Community Service Tax Credit Application

Applicant Name (and Project Administrator) (required)

[   ]

Limit: 300 characters

If you are applying on behalf of your own organization, please only list that organization's name. If you are an organization applying on behalf of someone else, please list both, for example: Kansas Community Foundation on behalf of Kansas School.

Project Title (required)

[   ]

For the project title, enter the name of the project for which support is being requested. DO NOT enter the name of your organization. This title will be used to distinguish the specific project.

Brief Project Description (required)

[   ]

Limit: 75 words

Brief description of your project. (2 to 3 sentences)

This Project Qualifies Under: (required)

☐ Community Service (including Childcare)

☐ Healthcare Service

☐ Crime Prevention

☐ Youth Apprenticeship/Technical Training

Select the option(s) that best describe your project.

Does this project address Childcare and Early Childhood Development Needs?
 (required)

○ Yes

○ No

Please select yes only if your organization is addressing Childcare and Early Childhood Development needs for those under the age of 5.
If not, Select No.

Tax Credit Amount Requested (required)

$ [   ] USD

The maximum amount is $200,000

Additional Funding

$ [   ] USD

If other funds are being invested into the project, then please list the total dollar amount. (Tax credits should not be included in this total)

Please Select the Appropriate Box (required)

○ City Population of 15,000 or More (50% Tax Credit)

○ City Population Under 15,000 (70% Tax Credit)

Project Service Area (required)

[   ]

Enter the county/counties where your project will provide service(s).

State Representative (required)

[   ]

Name of Representative

State Senator (required)

[   ]

Name of Senator

Applicant's Information

In the section below, please provide information on the non-profit organization who is applying in support of the proposed project.

Applicant's Address (required)

Country (required)

[Select...   ⌄]

Address (required)

[   ]

Address Line 2 (optional)

[   ]

City (required)

[   ]

State, Province, or Region (required)   Zip or Postal Code (required)

[   ]   [   ]

Enter the Address of the applicant.

Applicant's County (required)

[   ]

Enter the County of the applicant.

Applicant's Website

[   ]

Enter the applicant's website address if applicable.

Applicant's Executive Director (required)

Enter the name of the applicant's Executive Director.

Executive Director's Email Address (required)

Enter the email address of the applicant's Executive Director.

Executive Director's Phone Number (required)

Enter the phone number of the applicant's Executive Director.

Has the Applicant been Awarded CSP Tax Credits in the Past 5 Years? (required)

○ Yes

○ No

Organization Status (check one) (required)

○ 501(c)3 exempt from income tax

○ Incorporated as a non stock corporation

○ Designated as a community development corporation by US Government

○ Chartered by US Congress (tribal entity)

○ Public agency providing healthcare services

○ Other, please explain below

Organization Status Continued

If you selected "Other" in the previous question, please explain.

What is the applicant's IRS Classification? (required)

[ ]

Please list if you are a 501c3 or other IRS classification.

Is the applicant required to file an annual report with the Kansas Secretary of State? (required)

◯ Yes

◯ No

If yes, when was the last report submitted?

[ ]

Enter the year the organization's annual report was filed if applicable.

Project Administrator's Information

In the section below, please provide information on the organization who will administer the project, if different from the previous section.

Project Administrator's Address

Country

[Select... ⌄]

Address

[ ]

Address Line 2 (optional)

[ ]

City

[ ]

State, Province, or Region   Zip or Postal Code

Enter the Address of the project administrator.

Project Adminstrator's County

Enter the County of the project administrator.

Project Administrator's Website

Enter the project administrator's website address if applicable.

Project Director's Information

In the section below, please provide information on the person who will direct and oversee the proposed project.

Project Director (required)

Enter the name of the Project Director.

Project Director's Email Address (required)

Enter the email address of the Project Director.

Project Director's Phone Number (required)

Enter the Project Director's primary phone number.

Introduction to the Organization (Project Administrator) (required)

Limit: 250 words

Provide a general overview of the services offered by the organization proposing the project. What is the primary mission of the organization? How long has the organization provided services? How will this project align with your mission?

Introduction to the Applicant (if different from Project Administrator)

Limit: 250 words

Provide a general overview of the services offered by the organization applying. What is the primary mission of the organization? How long has the organization provided services? How will this project align with your mission? Why are you willing to be the applicant for the Project Administrator? Will you continue to support this project after the application is submitted?

Project Need (required)

Limit: 300 words

Describe what need is being addressed. Who is the audience that will directly benefit from this need being addressed? What is the estimated number of beneficiaries? What steps were taken to engage the community around recognizing the need? Summarize the historical data on the target group that supports the proposed project.

Project Summary (required)

Limit: 300 words

Summarize the project. Describe how the project addresses the need. Are there alternative solutions? Are there similar resources in the area? What steps were taken to engage the community around selecting this project? How does this project help the organization become more self-sufficient?

Project Administration (required)

[text input field]

Limit: 250 words

What administrative systems and controls are in place to administer the project and ensure its success? Who is taking responsibility for oversight and carrying out the project, handling the paperwork, managing the fundraising campaign, designing the project, etc.? How will the coordination of funding, project administration, and partnerships with other organizations (public or private) be facilitated? What plans are in place to ensure that all the parts communicate with each other?

Project Goals and Timeline (required)

[text input field]

Limit: 350 words

Describe the measurable goals/objectives of the project. Prioritize the primary goals/objectives for the project. For each goal address the time frame for evaluating them and how the success will be evaluated.

Proposed Project Completion Date (required)

[text input field]

This period should agree with the period indicated on your provided budget. The credits expire on December 31, 2025, however, some projects will not be complete until a later date.

Annual Budget of Organization (Project Administrator) (required)

$ [input field] USD

What is your organization's annual operating budget?

Funding Capacity (required)

[text input area]

Limit: 350 words

Discuss your fundraising history. Specifically, describe any significant successful fundraising activities in the past ten years. Has a project of this size been successfully completed in the past?

Project Funding Strategy (required)

[text input area]

Limit: 350 words

What is the current fundraising strategy for this proposed project? Fully discuss your plan for raising donations and how tax credits will help increase the funds raised.

Budget Justification (required)

[text input area]

Limit: 200 words

Discuss the project budget. What are the major expenses of the project? What portion of the expenses will be covered by the tax credits if awarded? What other sources of funds are contributing to the project? What major in-kind services or donated land (must be project site) has already been pledged? Please include project bids and estimates that justify the scope of the project and the cost of the project. Why is CSP being pursued?

Project Budget (required)

[Choose File]

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .pdf

Provide your proposed project budget. The submitted budget must be on the provided CSP Budget Template. The template is located at www.kansascommerce.gov/csp under CSP Program Information.

Project Pledge Letters (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Condense all pledge letters of financial support for the project into a single PDF file for review. These letters need to reflect a specific dollar amount.

Total Dollar Amount of Pledge Letters (required)

$ [   ] USD

Enter the total dollar amount of pledge letters received.

Project Support (required)

Limit: 250 words

Please describe how the community is in support of your proposed project. "Community" should include people within the city limits of the proposed project and/or those potentially directly impacted by the proposed project.

Project Support Letters (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Condense all support letters for the project into a single PDF file for review. These letters should be unique, heartfelt, and well thought out.

Application Fee of $250.00 submitted? (required)

○ Yes

○ No

Applications will not be reviewed until the application fee is paid.

The applicant understands that the $250 application fee is non-refundable and does not guarantee the project will be awarded. (required)

○ Yes, we understand.

Project Assurances

Please read through these carefully. If your project is selected, the following assurances must be agreed upon between the Kansas Department of Commerce and your organization. A written agreement will be entered into.

A. We understand that our credit authorization will end on December 31, 2025. Donations received after this date will not be eligible for tax credits. Expenses incurred prior to the award date, July 1, 2024, are not allowable expenses.

B. We understand that it is not necessary to establish a separate bank account for the project if the accounting system can track the receipt and expenditure of the Community Service Program donations. Twelve (12) months after the project closing date, any remaining funds will be placed in an escrow account established specifically for the project.

C. We agree that all non-cash and cash contributions shall be directly related and actually used for or as a part of the project. We will make financial records available to Commerce for spot auditing when given advance notice of at least five (5) days.

D. We understand that we will be able to make reasonable budget amendments, provided that the basic drive of the project remains the same. Such amendments will require the approval of our Board of Directors and Commerce.

E. We agree to cooperate with Commerce in reviewing and processing Tax Credit Applications in order to ensure donors a timely response.

F. When soliciting contributions, we agree to only allow tax credits for donations greater or equal to $250. We agree not to promise credits in excess of the amount allocated by Commerce. We also agree not to promise credits for contributions unrelated to the approved project.

G. We understand that we are fully responsible for all fundraising and solicitation of support on behalf of our project. We further understand that Commerce reserves the right to reduce our credit allocation once we have reached the mid-point of our project period. If after thirty (30) days of notice, we cannot show evidence that our remaining credits will be utilized, Commerce will determine the amount of credit reduction.

H. We agree to notify all donors that Tax Credit Applications are to be submitted to Commerce on a quarterly basis. All tax credits need to be issued to the recipients no later than January 31st of the following year.

I. We agree to give Commerce proper acknowledgment in publicity related to the project. We will use the following acknowledgment: "Certain project costs have been supported by the Kansas Department of Commerce, Community Service Tax Credit Program."

J. We have designated and identified a Project Director and understand that all pertinent correspondence from Commerce will be addressed to him/her. We will notify Commerce (in writing) within thirty (30) days of any change in position.

K. We understand that we must attend a mandatory two-hour training seminar.

L. We understand quarterly reports are required for each calendar quarter that the project is open, and a final report will be required at the end of the project. Forms and detailed information will be provided at the training sessions for new awardees.

M. We understand continued approval is contingent upon satisfactory adherence to the assurances, and remaining in good standing with the Kansas Secretary of State. We understand that our project may be placed on probation or terminated by Commerce for failure to comply with any of these conditions.

Should our project receive approval, we hereby agree to accept an allocation of tax credits under the above terms and conditions. (required)

◯ Yes, we agree.

I hereby certify that the Board of Directors of the Applying Organization has reviewed this application and has authorized its submittal to the Community Service Program.

[ ]

Enter the name of the applicant's Executive Director.

Today's Date

[📅]

The following items must be uploaded.

Applicant's Articles of Incorporation and Organization Bylaws. (required)

<div style="border: 1px dashed; text-align: center; padding: 40px;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Applicant's IRS tax-exempt status notification, if applicable.

<div style="border: 1px dashed; text-align: center; padding: 40px;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Applicant's Independent Audit, OR Independent Agreed Upon Procedures, OR IRS Form 990 (required)

<div style="border: 1px dashed; text-align: center; padding: 40px;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Applicant's current letter of good standing from the Secretary of State's office. (required)

<div style="border: 1px dashed; text-align: center; padding: 40px;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Minutes of board meeting(s) where the project application was approved. (required)

<div style="border: 1px dashed; text-align: center; padding: 2em;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Applicant's current Board of Directors with mailing addresses, phone numbers, and email addresses. (required)

<div style="border: 1px dashed; text-align: center; padding: 2em;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Map of the Project Service Area (required)

<div style="border: 1px dashed; text-align: center; padding: 2em;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Upload a file.

Daycare License (if applicable)

<div style="border: 1px dashed; text-align: center; padding: 2em;">

Choose File

</div>

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Upload a file.

Other documents to support the proposed project.

<div style="border: 1px dashed; padding: 2em;">
</div>

Choose File

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

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

Upload a file(s).

Save Draft   Submit Form

Drafts may be visible to the administrators of this program.