

TOWNS APPLICATION

The Towns Grant Program helps communities tackle local challenges through small-scale projects that deliver quick, visible results. By increasing access to state resources, it aims to boost community engagement, build local capacity, and encourage more towns to apply for future funding.

Organization Name (Applicant Name)

Organization Name: (Account Name) :

Account Billing Address :

Organization Legal Address

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

Legal Billing Street :

Legal Billing City :

Legal Billing State : **Kansas**

Legal Billing County :

Legal Billing Zip Code :

Organization Information

Organization Type :

Organization Employer Identification Number (EIN) :

UEI :

Website :

Application Owner (Primary Contact)

First Name :

Last Name :

Contact Phone :

Contact Mobile :

Contact Email :

Secondary Contact

Need Secondary Contact? : Yes/No

Secondary Contact Title :

Secondary Contact First Name :
Secondary Contact Last Name :
Secondary Contact Work Phone :
Secondary Contact Email :

Capacity Assessment

Every applicant will receive a capacity assessment rating. While this is not a part of the 100-point coring 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Have any of the funds been revoked, rescinded, or withheld due to grantee performance?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

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?

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

Requested Amount (Minimum: \$1,000 Maximum: \$25,000, unless there are multiple zip codes, which would be up to \$50,000) : \$

Is this project located in an Urban Distressed Zip Code? If yes, please enter zip codes:

PROJECT NAME :	
Project City population	
Project Street	

Project Community	
Project State	
Project Zip Code(s)	
Project County	
How will this project make the community more welcoming, attractive or improve pride in the town? (5000-Character Limit)	
How will this project encourage more engagement from the community as a whole to help the community prosper? (5000-Character Limit)	

Overall Project(s) Narrative

What is the problem you are trying to solve? How will this funding help? (250-Character Limit)

Does your project(s) include construction for any kind?

Yes/No

Why was this problem identified as a priority for the town? How will this funding help solve the problem? (5000-Character Limit)

Will these projects help the town engage donors or attract businesses to invest in the community? Describe how these projects can grow and be sustained in the future. (5000-Character Limit)

What is the current condition of the area that this project will improve? What are the goals of the project, and how will it improve the town?

Is your project(s) located in either a Registered Historic District or Registered Historic Building?

Yes/No

Can the project(s) be completed within 12 months of award?

Yes/No

Timelines

Project Name : {{TimelineProjectName}}
<i>March 2027</i> Scope of Work/Goal:
<i>April 2027</i> Scope of Work/Goal:
<i>May 2027</i> Scope of Work/Goal:

<i>June 2027 Scope of Work/Goal:</i>
<i>July 2027 Scope of Work/Goal:</i>
<i>Aug 2027 Scope of Work/Goal:</i>
<i>Sep 2027 Scope of Work/Goal:</i>
<i>Oct 2027 Scope of Work/Goal:</i>
<i>Nov 2027 Scope of Work/Goal:</i>
<i>Dec 2027 Scope of Work/Goal:</i>
<i>Jan 2028 Scope of Work/Goal:</i>
<i>Feb 2028 Scope of Work/Goal:</i>
<i>March 2028 Scope of Work/Goal:</i>
<i>Project Completed by April 1, 2028</i> <i>Please complete your project's timeline that details the full scope of work, with goals and deadlines that match your project budget.</i>

Budget

*** Applicants are required to demonstrate investment in the projects by providing a minimum match of 10%, which can be a combination or all in-kind if a community is less than 1,000 population. Match must come from private sources or non-state funded grants.**

Project Name :	
BUDGET LINE-ITEM EXPENSES	Amount
Advertising/Promotional Material	
Art/Signage	
Building Improvements	
Equipment	
Benches/Seating	

Construction Materials	
Placemaking Improvements	
Supplies	
Other Direct Costs	
Total	
Match	
Cash Match 1	
Cash Match 2	
Cash Match 3	
In-Kind Match 1	
In-Kind Match 2	
In-Kind Match 3	
Total	

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. By checking this box, you understand that only one application may be awarded per community, although multiple communities can be included in each application.

I Agree: **Agreed**