HEAL Round 5

The HEAL program was created to preserve and bring new economic activity to underutilized, vacant, or dilapidated downtown buildings in rural Kansas. Building grants are intended to bring buildings back into productive use as spaces for new or expanding businesses, childcare, housing, arts and culture, civic engagement, or entrepreneurship. Façade grants are intended to rehabilitate the façade or street view of downtown buildings in need of repair to stimulate economic growth and reinvestment in the downtown district. The building in need of façade rehabilitation should either have a tenant or be tenant-ready.

**Eligible Applicants**

Nonprofit or local government organizations applying on behalf of building owners of underutilized, vacant, or dilapidated downtown buildings or those needing façade improvements are eligible applicants for the HEAL program.

Eligible organizations include:

* Designated Kansas Main Street Programs
* Economic Development Corporations
* Tribal Nations or Organizations
* Cities
* Counties
* 501(c)3 or 501(c)6 organizations
* Local Community Foundations

**Project Eligibility Requirements**

* Properties must be located in cities with a population of less than 50,000.
* Properties must be located in the downtown business district or corridor and hold architectural significance for the district.
* Projects must show potential for reuse and revitalization as economic drivers in the community.
* The awarded project can include funding from any state or federal source, as long as there is no duplication of benefit. Examples include: Community Development Block Grant, Community Service Tax Credit Program, USDA Rural Development, State Historic Preservation Office programs or Network Kansas programs.
* Projects must incorporate [Main Street Design Standards](https://www.kansascommerce.gov/wp-content/uploads/2021/11/Kansas-Main-Street-Design-Standards-Updated-29OCT21_.pdf) and follow local ordinances and code for rehab/construction/façade improvements.
* Award recipients are required to sign a contract agreeing to the conditions of the program.
* Projects must begin construction **no later than September 1, 2025** with construction complete by **September 1, 2027** with a tenant in place by **March 1, 2028**. NOTE: Site cleanup, removal of debris, and demolition **do not** qualify as construction. Tenant must be leasing the space

by **March 1, 2028**.

* No more than one HEAL grant may be awarded to any city.
* Previously awarded HEAL (Emergency HEAL or regular HEAL) projects and communities are not eligible to apply for future rounds of HEAL, with the exception of the first & second round of HEAL communities. This list can be found here: [www.KansasCommerce.gov/HEAL.](http://www.kansascommerce.gov/HEAL) Communities that received a HEAL grant in **the first & second round** (Emergency and regular HEAL) can apply again for HEAL as long as they were not awarded again in the HEAL round 4.
* New projects that are attached to or a part of another HEAL grant are not eligible, unless they are completely unrelated to the original project with a different building owner.
* Communities that have never received a HEAL award in the past will receive additional points in the scoring and review process.
* Work must not begin before the award of the grant except for removal of façade slipcovers such as metal, stucco, tiles, stone veneer.
* Work previously completed is not eligible for match towards the HEAL project.

**Required Supporting Materials with the Application**

* Preliminary architectural drawings, including plans and elevations are required to support the scope of work. Preliminary color renderings are required if work is being done to the street facing façade(s). Written contractor quotes are sufficient for projects that do not require architectural drawings such as roofing.
* Written estimates by a licensed contractor are required. Quotes must include supply cost estimates, labor cost estimates, and a detailed list of work to be done. Quotes that also demonstrate that the project will be completed by the HEAL deadline are also preferred.
* Pro-forma showing all sources and uses on the project, and a business plan for operation of the building after completion of construction.
* A 1:1 cash match (minimum) and proof of matching funds from the building owner.
* A letter **signed by both the applicant and the building owner** that confirms commitment by both parties to the project. This is required, and projects that are submitted without this information will not be considered.

# General Information

|  |  |
| --- | --- |
| Organization Name |  |
| Contact Name |  |
| Phone Number |  |
| Email |  |
| **Organization and Designated Signee Contact Lookup** *(new portal – will be a search function to find your organization in our database.)* |
| Designated Signee Phone Number  |  |
| Designated Signee Email |  |

**Organization Legal Address (As shown on W-9)**

|  |  |
| --- | --- |
| Address |  |
| City |  |
| State |  |
| Zip Code |  |
| County |  |
| Country |  |
| **Please provide the Employer Identification Number for the applicant organization.** |
| EIN |  |
| UEI |  |
| Organization Type : 501(c)3 or 501(c)6 | **(dropdown)** |
| Has either your organization or the building owner previously applied and was not awarded for HEAL for this project? | **(yes/no)** |
| Is this project connected to a BASE, SEED, Rural Champion, or CDBG Commercial Rehab project in any way? If Yes, explain. | **(yes/no)** |
| Select which HEAL Grant you are applying for: | **Building or Façade Grant** |

**Eligible Building Grant Project Expenses**

Masonry, insulation, foundations, roofs and guttering, fire stairs, windows, doors, chimneys, walls, ceilings, floors, interior stairs, elevators, lighting and fixtures, electrical wiring, data and communication, wiring (not including equipment), HVAC systems and components, plumbing systems, fire suppression sprinkler systems, and ADA accessibility solutions. This list is not exhaustive. Project expenses not listed here are at the discretion of the Secretary of the Kansas Department of Commerce for eligibility under the grant. Up to 5% of the grant award may be retained by the applicant organization for project administration expenses.

**Ineligible Building Grant Project Expenses**

Professional services (architect and engineering fees), acquisition costs, or leasing contracts. This list is not exhaustive. Grant funds are to be utilized for the physical construction of the project.



|  |  |
| --- | --- |
| Amount Requested for Building Grant(Up to $100,000) | $ |



Up to $30 per square foot of the total building space, Award amount not to exceed $100,000. Must be matched 1:1 or dollar for dollar, cash match. Proof of matching funds required with application.

**Eligible Façade Grant Project Expenses**

Masonry, windows, storefronts, cornices, doors, awnings, ADA accessibility solutions. Removal of façade slipcovers such as metal, stucco, tiles, stone veneer must be performed before applying for a façade grant. This list is not exhaustive. Project expenses not listed here are at the discretion of the Secretary of the Kansas Department of Commerce for eligibility under the grant. Up to 5% of the grant award may be retained by the organization for administration.

**Ineligible Façade Grant Project Expenses**

Professional services (architect and engineering fees) and slipcover removal – this should be finished prior to applying for a façade grant. This list is not exhaustive. Grant funds are to be utilized for the physical construction of the project.

$30 per square foot, Award amount not to exceed $40,000. Must be matched 1:1 or dollar for dollar, cash match. Proof of matching funds required with application.



|  |  |
| --- | --- |
| Amount Requested for Façade GrantUp to $40,000) | $ |



# Project Information

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| --- | --- |
| Project Name - Format (City, Address) | Use the following naming convention to name the project: City, Address Example: Hays, 123 Main Street |
| Project Site Address (Street Address) |  |
| City |  |
| State |  |
| Zip Code |  |
|  |  |
| Choose the population of the city where the project is located. | *Projects in cities of over 50,000 are not eligible to apply for HEAL.* |
| City Population | Dropdown |
| County |  |
| Building area square footage or facade area square footage |  |
| **Building Owner Information:** |  |
| Building Owner Name : |  |
| Building Owner Organization Name *(if applicable)* |  |
| Phone : |  |
| Email : |  |
| **Building Owner’s Address:** |  |
| Building Owner’s Home Address: |  |
| Building Owner’s City : |  |
| Building owner’s Zip: |  |
| Building Owner’s Country : |  |
| How many years have you owned the building? |  |
| Is the building listed on the National or State Historic Register or located within a Registered Historic District and considered contributing? |
| Please go to:<https://khri.kansasgis.org/> to check the project site address to see if the building will require a SHPO review. |
| If yes, please include the link to the KHRI listing. |  |

When you are on the listing, you will see a "create link" button. Click that, and then a URL link will pop up. Please copy and paste that into this answer box. A video tutorial and step by instructions for this process are both located under HEAL Resources - Technical Assistance drop down

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

# Project Narrative

**In the following section, describe the scope of the project, explain the historical or architectural significance of the building to the downtown district, and describe how the building will be revitalized and put to use. Please be as concise and succinct as possible.**

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| --- |
| Describe the current condition of the building. (5,000 Character Limit) |
|  |
| \*Project Description and Scope of Work *Provide a description of the rehabilitation project and scope of work for the project.* |
|  |
| \*Explain the historical or architectural significance of the building to the downtown district. |
|  |
| \*Describe how the building will be revitalized and put to use.Describe the intended use for the building once it is revitalized and how it will contribute to the downtown district and local economy.  |
|  |
| **\*Project Funding Need** Provide reasoning for why the HEAL 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. |
|  |
| Project TimelineExplain the proposed timeline for the project. The project timeline should be based on receiving the proposed award. Projects must begin construction no later than September 1, 2025 with construction complete by September 1, 2027 with a tenant in place by March 1, 2028.NOTE: Site cleanup, removal of debris, and demolition do not qualify as construction. Tenant must be leasing the space.Provide dates and project milestones in a list format. Be sure to connect project milestones and project tasks with your budget and narrative. |
|  |
| **\*Project Readiness**Please explain why the project can happen now with this funding. Who is the project manager, general contractor, and professional team responsible for the construction? Are there any environmental issues that will need to be resolved?Describe them - floodplain, possible asbestos remediation, tribal. What permits will be required to commence construction? Will the project site require preparation or clean up? Describe established relationships with the project contractor or professionals to enable commencement of construction by September 1, of the current year. |
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**BUDGET**

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| --- | --- | --- | --- |
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| **Name of Organization:** |   |
| **Name of Project:** |   |
| **Total estimated cost of project:** |   |
|  |  |  |  |
| **Project Income:** | **Notes:** | **Funding Amount:** | **HEAL Request:** |
| *(List all sources of funding for this project below)* |   |  |
| ***Example: Local Foundation*** |  **donation**  |  *$ 50,000.00*  | *$ 50,000* |
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|  | **Income Total:** |  **$ -**  |  |
|  |  |  |  |
|  |  |  |  |
| **Project Expenses:** |  **Notes:**  |  **Amount:**  | **HEAL Funded Expenses:** |
| *(List break down of expenses associated with this project)* |   |  |
| ***Example: Windows*** |  **upper story**  |  *$ 5,000.00*  | *$ 5,000* |
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|  | **Expenses Total:** |  $ -  | $ |

**Attachments:**

