SAMPLE CSP TAX CREDIT APPLICATION

Organization Name (Applicant Name)
Applicant Organization's Legal Name (Account Name)
Account Billing Address

Is the organization's legal address the same as account billing address? Yes/No

Organization Information
Organization Type
- o 501(c)3 – Non-profit
- o 501(c)6 – Non-profit
- o City Government
- o County Government
- o Business

Has the organization been awarded CSP Tax Credits in the past 5 years? Yes/No

What is the organizations IRS Classification? (Please list if you are a 501c3 or other IRS classification.)

Is the organization required to file an annual report with the Kansas Secretary of State? Yes/No

Your Contact Information
Your Full Name:
Your Work Phone:
Your Mobile Phone:
Your Contact Email:

Application Owner (Primary Contact)
First Name
Last Name
Contact Email

Need Secondary Contact? Yes/No
Secondary Contact Title
Secondary Contact First Name
Secondary Contact Last Name
Secondary Contact Email

Introduction to the Organization
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 than Organization)
Provide a general overview of the services offered by the Applicant and the partnership with the Organization proposing the project. How long has the applicant provided services? Why are you willing to be the applicant for the Project Administrator? Will you continue to support this project after the application is submitted?

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CAPACITY ASSESSMENT
Every applicant will receive a capacity assessment rating. While this is not a part of the 100-point scoring scale, the rating is taken into consideration with the application's total score at the time funding decisions are made.

- Has the applicant organization been established more than three years? Yes/No
- Has the applicant managed state or federal grant funds in the last four years? Yes/No
- Have any of the funds been revoked, rescinded, or withheld due to grantee performance? Yes/No
- Has the applicant had any financial audit findings within the past 5 years? Yes/No
- Does the applicant have written policies and procedures in place for the management and administration of grant funds? Yes/No
- Does the applicant have an experienced staff member or consultant to properly manage, comply with all requirements, and administer this grant? Yes/No

Project Overview
Project Name
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
(This will also be used to distinguish the project. 500-character limit (2 to 3 sentences))

Project Street address
Project City
Project State
Project Zip Code
Enter the county/counties where your project will provide service(s).
Note: You must search city, zip code in the related field, and select.

City Population
Requested Amount
You must request at least the minimum amount ($ 500) but can't request more than the maximum amount ($ 200,000)

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Narrative
Project Description: Provide an overall description of your project. (1000 characters)

This Project Qualifies Under:
Select Options
- ☐ None
- ☐ Community Service (including Childcare)
- ☐ Healthcare Service
- ☐ Now-Governmental Crime Prevention
- ☐ Youth Job and Technical Training

Project Need: 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. Describe the expected impact of the project on the community, including any measurable outcomes or projected results. (1000 characters)

Project Summary: 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? Describe how this project demonstrates innovation. Include any new approaches, creative use of partnerships or resources, and potential for replication or scaling. (1000 characters)

Project Administration: 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? (1000 characters)

Project Goals: 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. (1000 characters)

Project Timeline Section
Proposed Project Timeline: All awarded projects must be complete by December 31, 2028. Please detail a timeline on build, renovation, implementation, etc. (1000 characters)

Project Fundraising
Proposed Fundraising Timeline: If awarded, the tax credits would be available from July 1, 2026, through December 31, 2027. Please detail a fundraising and outreach plan to successfully utilize all tax credits by their expiration. (1000 characters)

Fundraising Capacity: 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? Explain why your organization is able to successfully implement and complete this project on time and within budget. (1000 characters)

Project Funding Strategy: 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. (1000 characters)

Budget Justification: 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? (1000 characters)

Project Support

Project Support: 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. (1000 characters)

Total Dollar Amount of Pledge Letters - Donation total
Enter the total dollar amount of pledge letters received. Pledges must be over $250.00.

Total Project Budget

File Uploads
Upon upload, the file be automatically renamed to the required format

Required Documents:
1. A signed copy of the State Policy Regarding Sexual Harassment Acknowledgement (SHA) Form. (Single Upload Allowed)

2. Organization's Articles of Incorporation and Organization By Laws (Single Upload Allowed)

3. Organization's IRS tax-exempt status notification (Single Upload Allowed)

4. Organization's Independent Audit OR Indepdendent Agree Upon Procedures OR IRS Form 990 (Single Upload Allowed)

5. Minutes of board meeting(s) where the project application was approved. (Single Upload Allowed)

6. Applicant's current Board of Directors with mailing addresses, phone numbers, and email addresses. (Single Upload Allowed)

7. Completed Budget Template (Single Upload Allowed)

8. Pledge Letters (Multiple Upload Allowed)

9. Support Letters (Multiple Upload Allowed)

10. Map showing project service area (Single Upload Allowed)

11. Proof of Payment of Application Fee ($250.00) (Single Upload Allowed)

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Supplemental Documents:

1. Daycare License *(if applicable)* (Single Upload Allowed)

2. Crime Prevention letter of endorsement *(if applicable)* (Single Upload Allowed)

3. Required for Businesses and Non-Profit Organizations: Screenshot Submission of Kansas Secretary of State Good Standing Status (Single Upload Allowed)

    Instructions: The Kansas Department of Commerce requires that business and non-profit applicants are in good standing status with the Kansas Secretary of State (SOS) at the time of submission and throughout the duration of the grant agreement to receive grant funds. Businesses and non-profit organizations are required to upload a screenshot of current status from the Business Search of the Kansas Secretary of State webpage. Please search for your organization on the Secretary of State Business Search Webpage and take a screenshot of your organization's *general information page*. This page will have both the current organization's status and expiration date.
    https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx Applicants do not need to purchase a certificate of good standing. A screenshot of the general information page with the current status will suffice. *Applicants that are government or tribal entities are exempt from submitting a screenshot of their good standing status and should leave this upload blank.*

4. Required for Individuals, Businesses, and Non-Profit Organizations: Submission Tax Clearance Certificate (Single Upload Allowed)

    Instructions: Description: Applicants that are Individuals, Businesses, and Non-Profit organizations must submit a valid Tax Clearance Certificate from the Kansas Department of Revenue, requested within the last 90 days of grant application submission. Tax Clearance Certificates can be requested online through an application on the Kansas Department of Revenue's secure website. https://www.kdor.ks.gov/apps/taxclearance Return to the website the following day to retrieve your "Certificate of Tax Clearance". Applications must be submitted by 5:00 p.m. Monday - Friday in order to be available the following business day. *Applicants that are government or tribal entities are exempt from submitting a Tax Clearance Certificate, and should leave this upload blank*

ASSURANCES
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.

The Kansas Department of Commerce requires that applicants are in good standing with the Kansas Secretary of State, Kansas Department of Revenue, and the Kansas Department of Commerce. By checking this box, you understand that you may be required to provide additional documentation.

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By checking this box, you understand that only one application may be awarded per community
☐ I Agree

Enter the name and title of the person who will sign the grant agreement on behalf of the applicant organization
First Name of Contract Signee
Last Name of Contract Signee
Title of Contract Signee
Contract Signee Email

Enter the email for the individual authorized to sign a grant agreement on behalf of the applicant organization. This is where the agreement will be sent via DocuSign.

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For technical support, email kdc_salesforce.admin@ks.gov with the program name in the subject, a brief activity description, and any error messages or screenshots.