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?(<https://www.submittable.com/help/organization>)

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Downtown Revive and Thrive Grant

Project Name: (required)

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.

Project Site Street Address: (required)

Project City: (required)

Project Zip Code: (required)

Project County: (required)

List the county where this project will be completed.

Is the city where the project is located less than 5,000 population?

(required)

 Yes No

Projects in cities of over 5,000 are not eligible to apply for the Downtown Revive and Thrive.

Building Owner Name: (required)

First Name (required)

Last Name (required)

Please provide the name of the building owner for the building that would be renovated under the "Downtown Revive and Thrive" Grant.

Building Owner - Home Address: (required)

Country (required)

▼

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or
Region (required)

Zip or Postal Code (required)

Please provide the home address for the building owner.

Building Owner Email: (required)

Building Owner Phone Number: (required)



Building Owner Employer Identification Number (EIN) or Tax ID:

(required)

Please provide the Employer Identification Number for the applicant organization .

Building Owner Organization Name:

If applicable

Fiscal Agent or Sponsoring Organization Name: (required)

Each application is required to have a sponsoring organization that will support building owners throughout the grant period. This organization will be included on the grant agreement, will receive the payments, and will be required to route the payments within 10 days to the building owner. They will also be a local "sounding board" for the building owner to help throughout the project, ensure that quarterly reports are submitted, and final close out reports are submitted.

Fiscal Agent or Sponsoring Organization and Contact Name:

(required)

First Name (required)

Last Name (required)

This person will be in charge of communicating with 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.

Organization Legal Address: (required)

Country (required)

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or
Region (required)

Zip or Postal Code (required)

As shown on the organization's W-9.

Fiscal or Support Organization Contact Phone Number:

Fiscal or Support Organization Contact Email: (required)**Fiscal or Support Organization Type: (required)****Fiscal or Support Organization Employer Identification Number (EIN): (required)**

Please provide the Employer Identification Number for the applicant organization .

Amount Requested for Downtown Revive & Thrive Grant: (required)

\$ USD

Award amount not to exceed \$100,000. Match is not required, but is encouraged.

Match Contribution Total:

\$ USD

If applicable, 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.

Capacity Assessment

1. Has the applicant organization been established more than three years? (required)

Select...

2. Has the applicant managed state or federal grant funds in the last four years? (required)

Select...

3. If #2 was Yes, have any of the funds been revoked, rescinded, or withheld due to grantee performance? If #2 was No, select N/A. (required)

Select...

4. Has the applicant had any financial audit findings within the past 5 years? (required)

Select...

5. If yes, please explain.

6. Does the applicant have written policies and procedures in place for the management and administration of grant funds? (required)

Select...

7. Does the applicant have an experienced staff member or consultant to properly manage, comply with all requirements, and administer this grant? (required)



Project Narrative

In the following section, please explain how this project will meet the following program goals:

- **Renovates interior space to create a flexible incubator-style environment that serves as a low-risk entry point for entrepreneurs, offering co-working space, shared retail or restaurant facilities where businesses can test concepts, establish pop-up operations, and scale into permanent brick-and-mortar locations.**
- **Increase downtown foot traffic.**
- **Formalize partnerships with at least 3 local or regional entities (e.g., chambers or commerce, Main Street organizations, workforce boards, or higher education institutions) to support the sustainability of the space.**

Please be as concise and succinct as possible.

Please provide a brief summary on how this project will address the challenge of an underutilized rural downtown property and how it will meet the evolving needs of the community. (required)

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Limit: 750 characters

Please describe how this project will bring an underutilized or vacant property into a useable, valuable space that can evolve with the needs of the community.

Describe the current condition of the building(s). (required)

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Is the building suitable for revitalization? What condition is the building currently in? Is the building currently vacant or underutilized?

What work has been done to prepare for this renovation (getting quotes, architect drawings, any previously completed work, etc.)

Explain the significance of the building to the community. (required)

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Why is it important to renovate this building in the community? Is the building over 30 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.

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

Yes

No

Please go to: <https://khri.kansasgis.org/> (<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.

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/>
(<https://www.kansascommerce.gov/community-development/heal/>)

Project Description and Scope of Work: (required)



Provide a description of the rehabilitation project and scope of work for the project. The Kansas Main Street Design Guidelines (<https://www.kansascommerce.gov/wp-content/uploads/2024/06/02-Design-Handbook-FINAL-small.pdf>) are a helpful tool to guide you as you renovate a downtown building.

Provide a description of the rehabilitation project and scope of work for the project. Provide a detailed description of the scope of work inside the building and the exterior of the building. For example, will this project replace windows, create a new layout to allow for a new maker space, will it create lease-able office space areas, What kinds of windows will be utilized, etc. If this is a phased project, outline each phase, which phase the Downtown Revive and Thrive will be used in, and the detailed scope of work that this funding would cover, and what would remain. Provide a summary of the scope of work for each additional phase.

How will the building will be revitalized and put to use? (required)

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Describe the intended use for the building once it is revitalized and how it will contribute to the downtown district and local economy. This grant supports projects that repurpose existing infrastructure to create spaces and provide equipment for pop-up retail and pop-up restaurants that contribute to livable, vibrant communities. Eligible proposals should include incubator areas, flexible spaces that allow entrepreneurs to test products, develop commercial concepts, or a facility designed for temporary or pilot retail or restaurant operations.

If this building were revitalized, would it contribute to the vitality of the downtown? (required)



If revitalized with this planned project or user leasing this space, would this help increase downtown foot traffic? Will it support other businesses in the community or region? How will this project help the community or region be more competitive and supportive of entrepreneurs?

What equipment (if any) is needed to support the incubator or completed facility in order to be successful?

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Please list potential equipment that would be needed for this project in order to support the final user of this completed building. Include estimated costs for equipment, and if available attach quotes at the end of this application.

Please describe the collaboration and partnerships that will contribute to this project's sustainability and long-term viability.

(required)

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Please list the partners involved in the project and how the partners will collaborate to ensure the sustainability and long-term viability of the project.

Project Funding Need: (required)

Provide reasoning for why this 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 Downtown Revive and Thrive Grant?

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

Please provide information on the application status if you have or are planning to apply for any of these programs. These programs can all be used as match, however, you must outline clearly which funding item will pay for what rehabilitation item.

Project Timeline

Explain the proposed timeline for the project. The project timeline should be based on receiving the proposed award. Projects should begin construction quickly, ideally at least 4 months from date of award or notice to proceed (If SHPO authorization is required) with 50% construction complete at approximately 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 or ready incubator/flexible space ready for leases in place in 30 months.

NOTE: Site cleanup, removal of debris, and demolition are eligible expenses, but are limited to 10% of grant award.

Proposed Timeline (required)

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

It is very important to provide information showing that the rehabilitation of the building will be complete by the end of the grant deadline. If this is a phased approach, please outline when each phase will be complete and at what point the building will be safely occupied by a tenant/owner/user. If this is a phased project, keep in mind that at least some part of the building that is funded by this grant MUST be complete and occupied by the end of the grant term of 30 months.

Project Readiness (required)

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Please explain why this project can happen now with this funding. Are there contractors identified that can complete the construction? Are there any environmental issues that will need to be resolved? Describe them - floodplain, possible asbestos remediation, tribal approvals, etc. Has the local government been contacted to determine what permits are required to start construction? Has the building owner already received or applied for these permits if required? Will the project site require preparation or clean up? Please make sure to tie your timeline above to this section as well to help describe how this project will be ready to begin if funded.

Project Budget

Project Budget



	A	B	C
1			
2	Name of Organization:		
3	Name of Project:		

4	Total estimated cost of project:		
5			
6	Project Income:	Notes:	Amount:
7	(List all sources of funding for this project below)		
8	Example: Local Foundation	donation	50000
9	Example: Downtown Revive & Thrive Grant		100000

Please complete the provided budget template. If you are unable to open this file, please reach out to our team at RuralKanProsper@ks.gov

What is the total non-Downtown Revive and Thrive funding being applied to this overall project?

\$ USD

Please give the total outside source funding (including any match) going towards the renovation and construction in this building. This would not include costs associated with building acquisition. This would include your match(if any) plus any other funding you have received to help complete this project with a tenant occupying the facility or ready for a tenant as an incubator or flexible workspace.

Supporting Materials

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.

Letter of Commitment (required)

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, .wpf, .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. This must be signed by both parties. Projects without this letter will not be considered.

Current Photos of Project Site (required)

Select up to 20 files to attach. No files have been attached yet. You may add 20 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. **This must include interior and exterior photos of the building.**

Fiscal Paperwork (required)

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

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

Please upload the following documents in this section: Fiscal Agent or Sponsoring Organization W9, Sexual Harassment Policy Statements signed by Fiscal Agent or Sponsoring Organization, OPC Form signed by Fiscal Agent or Sponsoring Organization, and if applicable, a Screenshot of Proof of Good Standing with the Secretary of State, Tax Clearance Certificate. If you have questions about the required fiscal documentation email RuralKanProsper@ks.gov.

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

If available, please provide any copies of bids or estimates that support your budget. Estimates should ideally 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 quote with detailed estimates would be helpful.

Proof of Matching Funds (if applicable)

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

Building owner may provide proof of matching funds if available. 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. Paid receipts for services or supplies rendered to revitalize the building dated within the previous 6 months are eligible proofs of match.

Other Attachments if necessary

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

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

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 Downtown Revive and Thrive program, all information provided and presented here in is true and accurate. The organization understands that if the project submitted under the Downtown Revive and Thrive 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.

Projects must be complete within 24 months, with a tenant, incubator, or flexible space open for leasing by month 30. The organization also understands that it is required to submit quarterly project updates and financial reports, proof of expenditures, and other documents including photos and will be called upon to organize site visits of the project. In addition, if the community has building codes, the building must have an occupancy permit, and submit this with their final 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 (required)

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.