Building a Stronger Economy (BASE) Grant Application

Do not submit a paper copy of the application. Applications must be submitted at http://kansascommerce.gov/basegrant

What is your organization type? *(Required)*

| County or Municipal government | ⌄ |

Please select your appropriate organization type.

Amount Requested *(Required)*

Name of Project

Limit: 10 words

Address

Project Street Address – Enter the street number and name of the project location. If a street address has not been developed, please enter the nearest cross streets.

Address Line 2

Project City

Full County Name

ZIP / Postal Code

Project Contact Name

Enter the name of the Point of Contact for this Project. If the Property Owner is different from the Project Contact, please enter the Property Owner's information below.

First

Last

Project Contact Organization Name

Enter the Organization Name of the Project Contact, if applicable.

First

Last

Contact Phone

Contact Email

Property Owner

First

Last

Is your organization currently registered with SAM.gov?

☐ Yes

☐ No

If no, please indicate that your jurisdiction will be registered prior to issuance of a final grant award agreement.

DUNS Number *(Required)*

If you need a DUNS number, visit https://www.dnb.com/duns-number/get-a-duns.html or call 1-866-705-5711. Be aware that it can take several days to receive a DUNS number.

Employer Identification Number (EIN) *(Required)*

Please enter the EIN for the Project Contact. **Do not enter a Social Security number.**

Project Narrative

In the following section, describe the scope of the project. Explain why this project is needed for economic revitalization in your area. Please be as concise and succinct as possible.

Project Description and Scope *(Required)*

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Fully explain your project and how it relates to the economic development of your organization. Include the current condition or use of the property, as well as the intended use. Please include an explanation as to why a capital expenditure is an appropriate response, as compared to policy changes or programmatic initiatives. Please include demographic information related to employees, residents, customers, visitors anticipated to be served by the capital project.
Limit: 1000 words

Project Funding Need *(Required)*

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0 of 800 max characters

Provide reasoning as to why the BASE grant is being requested and what other sources and amounts of funding have been pursued for this project. Include any pending funds or funds that are to be applied for in the next 12 months. Please include the COVID-related harm to the applicant's area and the need to be addressed.
Limit: 1000 words

Project Budget and Narrative *(Required)*

Attach the most recent Project Budget and include a Project Narrative to explain your Project's financial status. You may attach up to 2 files in this section. You must also dictate the amount of matching funds that are currently committed to this project. This amount must be documented in the following Project Matching Funds section.

Drop files here or

SELECT FILES

Max. file size: 300 MB.

Project Matching Funds *(Required)*

You must provide written proof of all matching funds that are available at the time of application submission. These matching funds must also be documented in your Project Budget and Narrative. Examples can include financial statements, a certified audit, or a signed commitment letter.

Drop files here or

SELECT FILES

Max. file size: 300 MB.

Project Timeline *(Required)*

Please attach your Project's timeline that details the full scope of work, with goals and deadlines that match your Project Budget. You may attach up to 2 files in this section.

Drop files here or

SELECT FILES

Max. file size: 300 MB, Max. files: 2.

Project Bids and Estimates

Attach any bids or estimates you have received for your Project. This section is not necessary but will provide more clarity on your project's needs.

Drop files here or

SELECT FILES

Max. file size: 300 MB.

Architectural and Engineering Reports

Please attach any architectural or engineering reports that are relevant for your Project.

Drop files here or

SELECT FILES

Please attach up to 10 photographs of your current Project. *(Required)*

Drop files here or

SELECT FILES

Max. file size: 300 MB, Max. files: 10.

Business & Marketing Plan *(Required)*

Please include a business and/or marketing plan for your Project. You are limited to two attachments in this section.

Drop files here or

SELECT FILES

Max. file size: 300 MB, Max. files: 2.

Letters of Support *(Required)*

Please provide up to 3 letters of support for your project.

Drop files here or

SELECT FILES

Max. file size: 300 MB, Max. files: 3.

Is the applicant delinquent on any federal or state debt, including unpaid taxes? *(Required)*

☐ Yes

☐ No

Is the applicant currently audited under the Single Audit Act? *(Required)*

☐ Yes

☐ No

How many State grant programs are currently being managed by your organization? *(Required)*

[   ]

Please enter a number less than or equal to 1000.

Please enter the number of State grant programs that are managed by your organization. If none, enter 0.

How many Federal grant programs are currently being managed by your organization? *(Required)*

[   ]

Please enter a number less than or equal to 1000.

Please enter the number of Federal grant programs that are managed by your organization. If none, enter 0.

Is your organization currently managing any other programs funded with American Rescue Plan Act dollars? *(Required)*

○ Yes

○ No

Does your organization have written policies and procedures for each of the following:

☐ Accounting including separation of duties

☐ Internal controls for transactions

☐ Documentation requirements to substantiate expenses and meets generally accepted accounting principles

☐ Procurement including processes/standards that demonstrate principles of fair and open competition with evaluation of costs?

☐ Conflict of Interest including the process to identify and address any conflicts.

☐ Grant program compliance/management including systems, staffing and reporting.

What was the date your policies and procedures were last updated? *(Required)*

[MM] [DD] [YYYY]

What was the date of your last financial audit?

[MM] [DD] [YYYY]

Did your organization have any audit findings within the past 5 years for: *(Required)*

- [ ] Grant Management
- [ ] Financial
- [ ] N/A

Please provide the total number of audit findings/year: *(Required)*

Enter the number of audit findings per year. Enter N/A for 0.

Did you submit your single audit to the Federal Audit Clearinghouse? *(Required)*

○ Yes

○ No

Does your organization maintain a separate account for grant funds? *(Required)*

○ Yes

○ No

In the last 12 months has your organization had any significant changes in computer systems or personnel policies? *(Required)*

○ Yes

○ No

Does your organization have designated experienced staff with capacity to properly manage and oversee the management and compliance of this program? *(Required)*

○ Yes

○ No

Does your organization maintain central file locations for all grants, loans or other types of financial assistance? *(Required)*

○ Yes

○ No

Does your organization have a history of timely and accurate submission of required grant expenditure and/or financial reports as requested/required? *(Required)*

○ Yes

○ No

Statement of Assurances

I verify that by submitting this application for consideration of funding by the Kansas Department of Commerce under the BASE program, all information provided and presented here in is true and accurate. I understand that if the project submitted under the BASE program is chosen to be awarded for funding, I must provide proof of securing the required match funding for the project upon application submission and complete necessary forms, contracts, and financial information for the Kansas Department of Commerce in order to receive funding. Once funding has been awarded and the project begins, I understand the project must be complete within 24 months of the start of the project. I also understand that I will be required to submit progress reports, proof of approved expenditures, and other documents including photos on a quarterly basis.

Consent

☐ I agree to the Statement of Assurance

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