Program Title(required)
For the program title, enter the name of the program for which support is being requested. DO NOT enter the name of your organization. This title will be used to distinguish the specific program.
The answer to this question will be used as the unique identifier for each submission.

Brief Program Description(required) Limit: 75 words
Brief description of your program, this will be used in marketing materials. (2 to 3 sentences)

This Program will Address:(required)

- ☐ Postsecondary educational costs for any family member
- ☐ Job training costs for any family member 18 years of age or older, at an accredited or licensed training program
- ☐ Qualified acquisition costs with respect to a qualified principal residence for a qualified first-time home buyer
- ☐ Major repairs or improvements to already owned primary residences
- ☐ Qualified business capitalization expenses

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

Program Service Area(required)
Enter the county/counties where your program will provide service(s).

Tax Credit Amount Requested(required)
The maximum amount is $100,000. Awarded amount may vary from the requested amount.

Applicant Name(required)
The applicant name should be the official name as stated in your organization's Articles of Incorporation. If chosen to receive tax credits, the applicant will serve as the IDA Program Administrator.
Address(required)
Enter the address of the applicant.
City(required)
Enter the city of the applicant.
Zip Code(required)
Enter the zip code of the applicant.
County(required)
Enter the County of the applicant.
Applicant 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.

Has the applicant been awarded IDA tax credits in the past 5 years? (required)
Yes
No

Organization Status (check one) (required)

- ☐ 501(c)3 Charitable association exempt from income tax
- ☐ Religious association
- ☐ Tribal entity

Any religious association, charitable association, or tribal entity may submit a proposal to serve as a community-based Program Administrator.

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.

Program Director(required)
Enter the name of the proposed IDA Program Director.

Program Director Telephone Number #1(required)
Enter the Program Director's primary phone number.
Program Director Telephone Number #2
Enter the Program Director's secondary phone number if available.
Program Director's Email Address(required)
Enter the email address of the Program Director.

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

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Organization Introduction (required) Limit: 250 words
Provide a general overview of the services offered by your organization. What is the primary mission of the organization? How long has the organization provided services?

Program Need, Summary and Program Design (required) Limit: 550 words
Briefly describe your organization's proposed approach to developing a community-based IDA Program, including program outcomes, as well as data or benchmarks to support feasibility. Describe what the program need is and how this program will address the stated need, including any relevant historical or statistical data. Include how you will serve the geographic area, who the targeted population is and your organization's experience working with the target population and the estimated number of beneficiaries. Outline your program's process for incorporating and maintaining required economic educational seminars.

Program Planning, Goals and Timelines (required) Limit: 350 words
Provide a timeline for Program development and implementation including goal setting, activities and objectives under the Scope of Work (see application guidelines).
a. State the outcomes you will achieve through this program. In addition, list your performance targets stating the number of accounts to be established and what the match will be for each account. Include a timeline for achieving your performance targets. If applicable, use any available baseline data to show an increase in your target numbers from the previous year and explain why you have not set higher or lower performance targets
b. State how you will verify the extent to which your performance targets have been accurately measured and achieved. Describe your method for data collection and the evaluation tools you will use as well as how often the evaluation will take place.

Proposed Program Sustainability (required) Limit: 250 words
Describe the sustainability plan for continuation of the established program after the expiration of the IDA agreement and funding. This period should align with the period indicated on your budget. Selected awardees may request annual renewals of the Agreement term and Commerce, at its discretion, may approve that renewal for an additional year but not to exceed a total agreement term of three (3) years.

Program Marketing (required) Limit: 150 words
A description of your organization's marketing plan to promote the Program.

Agency Capacity and Qualifications (required) Limit: 250 words
Provide a description of your organization's qualifications and capacity to provide the services. The description should specifically address the organization's programmatic experience and/or other relevant experience which demonstrates your organization's ability to establish and administer an economic development reserve fund account to receive all contributions from Program Donors. Describe innovative practices from your work in other programs that you will use to make your IDA Program successful. Provide letters of support, these letters document confidence in the agency's ability to implement the program.

Fundraising Capacity and Program Administration Plan (required) Limit: 250 words
Fully discuss your plan for raising donations and how tax credits will help increase the funds raised. Identify any other sources of financial support that your organization will receive to support the Program. Describe experience in raising funds for similar programs or services to meet match requirements

Program Budget Justification Narrative (required) Limit: 150 words
Please provide a budget narrative and justification to fully explain all line items. Program costs to be supported through the IDA program should be budgeted for a one-year period. Savings account matching funds and administrative costs are allowable expenses, however, no more than 20% of all funds in the reserve fund may be used for administrative costs of the program in the first and second years of the Program, and no more than 15% of such funds may be used for administrative costs in any subsequent year. Funds deposited by account holders shall not be used for program or administrative costs.

Pledge Letters (required)
Total amount in pledges received: $
Provide pledge letters for a minimum of 50% of the total request. Pledge letters show the likeliness of use of the credits and project success. Only applications with 100% in pledges will receive full points. Pledges must be over $250.00. A template document is available on the program webpage. Combine all pledge letters into a single pdf.

Additional Funding (optional)
Additional funds contributed: $
If other funds are being invested into the program, please list the total dollar amount. This amount should be included on the budget provided in the budget justification section of the application. (Tax credits and donations secured through tax credits should not be included in this total)

Program Budget (required)
Total amount of budget: $
Template located at https://www.kansascommerce.gov/program/taxes-and-financing/ida/

Program Assurances

A. We understand that this agreement is effective January 1, 2027, through December 31, 2029. Tax credit allocations will be issued annually, and each year's allocation is valid only for donations received during that calendar year. Donations received outside of the applicable allocation period are not eligible for tax credits. Expenses incurred prior to the award date are not allowable expenses.

B. We understand that it is necessary to establish a reserve fund account to deposit donations in. This account will be subject to an annual audit to ensure the funds are used as they are intended to be used.

C. We understand that state statute requires an annual independent audit of the organization's administration of this program. The final audit for each contract year must be submitted to the Kansas Department of Commerce no later than March 31 of the following calendar year. For this agreement, audits are due by March 31, 2028, March 31, 2029, and March 31, 2030. D. We agree that contributions shall be directly related and actually used for or as a part of the program. We will make financial records available to Commerce for spot auditing when given advance notice of at least five (5) days.

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

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

G. When soliciting contributions, we agree to only allow tax credits for donations equal to or greater than $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 program.

H. We understand that we are fully responsible for all fund-raising and solicitation of support on behalf of our program. We further understand that Commerce reserves the right to reduce our credit allocation once we have reached the mid-point of our program 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.

I. 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.

J. We agree to give Commerce proper acknowledgment in publicity related to the program. We will use the following acknowledgment: “The Kansas Department of Commerce, Individual Development Account Program has supported certain program costs.”

K. We have designated the following person as Program 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.

L. We understand that we must attend a one-half day training seminar. Quarterly reports are required for each calendar quarter that the program is open, and a final report will be required at the end of each calendar year of this agreement. Forms and detailed information will be provided at the training sessions for new awardees.

M. We understand that the 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 program may be placed on probation or terminated by Commerce for failure to comply with any of these conditions.

Should our program receive approval, we hereby agree to accept an allocation of tax credits under the above terms and conditions. (required)
Enter Program Director Name and Date
Enter President of Board/Board Chairman Name and Date
Enter Board/Commission Secretary Name and Date

I hereby certify that the Board of Directors has reviewed this application and has authorized its submittal to the Kansas Individual Development Account Program. (required)
Enter Executive Director Name and Date

The following items must be uploaded.

1. Articles of Incorporation
2. Bylaws of the organization.
3. IRS tax-exempt status notification if applicable.
4. Minutes of the board meeting where the IDA Tax Credit Program application was reviewed and approved. Please highlight or underline that portion of the minutes where the application was reviewed and approved.
    a. If minutes are confidential, the part of the board meeting where the application was approved may be submitted noting date of meeting and those attending the board meeting. Minutes may be submitted with redaction (black line) through the minutes that are not pertinent to the IDA Tax Credit Program application.
5. A current list of the organization's board of directors with addresses and phone numbers where board members may be reached.
6. A list of proposed financial institutions.
7. Proposed participation Agreements. Attach a proposed participation agreement(s) that identifies the responsibilities of the community-based organization and the financial institution to promote effective management of the Individual Development Accounts and ensure the safety and security of the accounts. Note: The participation agreement with the financial institution(s) does not need to be finalized when you submit your proposal, however it must be finalized within two months of

selection as an Administrator and be submitted to Commerce for approval prior to opening Individual Development Accounts with the financial institution.

8. Financial audit of the organization. Applicants are required to submit an independent financial audit of the organization for the most recent fiscal year. If the organization has been in existence for less than two (2) years or has less than $100,000 of annual gross receipts in each of the previous two (2) years, the organization may submit a copy of their current 990 IRS form in lieu of an audit.
9. Pledge letters
10. Letters of support
11. Program Budget – complete the template provided at https://www.kansascommerce.gov/program/taxes-and-financing/ida/
12. Other: Materials to support existing or proposed program, including current program materials, curricula, evaluation plans. (optional)

Other Required Attachments:

13. Screenshot Submission of Kansas Secretary of State Good Standing Status
    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*.
14. Tax Clearance Certificate
    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 tribal entities are exempt from submitting a Tax Clearance Certificate, and should leave this upload blank*
15. A signed copy of the State Policy Regarding Sexual Harassment Acknowledgment Form. Blank form here.