Applicant Overview

Organization Name (Applicant Name & Address Information)

Organization Name: (Account Name)

Account Billing Address

Organization Legal Address

If you still don't see your city or zip code in the list after you search, please contact us at kdc_salesforce.admin@ks.gov. Include the city, zip, and county location that is missing.

Note: You must search city, zip code or county in the related field, and select.

* Legal Billing Street

You must select the city, zip code or county displayed.

* Legal Billing City

* Legal Billing State

Kansas

* Legal Billing Zip Code

* Legal Billing County

Fiscal Agent Information

A fiscal agent is a third party organization that agrees to accept and be responsible for the grant funds on your behalf. If you are using a fiscal agent, they will be the entity that will receive payments for this grant.

Are you using a fiscal agent?

Organization Information

* Organization Type

* Organization Employer Identification Number (EIN):

Format: XX-XXXXXXX

Website (Please provide the full URL, including https:// prefix)

Your Contact Information

Your Contact Information is below - If you need to update your information click here. If you are also the owner/creator of the application, this is the same information displayed as: Application Owner (Primary Contact)

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

Application Owner (Primary Contact)

First Name

Last Name

Contact Phone

Contact Mobile

Contact Email

Secondary Contact

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 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

* **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 (255-Character limit)

Project Address

PROJECT STREET ADDRESS	PROJECT STATE

Add Address

If you still don't see your city or zip code in the list after you search, please contact us at kdc_salesforce.admin@ks.gov. Include the city, zip, and county location that is missing.

Note: You must search city, zip code or county in the related field, and select.

Applicant Requested Amount Minimum

$ 0.00

Applicant Requested Amount Maximum

$ 1,000,000.00

* Total Project Cost

The maximum amount applicant can request is $1,000,000.

* Requested Grant Funding Amount

You must request at least the minimum but cannot request more than the maximum amount.

Narrative

Narrative

Note : All narrative question responses are **automatically saved** as you enter the information and move to the next question , you will see " **Saved** ✅ " icon once saved.

* Please describe the project clearly and concisely. Including pre and post project details relevant to the project. Include how this will attract our-of-state visitors. Supporting documentation can be attached towards the end of this application.

0 / 5000 characters

* Discuss the project budget. What are the major expenses of the project? What sources of funds are contributing to the project? What in-kind services have already been pledged? Please include project bids and estimates that justify the scope and cost of the project. Why is grant being pursued?

0 / 5000 characters

* Leveraged Funding: Applicants must provide a minimum of 60% of total project cost. Leveraged funds may include bank loans, bonds, sponsorships, federal grants, cash, and in-kind contributions defined as donated goods or labor. In-kind contributions may be 30% of total project cost. List separately – organization, contact name and info. You may provide letter from businesses and organization detailing the method used to value the labor or goods later in the application.

0 / 5000 characters

* What other funding sources have you applied for or considered to support the grant project?

0 / 5000 characters

* Please list all financial assistance and amounts requested or received related to this project from Kansas Tourism, Kansas Department of Commerce or any other state agency.

0 / 5000 characters

* Will you be able to complete this project if we are unable to fund your request?

0 / 255 characters

* Has a feasibility study been conducted? If yes, please include documentation or findings under Additional Supporting Documents later in the application.

Please Select

Yes | No

* Detail each activity related to the project with the date the activity will be completed. You may provide documentation later in the application.

0 / 5000 characters

What dates and hours will the attraction be open to the public when completed? Will the project be staffed during those hours?

0 / 5000 characters

Describe how this project will enhance a visitors experience including any ties to nature, cultural, recreation and history of Kansas.

0 / 5000 characters

* What is the anticipated annual visitation to the attraction when the project is fully complete? Include percentages from out-of-state, 100+ miles distance from project location, and how visitation numbers compare to current customers and/or comparable attraction. You may provide documentation later in the application.

0 / 5000 characters

*How will visitation be tracked?

0 / 5000 characters

*How will the project be marketed to visitors? Include short and long term marketing plans. You may provide documentation later in the application.

0 / 5000 characters

*What is the total economic impact of this project? Please include the following metrics: Visitor Spending, Sales Tax Generation, Transient Guest Tax Generation, and Job Creation or Retention. You may provide documentation later in the application.

0 / 5000 characters

*What other effect, will this project have on Community or Region's quality of life.

0 / 5000 characters

Budget

Detailed Description of Budget

1. Grant funds – these are the funds you are requesting from the state
2. Cash match – these are cash expenses that are expended from funds earned or raised by your organization
3. In-kind – this is the value of donated goods and services that are contributed to your organization

Analysis of Total Estimated Costs	Estimated Cost	Percent(%) of Tot
Consultant Service		0
Site Development		0
Infrastructure		0
Equipment		0
Supplies and Materials		0
Installation		0
Labor		0
Contracts		0
Indirect Costs		0
Other Direct Costs		0
Total:	$ 0.00	
Kansas Tourism Share:	$ 0.00	
Match:	$ 0.00	

Please make sure the total matches the "Total Project Cost" requested above.

Match Source

Table's Total:

Type	Source	Amount
Cash Match 1		
Cash Match 2		
Cash Match 3		
In-Kind Match 1		
In-Kind Match 2		
In-Kind Match 3		
Total Match		$ 0.00

Economic Impact

Detailed Description of Economic Impact (per year)

Economic Impact	Amount/Text
Visitor Spending	$
Sales Tax Generation	$
Transient Guest Tax Generation	$
Job Creation or Retention	Ex: 1 job retained, 1 new job created
Other	Ex: Business stimulation & development

* Justification

File Uploads

Upon upload, the file will be renamed to the following format: "Your file name"_"Name of requirement"_"MMddyyyy_HHmmss_SSS".

Required Documents :

Current W-9 (Single Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Current W-9 should be signed within the last 12 months from organization that will be receiving payment for this grant.

Upload File

Sexual Harassment Form (Single Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Signed Sexual Harassment Form is stating you acknowledge that the State of Kansas has a Sexual Harassment Policy.

Upload File

Covered Technologies Form (Single Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Signed Covered Technologies Form is agreeing that you will not provide or procure to the State of Kansas any covered telecommunications equipment that is listed.

Upload File

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

STATUS: NOT UPLOADED

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.

Upload File

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

STATUS: NOT UPLOADED

Instructions: 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 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.

Upload File

Supplemental Documents :

Completed Budget Template (Single Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Completed Budget Template.
https://assets.simpleviewinc.com/simpleview/raw/upload/v1/clients/kansas/Kansas_Tourism_Grant_Sample_Budget_37d24abb-fa4f-4133-9f52-09b0aa8facc5.xlsx

Upload File

Bids and Estimates (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Bids and Estimates (Files must be under 3 mb. Please upload multiple documents instead of combining to remain under 3 mb.)

Upload File

Proof of Matching Funds - Leverage Documents (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Proof of Matching Funds - Bank statements showing available funding, loans, In-kind contributions.

Upload File

Timeline Documents (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Media placement and schedules, event or trade show dates, and any other relevant dates to the project.

Upload File

Economic Benefit Documentation (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Economic Benefit Documentation - Overnight stays increase documentation, return on investment.

Upload File

Short and Long Term Marketing Plans (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Short and Long Term Marketing Plans

Upload File

Additional Supporting Documents (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Upload File

Letters of Support (Multiple Upload Allowed)

STATUS: NOT UPLOADED

Instructions: Please provide all letters of support for this project here. All organizations who are not the primary Destination Marketing Organization (DMO) in their community should include a letter of support from their local DMO. If project is being requested from "Friend of" type Organization, a letter of approval & support from that organization must be included.

Upload File

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.

☐ I Agree

Cancel

Submit

Back To Previous

Save for later