 and be complete by May 1, 2025 with a tenant in place by August 31, 2025.** The organization also understands that it is required to submit monthly project updates, fiscal reports in June and December, proof of approved expenditures, and other documents including photos and will be called upon to organize site visits of the project.

Agree *

Save Draft

Submit Form