

EMERGENCY HEAL SAMPLE APPLICATION

Project Name*

Limit: 50 words

Please create a name for your project. This name should include the town the project is in and building name and address.
Example: Kress Building, 100 Main Street, Independence.

Are you applying to save more than one building in the downtown? *

Yes

No, only one building

If there is more than one building affected due to an event, the city or another local organization can apply for the maximum of \$100,000 to save more than one building. The maximum award is a total of \$100,000 per community.

Project Site Address (Street address)

Limit: 50 words

Project Site Addresses (Street addresses)

Limit: 200 words

This should be the physical address of which the project is taking place. Please list each address for each building that you are requesting HEAL funds to support. Example: 100 Main Street, 201 Main Street, 108 Main Street.



Project City*

Zip Code (project)*

County*

Sponsoring Organization Name *

Sponsoring Organization and Project Contact*

First Name

Last Name

This person will be in charge of communicating with all building owners and sharing these communications with Commerce. This will ensure that there is a main point of contact for both local and state HEAL partners.

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

Sponsoring Organization Type *

Organization Employer Identification Number (EIN)*

Please provide the Employer Identification Number for the applicant organization.

Building owner names and contact information (If more than one building)

Limit: 500 words

List each project building name along with the associated building owner names, organization or business name, contact address, phone number and email.



Building Owner

First Name

Last Name

Building Owner Organization Name (if applicable)

Building Owner Phone

Building Owner Email

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

Amount Requested for Emergency HEAL*

Award amount not to exceed \$100,000. Must be matched 1:1 or dollar for dollar, cash match. Proof of matching funds required with application. This means a bank letter stating that this amount is in the account, a bank statement showing this balance in the account, or a letter from another granting or lending agency stating that you have been approved. Multiple proofs of match that add up to the amount you are applying for will also be accepted. The request is a maximum of \$100,000 per community, even if multiple buildings are being repaired with HEAL funds.

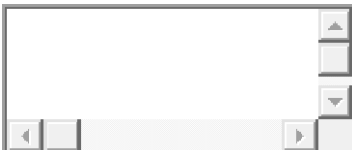
Emergency HEAL Building Eligibility - What is the triggering event that caused the emergency need?*

Emergency HEAL is only for Buildings that are at risk of **imminent loss**, that are causing damage to surrounding downtown buildings, and/or have significant damage due to fire, storms, wind, etc. are eligible projects for Emergency HEAL. This must be a recent discovery or incident.

- Fire
- Severe Weather Event (Flood, Large Hail, Tornado, Extreme Wind, etc.)
- Structural Failure (sudden roof cave in, foundation failure, wall collapse, etc.)
- Other - Please Describe

What was the disaster event?

Limit: 250 words



Please describe the disaster event. Please include the date the damage occurred, and the extent of the damage to the surrounding community.*

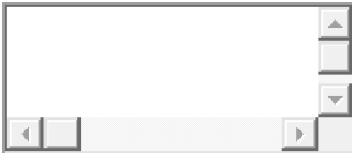
Limit: 700 words

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Please describe the damage to the building.*

Limit: 700 words

Please provide a description of the damage to the building and the resulting hazards of the damage to the structure of the building. Provide information as to the structural integrity of the building. Can the building be saved? Have you had this verified by an architect and/or structural engineer?

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Please describe the damage to the buildings.*

Limit: 1000 words

Please provide a paragraph for each building that details the damage and the resulting hazards of the damage to the structure of the building. Provide information as to the structural integrity of the building. Can the building be saved? Have you had this verified by an architect and/or structural engineer?

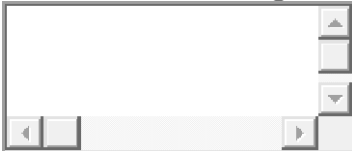
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How many years has the building owner owned the building? *

- Less than 5 years
- More than 5 years

How many years has each building owner owned the building?

Please list each building and if the building owner has owned the building for more than five years or less than 5 years.

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Was the damage caused by significant neglect?

- No, building was in good condition - maintenance records provided below
- Building has had work done on the area where damage occurred - receipts provided
- Regular maintenance has been done on this building - maintenance receipts provided
- No work has been done prior to the disaster - this led to the damage *(in-eligible use branching wording below)*

Buildings that are in such condition due to the neglect of the current owner are not eligible. This is intended for buildings that have experienced a sudden loss or destruction. For example, A building owner knew that the roof was leaking but did not address the issue for several months, causing the roof to cave in. This building owner would not be an eligible applicant unless they are willing to sell the building to another owner willing to rehabilitate and properly maintain the building. They would likely need to wait until the next regular HEAL round otherwise.

However, if the current building owner has owned the property for more than 5 years, and they can show proof that they have invested in keeping the building in good condition prior to the damaging event, they are still eligible for emergency funding. Receipts or documentation of contractor paid invoices would meet this requirement.

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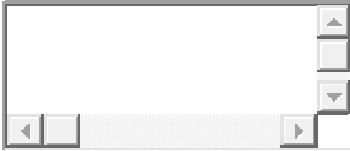
Project Narrative

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.

Describe the current condition of the building. *

Limit: 700 words

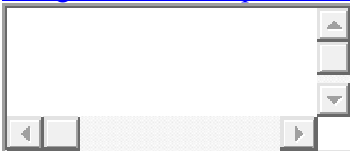
Has the building been condemned or vacant for an extended period of time and is suitable for revitalization? Is the building in eminent danger of collapse? What condition is the building currently in? Are there other buildings or businesses that are being affected by the damaged building?



Project Description and Scope of Work *

Limit: 750 words

Provide a description of the rehabilitation project and scope of work for the project. Please ensure that you have read the Kansas Main Street Design Guidelines. www.kansascommerce.gov/wp-content/uploads/2021/11/Kansas-Main-Street-Design-Standards-Updated-02NOV21.pdf

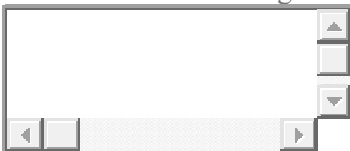


Explain the historical or architectural significance of the building to the downtown district. *

Limit: 500 words

Is the building over 50 years old? Please tell us if this building has a special history in your community. Does it have architectural details that are beautiful and should be preserved? Is this building a part of a historic downtown? Tell us this history and why it is important to save in your community. **How will this history be shown once this building is renovated?**

NOTE: Buildings made of cinder block, metal or another modern building material lacking any significant architectural details will not be strong candidates for this grant.



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/> to check the project site address to see if the building will require a SHPO review. A video tutorial and step by step instructions for this process are both located under HEAL Resources - Technical Assistance drop down here: <https://www.kansascommerce.gov/community-development/heal/>

If yes, please include the link to the KHRI listing.

KHRI

When you are on the listing, you will see a "create link" button. Click that, and then a url link will pop up. Please copy and past that into this answer box.

A video tutorial and step by step instructions for this process are both located under HEAL Resources - Technical Assistance drop down here: <https://www.kansascommerce.gov/community-development/heal/>

If known, 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. This is not required for award and changes are allowed to be made, however, the final tenant must be identified within 12 months of award. If you do not have a tenant identified, please describe the plan for finding a user of the building here.

Project Funding Need*

Limit: 400 words

Provide reasoning for why the Emergency 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. Could you do this project without this Emergency HEAL grant?

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

- Yes
- No

Limit: 200 words

Please provide information on the application status if you have or are planning to apply for any of these programs.

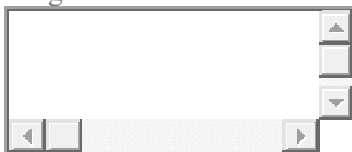
Project Timeline

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 4 months from date of award or notice to proceed (If SHPO authorization is required) with 50% construction complete 12 months from date of award, 75% complete 18 months from award, and 100% complete within 24 months of award. Complete projects must have a tenant in place in 30 months. Tenants must be identified and proforma and business plan submitted by month 12 of the project, or no further funding will be paid to the grantee. **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: 500 words


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 approvals, etc. 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 month 4. Please make sure to tie your timeline above to this section as well.



At the time of the disaster or damage, was the building insured? Is insurance covering any of the damages? *

Limit: 300 words

If the building was occupied at the time of the damage, it is eligible, however, an insurance claim, evaluation, and funding from insurance must be included as part of the project match. Please include information regarding the insurance claim process, timeline, and how much of the damage the insurance company will be covering.



Project Budget *

Copy of Budget-Submittable App.xlsx

What is the total non-HEAL funding being applied to this overall project?

Please give the total outside source funding (including your match) going towards the renovation and construction in this building. This would not include costs associated with building acquisition. This would include your match plus any other funding you have received to help complete this project with a tenant occupying the facility, including insurance.

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.
-

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*

Choose File

Please provide any copies of bids or estimates that support your budget. This is a requirement for this round of HEAL. Estimates need to include materials and supply cost estimates as well as labor estimates. Ideally this bid will also demonstrate that the project will be completed by the deadline. Sealed bids are not required, but at least one bid with detailed estimates is required to submit.

Insurance determination of coverage, estimates, quotes, or payments.

Choose File

Please provide any documentation from the insurance company if insurance is involved. Estimates need to include materials and supply cost estimates as well as labor estimates. If the insurance company has agreed to cover a portion of the damages, and not 100% of the needed cost to rehabilitate the building, please provide a detailed scope of work that insurance will cover, including photos.

If the building owner has owned the building for more than 5 years, provide proof of regular maintenance.

Choose File

Provide maintenance records, receipts of roof maintenance (for roof issues), structural maintenance if there was structural issues, etc.

Preliminary Architectural Renderings and/or Structural Engineering Report

Choose File

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.

If there is structural damage to the building, a structural engineering report that verifies that the building can be rehabilitated is required.

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/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

Please provide images relevant to the project. This must include interior and exterior photos of the building.

Business Plan for Intended Reuse

Choose File

Emergency HEAL does not require that the end user is identified for submission. However, if this information is available, it is helpful in our evaluation. If provided, submit a business plan and a pro-forma for the building reuse. Business plan should outline how this building will be used, how this business will contribute to the economy of the community, and the need for this business in the area. A Financial pro-forma that shows how this business would be profitable and make a positive impact on the community economy is required.

If the building was previously occupied, and intends to remain in the building once rehabilitated, a business plan must be included with this submission that shows how the business will grow to ensure that future costs of building maintenance will be covered with the increased investment of this building for the business.

Proof of Matching Funds *

Choose File

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. This means a bank letter stating that this amount is in the account, a bank statement showing this balance in the account, or a letter from another granting or lending agency stating that you have been approved. Multiple proofs of match that add up to the amount you are applying for will also be accepted. Applications that do not have this submitted will not be eligible.

Letter of Commitment *

Choose File

A letter signed by both the applicant and the building owner that confirms commitment by both parties to the project. This must be signed by both parties. Projects without this letter will not be considered.

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 within 4 months of the date of award or SHPO letter allowing the project to proceed. Projects must be complete within 24 months, with a tenant in place by month 30. 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. The building owner also agrees to have a plan for a tenant in place by month 12, and will submit documentation of this commitment with the submission of a business plan and pro forma of this tenant. In order to satisfy the requirements of this grant, the building must be in operation, with a tenant in place occupying the space. In addition, if the community has building codes, the building must have an occupancy permit, and submit this with the final financial report.

In addition, the building owner and organization should be ready to walk through the building with the contractor on site with Commerce staff **before the project can begin.**

Agree*