

KANSAS

COMMERCE

SAMPLE APPLICATION FORM - DO NOT SUBMIT

DRAW Application Form

Organization Type *

- 1) Mobile Workforce Training Provider
- 2) Healthcare Provider
- 3) Education Provider
- 4) Technology-based Business
- 5) Employers working with the blind, visually, or hearing impaired, or persons with disabilities
- 6) Employers hiring for positions considered high demand and high wage from the Kansas Department of Labor with a minimum Demand Score of 20.

Select your entity type. If selecting Option 6, a High Demand/High Wage position, please use the following link to verify the positions you are seeking to fund are listed as BOTH High Demand and High Wage: Kansas Department of Labor (<https://klic.dol.ks.gov/vosnet/gsipub/documentView.aspx?enc=XR1MJ2Q7Rmn9KjAm0oNxA==>). Select the High Demand Occupations with High Wages on the top left of the page and locate an eligible position with a Demand Score of 20 or higher. Options 1-5 require no verification with KDOL.

Grant Funding Requested *

\$ USD

Enter the funding needed for your project. Requests must be no more than \$1,000,000.

Matching Funds Confirmed *

\$ USD

Matching funds must be at least 25% of the total project cost.

To calculate your minimum match requirement based off your grant funding request, divide your grant funding request amount by 0.75 and subtract the grant funding request from that calculation. Example: \$1,000,000 in grant funding / 0.75 = \$1,333,333 - \$1,000,000 = \$333,333 in minimum required match funding.

Alternatively, if you know your total project amount, you can multiply that number by 0.25 to determine the minimum required match. Example: Total project = \$1,000,000 x 0.25 = \$250,000 minimum match and \$750,000 maximum grant allowed.

Organization/Entity Name *

This name must match your provided Federal EIN.

Project Contact *

First Name

Last Name

Enter the contact name for this project.

Project Contact Email Address *

Enter an email address for the Project Contact.

Project Contact Phone Number *

Enter a phone number for the Project Contact.

Project Address *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Enter the full address of the location where the project will take place.

Project County *

Enter the county where the project will be located.

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. If a UEI number cannot be obtained before the application is due, please enter "TBD". A UEI number will be required if your organization is awarded.

Federal Entity Identification Number (FEIN) *

Enter the FEIN for the entity receiving funds through this application. This number must be aligned with the UEI number obtained from SAM.gov.

Project Description & Scope *

Limit: 1000 words

Provide a detailed explanation of the grant funds to be utilized. A narrative should include detailed information on training needs, impact of training funding, and a description on services already provided.

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 & Narrative *

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, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

Provide a detailed budget with expected expenditures required for the success of the project. Include information regarding matching funds and the timeline of their use.

Confirmed 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, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

Verification of available or contingent matching funds.

Project Timeline *

[Choose File](#)

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

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

Projects Bids & Estimates *

[Choose File](#)

Select up to 20 files to attach. No files have been attached yet. You may add 20 more files.

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

Attach any bids or estimates you have received for your Project. Please attach any architectural or engineering reports that are relevant for your Project, as well as quotes for services or training needs.

Letters of Support *

[Choose File](#)

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

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

Letters of support should come from Local Workforce Development Boards, Local KANSASWORKS Workforce centers, local or county governments, supply chain providers, vendors, community foundations, or other interested parties.

IRS Form W-9 *

[Choose File](#)

Choose File

Upload a file. No files have been attached yet.

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

The IRS Form W-9 must match the FEIN provided above.

Risk Assessment Questions

The following risk assessment questions are required for any application that is being considered for ARPA funding. Please answer all questions accurately and honestly.

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

Yes *

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.

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