

HEAL 6.0

The HEAL program was created to preserve and bring new economic activity to underutilized, vacant, or dilapidated downtown buildings in rural Kansas. Building grants are intended to bring buildings back into productive use as spaces for new or expanding businesses, childcare, housing, arts and culture, civic engagement, or entrepreneurship. Façade grants are intended to rehabilitate the façade or street view of downtown buildings in need of repair to stimulate economic growth and reinvestment in the downtown district. The building in need of façade rehabilitation should either have a tenant or be tenant-ready.

Eligible Applicants

Nonprofit or local government organizations applying on behalf of building owners of underutilized, vacant, or dilapidated downtown buildings or those needing façade improvements are eligible applicants for the HEAL program.

Eligible organizations include:

- Designated Kansas Main Street Programs
- Economic Development Corporations
- Cities
- Counties
- 501(c)3 or 501(c)6 organizations
- Local Community Foundations

Project Eligibility Requirements

- Properties must be located in cities with a population of less than 50,000.
- Properties must be located in the downtown business district or corridor and hold architectural significance for the district.
- Projects must show potential for reuse and revitalization as economic drivers in the community.
- The awarded project can include funding from any state or federal source, as long as there is no duplication of benefit. Examples include: Community Development Block Grant, Community Service Tax Credit Program, USDA Rural Development, State Historic Preservation Office programs or Network Kansas programs.
- Projects must incorporate [Main Street Design Standards](#) and follow local ordinances and code for rehab/construction/façade improvements.
- Award recipients are required to sign a contract agreeing to the conditions of the program.
- Projects must begin construction no later than 4 months after award with construction complete within 24 months of award with a tenant in place within 30 months of award. NOTE: Site cleanup, removal of debris, and demolition do not qualify as construction.
- No more than one HEAL grant may be awarded to any city.
- Communities who received the HEAL grant in the first three rounds are now eligible to apply for a different building or facade project. Communities who received recent HEAL or Emergency HEAL grants are not eligible for this round of funding. The list of ineligible communities can be found here: www.KansasCommerce.gov/HEAL. Communities that received a HEAL grant in the first round (Emergency and regular HEAL) can apply again for HEAL.
- Projects that are attached to or a part of a previous HEAL grant are not eligible, unless they are completely unrelated to the original project with a different building owner.
- Communities that have never received a HEAL award in the past will receive additional points in the scoring and review process.
- Work must not begin before the award of the grant except for removal of façade slipcovers such as metal, stucco, tiles, stone veneer. Expenses
- Work previously completed is not eligible for this grant program.

Required Supporting Materials with the Application

- 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.
- Written estimates by a licensed contractor are required. Quotes must include supply cost estimates, labor cost estimates, and a detailed list of work to be done. Quotes that also demonstrate that the project will be completed by the HEAL deadline are also preferred.
- A simple business plan for operation of the building after completion of construction.
- A 1:1 cash match (minimum) and proof of matching funds from the building owner.
- A letter **signed by both the applicant and the building owner** that confirms commitment by both parties to the project. This is required, and projects that are submitted without this information will not be considered.

General Information

Organization Name :
 Contact Name :
 Phone Number :
 Email :
 Mobile :

Is the Account listed above the Account you intended on applying on behalf of ? :

Designated Signee Information

Designated Signee Name
 (If you need to adjust Designated, reselect account) :
 Designated Signee Phone Number :
 Designated Signee Email :

Organization Legal Address (As shown on W-9)

Address :
 City :
 State :
 Zip Code :
 County :
 Country :

Please provide the Employer Identification Number for the applicant organization :

Organization Type :

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

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

Select which HEAL Grant you are applying for :

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.

Amount Requested for Building Grant : \$

Up to \$30 per square foot of the total building space, 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.

Capacity Assessment

Has the applicant organization been established more than three years? :

Has the applicant managed state or federal grant funds in the last four years? :

Have any of the funds been revoked, rescinded, or withheld due to grantee performance? :

Has the applicant had any financial audit findings within the past 5 years? :

Explain any financial audit findings within the past 5 years? (3,000-Character Limit)

Does the applicant have written policies and procedures in place for the management and administration of grant funds? :

Does the applicant have an experienced staff member or consultant to properly manage, comply with all requirements, and administer this grant? :

Project Information

Project Name - Format (City, Address) :

Use the following naming convention to name the project: City, Address
Example: Hays, 123 Main Street

Project Site Address (Street Address) :
City :
State :

Zip Code :

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.

City Population : -

County :

Building area square footage or facade area square footage :

Building Owner Information

Building Owner's Full Name :
Building Owner Organization Name (if applicable) :
Building Owner's Phone Number :
Building Owner's email :

Building Owner's Address

Building Owner's Home Address :
Building Owner's City :
Building Owner's State :
Building Owner's Zip :
Building Owner's Country :

How many years have you owned the building? :

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

Please go to: <https://khri.kansasgis.org/> to check the project site address to see if the building will require a SHPO review.

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

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

Describe the current condition of the building. (5,000 Character Limit) :

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

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.

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

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

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 4 months after award with construction complete within 24 months of award with a tenant in place within 30 months of award. NOTE: Site cleanup, removal of debris, and demolition do not qualify as construction. Tenant must be leasing the space.

Proposed Timeline

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

Please explain why the 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 or clean up? Describe established relationships with the project contractor or professionals to enable commencement of construction by September 1, of the current year.

Budget

Funding Sources

Please fill in each line of your budget here. For example, if you have 2 sources of funding that you will use to renovate your building, you will fill this out 2 times.

1. Once your budget is complete, your Overall HEAL Request amount should match the HEAL request amount in your application, but your match total might be higher than your HEAL request.

Funding Source	Describe Funding Source	Match Type	Amount	HEAL Request Amount
Cash	Donations	Cash	\$ 10000	\$ 10000

Expenses

The Match Type should reflect where your matching funds are coming from. Example: If your project includes a \$25,000 roof replacement and you are using: \$10,000 from E-Community (your match) and \$15,000 from HEAL (your request). You would enter: Match Type: Loan – Other; Match Amount: \$10,000; HEAL Request: \$15,000.

List each expense item separately so we can understand your full project. Example: If your project includes Roof: \$25,000, HVAC: \$15,000, Lighting: \$2,000, Paint: \$500, Flooring: \$7,500 – you would make 5 entries—one for each item.

Total Revenues (your HEAL request + your match) should equal the total cost of your project.

If you're requesting the HEAL maximum of \$100,000, your total revenues should be at least \$200,000 (including your 1:1 match). If your project costs more, show where the rest of the funding is coming from.

Expense Type	Describe Expense	Match Type	Amount	HEAL Request Amount
Chimney work	Replacing the chimney	Cash	\$ 10000	\$ 10000

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 4 months from the date of award letter and be complete by 24 months after award letter with a tenant in place 30 months from the date of the award letter. The organization also understands that it is required to submit quarterly project updates, fiscal reports at the end of March, June, September, and December, proof of approved expenditures, and other documents including photos and will be called upon to organize site visits of the project. In addition, the building owner and organization should be ready to walk through the building with the contractor on site with Commerce staff prior to award decisions being made.

Agree : **Agreed**

Under perjury of law, I/organizational representative attest that the applicant has not been party to a lawsuit involving a state or federal Agency involving a dispute relating to any state and/or federal grants managed by the applicant; the applicant has not filed for bankruptcy in the last ten years; the applicant has not been delinquent on any federal or state debt, including unpaid taxes; the applicant does not have any officers that have been convicted of a felony financial crime in the last ten years.

Agree: **Agreed**