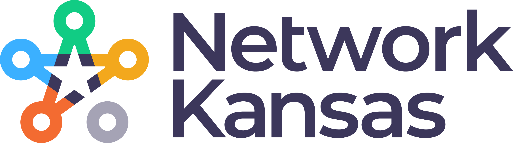
*~~~~*

**Application for NetWORK Kansas Loan Funds**

GrowKS Loan Programs eCommunity Loan

Kansas Community Investment Fund EDA Loan Fund

Kansas Healthy Food Initiative

This application can be used to apply to one or more Network Kansas loan funding programs, including an eCommunity loan, one GrowKS loan program, the Kansas Community Investment Fund (KCIF), the Kansas Healthy Food Initiative (KHFI), and/or the EDA Loan Fund.

This application is to be submitted to Network Kansas by a Funding Partner. If you are a business owner and need help connecting with a Funding Partner please contact the NetWork Kansas Impact Center at (877)521-8600 or [info@networkkansas.com](mailto:info@networkkansas.com).

If you have any questions about which program(s) will be the best fit for your project please contact our loan team at [funding@networkkansas.com](mailto:funding@networkkansas.com).

Instructions:

* Email complete applications and additional required documents to[**funding@networkkansas.com**](mailto:funding@networkkansas.com).
* Applicants can apply to *one* loan program – EDA, KCIF, KHFI, or GrowKS OR for an eCommunity loan. If the applicant is in an eCommunity and their need is equal to or less than $50,000 they should utilize the eCommunity loan fund.

If the applicant is in an eCommunity and has a capital gap greater than $100,000, they can apply for an eCommunity loan and *one* Statewide loan program.

* Applicants and Partners need to **read and initial** **Section I** to ensure the project is eligible for the relevant Network Kansas loan program(s).
* All Applicants will need to provide answers for **ALL** the questions in **Sections II and III**.  
  For applicable questions it is acceptable to choose “prefer not to respond” and this will be considered a complete answer. **Incomplete applications will be returned.**
* If the Applicant is applying to the Kansas Healthy Food Initiative, they will also need to complete Section IV of this application.
* **EDA RLF.** The EDA RLF is limited to businesses located in the following counties: Clay, Douglas, Franklin, Jackson, Jefferson, Leavenworth, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Shawnee, or Wabaunsee
* Terms. All programs, offer 4% fixed for loans from 1 to 5 years (12 to 60 months), and 6% fixed from 6 to 10 years (61 to 120 months).

For eCommunity loans these are considered floor rates. Each community has the

discretion to set their own rates.

Provide the following at the time of Applying:

|  |  |  |
| --- | --- | --- |
| **Document** | **Statewide Loan Programs** | **eCommunity Loans** |
| Network Kansas Universal Loan Application |  |  |
| Funding Partner Summary and Review Form |  |  |
| Copy of Applicant(s)’ Driver License(s) |  |  |
| Business Plan |  |  |
| Cash Flow Statement 3 years historical for existing; 3 year projections for startups |  |  |
| Applicant(s)’ Credit Score |  |  |
| 3 years of tax returns Business’ returns for existing; individual returns for startups *(Not required if this information is captured in a bank credit memo)* |  |  |
| Personal Financial Statement |  |  |
| Business Debt Schedule for existing businesses; personal debt schedule for startups |  |  |
| Comprehensive Bank Credit Memo (if a bank is providing the match) This document should include financials and a summary that demonstrate it is feasible for the borrower to successfully take on the debt; outline their character and personal abilities to repay the loan. |  |  |
| Any other documents that Network Kansas deems necessary to adequately review and analyze the project. |  |  |
| If a Bank Credit Memo is NOT available, then the following documents will need to be provided instead: | | |
| Year-to-date profit and loss statements and balance sheet (for existing) |  |  |
| Applicant(s) personal resumes. *(This information may also be included in the Application and/or Business Plan)* |  |  |

Eligibility Certification

1. Eligibility for Network Kansas Loan Funds - \*Required for All

**General Requirements**

A personal guaranty for individuals with 20% or more ownership in the business. Loan payments will be automatically withdrawn from the borrowers designated bank account via ACH. Monthly notices will be emailed.  
***Late payments will result in a 5% fee. Insufficient funds will result in a $30.00 charge.***

**Eligible Businesses**

* New and existing small businesses in Kansas.
* For-profit small businesses. A small business is an organization with 500 or fewer employees.
* Non-profits are eligible for KCIF, KHFI and GrowKS Loan programs.

**Eligible Business Purposes**

* Eligible business purposes include, but are not limited to the following:

Startup costs

Working capital

Franchise fees

Acquisition of equipment

Inventory or services used in the production

Manufacturing

Delivery of a business’s goods or services.

Purchase, construction, renovation, or tenant improvements of an eligible place of business that is not for passive real estate investment purposes.

* Purchase tangible or intangible assets *except goodwill or blue sky*.
* Loans from the financial institution serving as the matching capital to a GrowKS loan must also be for an eligible business purpose.

**Ineligibility Criteria**

The following outlines business types, activities, uses of funds, and business relationships that are ineligible. The ineligibility criteria are applicable to all Network Kansas funding programs, unless otherwise stated. Please review the ineligibility criteria to ensure the business applying is eligible for Network Kansas loan programs.

The applying business is NOT an:

* Entity whose main activity is speculative, deriving profits from fluctuations in price (such as oil wildcatting and commodities futures trading)
* Entity that earns more than 50% of its annual net revenues from lending activities
* Entity engaged in pyramid sales
* Entity engaged in illegal activities according to federal or other applicable law (including production, servicing, or distribution of legal products used for illegal purposes)
* Gambling enterprise or an entity that earns revenue from lottery sales

**Ineligible Uses of Funds:**

The applying business is NOT using the funds for:

* Acquisition of or holding passive investments such as commercial real estate or purchasing securities passive real estate investment includes most real estate development in which the developer does not intend to occupy or actively use the resulting real property. Construction or renovation of a newly purchased building *is permissible* if the following are met:
  + *Construction of a new building.* The borrower will occupy and use at least 60% of the total rentable property.
  + *Renovations of an existing building.* The borrower will occupy and use at least 51% of the total rentable property.
  + *Passive company leasing to operating company.* A passive company such as a holding company (EPC) that acquires real property is eligible if 100% of the rentable property is leased to the affiliated operating company(s) (OC) that are actively involved in conducting business operations. For EPCs/OCs the following will need to be met:
    - The EPC must be an eligible small business.
    - The OC must be subject to the same sublease restrictions as the owner affiliate.
    - The EPC and OC must be guarantors or co-borrowers on the Network Kansas loan.
    - Each individual with at least 20% ownership in the EPC and OC must provide a personal guaranty for the Network Kansas loan.
    - For GrowKS, the EPC and OC have a written lease with a term at least equal to the term of the GrowKS loan.
* Building/storefront renovation not tied to a specific business.
  + This may be eligible for E-Community and KCIF if an agreement with a business for rent/lease/purchase based on renovations is documented in the loan application.
* Refinancing or paying off existing debt.
  + Refinancing is permitted in some instances through GrowKS. This should be discussed with Network Kansas prior to submitting an Application.
* Purchase of stock
* Goodwill/blue sky
* Tearing down or renovating a building solely to create apartments.
* Housing resulting from the loan.
  + This may be eligible for eCommunity and KCIF. See the Loan Program Guidebook and/or discuss with Network Kansas before submitting an Application for the exceptions.
* Lobbying activities
* Repayment of delinquent federal or state income taxes, federal withholding taxes, or other funds that should be held in trust or escrow (e.g. payroll or sales tax)
* Repayment of taxes held in trust or escrow, e.g., payroll or sales taxes
* Reimbursement of funds owed to any owner, including any equity injection or injection of capital for the business’ continuance
* Purchase of any portion of ownership interest in any owner of the business, except for the purchase of an interest in an employee stock ownership plan qualifying under section 401 of Internal Revenue Code, worker cooperative, or related vehicle, provided that the transaction results in the employee stock ownership plan or other employee-owned entity holding a majority interest (on a fully diluted basis) in the business
* Increasing a pool of funds that generates tax credits
* Directly enrolling any portion of SBA-guaranteed loans
* The total project cost is $20 million or more
* Financing non-business purposes, and / or financing costs other than what is described in this Application
* For GrowKS loans, an eligible business whose operating company has written lease with a term less than the term of the GrowKS Loan-supported financing
* Or for GrowKS loans, any other use deemed ineligible based on interpretation of Federal guidelines

**Ineligible Business Entity Relationships:**

* Business owner is an executive officer, director, or principal shareholder of any financial institution involved in funding the project, the Applying Partner, or the Administrative Support Organization (ASO).
* Business owner is a member of the immediate family of an executive officer, director, or principal shareholder of any financial institution involved in funding the project, the Applying Partner, or the ASO.
* Business owner is a related interest of any executive officer, director, principal shareholder or member of the immediate family of financial institution involved in funding the project, the Applying Partner, or the ASO.

The Applying Funding Partner and Applying Business Owner certify that they have read the eligibility criteria listed in Section I and to the best of their knowledge the Applying Business is eligible for the applicable Network Kansas Loan Program(s).

*By typing their initials the Applying Business and Applying Partner certify the eligibility of the Applying Business.*

**Applying Business:**       **Applying Partner:**

1. Network Kansas Loan Programs - \*Required for All\*

Please indicate the Network Kansas loan program(s) the business is applying to:

|  |  |  |  |
| --- | --- | --- | --- |
| **Network Kansas Loan Program** | **Loan Request** | Loan Term (mo) | Loan Rate (%) |
| **Choose Loan Program** | $ |  |  |
| **Choose Loan Program** | $ |  |  |

1. General Information - \*Required for All\*
2. Applying Funding Partner

|  |
| --- |
| Name of Applying Funding Partner or Entrepreneurship (e)Community: |
| Primary Contact Name: |

## **Applying Business - General Information**

|  |
| --- |
| Legal Business Name(s): |
| Doing Business As (DBA) Name: |

|  |  |  |
| --- | --- | --- |
| **Mailing Address of Business** | | |
| Street: | | |
| City: | Zip: | County: |
| **Physical Address of the Business**  Same as mailing address | | |
| Street: | | |
| City: | Zip: | County: |

|  |  |  |
| --- | --- | --- |
| Will the business be relocating as part of this project?   If Yes, does the physical address above represent the new location?   If no, please identify the address of the new location. | | |
| Street: | | |
| City: | Zip: | County: |

|  |
| --- |
| Business website and/or social media page: |
| What is the population of the city where the business is/will be located? |

1. **Primary Business Owner**

The primary owner is the person with majority ownership in the business and/or the main point of contact for this Application.

|  |  |  |
| --- | --- | --- |
| Primary Owner’s Name: Title: | | |
| Primary Owner’s Home Address: | | |
| Street: | | |
| City: | Zip: | County: |
| Email: | | Phone: |

*Data collected on gender, veteran status, race, ethnicity and sexual orientation are used for internal purposes only*

|  |
| --- |
| Identified Gender:  If self-described: |
| Identify as transgender or another non-cisgender identity? |
| Sexual Orientation:  If self-described: |

|  |
| --- |
| Ethnicity: |
| Middle Eastern or North African Ancestry: |

|  |
| --- |
| Race, please indicate which one or more of the following the primary owner identifies:  American Indian or Alaska Native  Asian ( *Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Asian (other))*  Black or African American  Native Hawaiian or Other Pacific Islander *( Guamanian or Chamorro  Native Hawaiian  Samoan  Pacific Islander (Other))*  White  Prefer not to respond |

|  |  |
| --- | --- |
| Country primary owner was born in: | Veteran: |
|  | |
| By checking this box, the Applying Partner verifies that the applying business is at least 51% woman- and/or minority-owned or controlled.  Not applicable to this Application. | |

|  |  |  |
| --- | --- | --- |
| **Individuals or Entities with at least 20% Ownership in the Applying Business** | | |
| **Name** | **Email** | **Percent Ownership** |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |

|  |
| --- |
| **EXPERIENCE.** Please describe the relevant experience of the owner(s) and key employees (work previously involved in, management skills/knowledge, leadership, etc): |

1. **Business Details**

|  |  |
| --- | --- |
| Business Entity Type: | Business Industry: |
| Business Stage: | Business EIN: |
| Month/Year business was established: | |
| Census Tract: | 2022 [NAICS Code](https://www.census.gov/naics/): |
| [CDFI Investment Area](https://cimsprodprep.cdfifund.gov/CIMS4/apps/pn-cdfi/index.aspx#?entity=STATE,20&center=-97.299682,37.682047&level=13&tool=layers&visible=CT_2020_CDFI,STATE)? | |

|  |  |  |
| --- | --- | --- |
| Does the applying business have a related operating or holding company?  If **YES**, please provide the name of the related entity and provide the name of the parties with at least 20% ownership of the holding company. | | |
| Legal Name of Holding Company: | | |
| **Individuals or Entities with at least 20% Ownership in the Holding Company** | | |
| **Name** | **Email** | **Percent Ownership** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **BUSINESS DESCRIPTION.** Please provide a detailed description of the business *(services provided, products produced, business’s mission, goals, etc.):* |

1. **General Project Information**
2. Please describe the project in detail, including the use of funds and how the Network Kansas loan(s) moves the project forward:
3. Please identify the business’ competition, where they are located and how the business will set itself apart:

|  |
| --- |
| Please indicate if business supports climate-aligned investments through the business’s activities (including production processes and use of energy, inputs, supply chain services, and/or actions to increase resiliency) or by supplying products and services that contribute to lower emissions. *These may include investments to reduce greenhouse gas emissions; promote adaptation to climate change or energy transitions; support weatherization; energy-efficient prefabrications or manufacturing; supply chain use, processes or production resulting in lower emissions; energy site transitions; sustainable and/or climate-smart agriculture and forestry; renewable energy development or implementation (e.g. wind, solar, hydroelectric, biomass, geothermal); electrical vehicle innovations; and other investments that aim to build climate resilience, support adaptation to extreme weather and climate events, and/or mitigate climate change.* |
| Please indicate if the business is in a community facing local job losses or business revenue declines due to physical or transition impacts from climate change, including shifts in energy production. *Examples include job loss or revenue declines due to changes in the economics of producing certain agriculture or foods, other natural resources goods, chemical inputs, manufactured products, or service sector outputs due to acute or chronic climate impacts, costs, regulations, or shifts in demand (e.g. shifts in production and/or transition away from fossil fuel extraction, refining, or fossil-based energy generation in oil, gas, and/or coal sector.* |

1. **Project Loan Funds**
2. Has the business sought traditional means of banking on this project?   
   If so, were they approved or denied?  If bank loan was denied, please explain why.

**Sources of Loan Funds Table**

* Use the table below to outline the sources of the other ***loans*** that will be part of this project. This includes but is not limited to financial institutions, local revolving loan funds, seller carryback, or other private loan.
* *Regulatory ID* is the number associated with a financial institution (ex: [FDIC](https://banks.data.fdic.gov/bankfind-suite/bankfind), [NCUA](https://mapping.ncua.gov/), CDFI, etc.), include if applicable to the source.
* *Lender EIN* is the financial institution’s employee identification number (EIN), include if applicable to the source.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sources of Loan Funds** | | | | | | | | |
| **Name of Funding Source** | **Regulatory ID** | **Lender EIN** | **Institution or Loan Type** | **Total Expected Loan Amount** | **Loan Term (months)** | **Loan Rate** | **Actual or Expected Disbursement Date** | **Loan supported by a Federal Program?** (ex: USDA, SBA, etc) |
|  |  |  | Choose an item. | $ |  |  |  | Choose an item. |
|  |  |  | Choose an item. | $ |  |  |  | Choose an item. |
|  |  |  | Choose an item. | $ |  |  |  | Choose an item. |
|  |  |  | Choose an item. | $ |  |  |  | Choose an item. |
|  |  |  | Choose an item. | $ |  |  |  | Choose an item. |
| **TOTAL Loan Funding** | | | | **$** |  | | | |
| **Federal Program Support.** If “Yes” was select, please list the Federal program(s) supporting the loan(s): | | | | | | | | |

If applicable, please provide the down payment amount(s) required to get the loan(s) listed in the table:      

|  |  |
| --- | --- |
| **Individuals Signing the Bank Loan or other Matching Loan Documents** | |
| **Name** (First and Last) | **Email** *(If not already provided in the Application)* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Sources and Uses Table**

* Use this table to show the breakdown of how the different sources of funding will be used. A funding source may be listed multiple times in order to reflect the various uses of its funds.
* The amount should reflect the amount of the funding source dedicated to the specific use on the same line.  
  *For example, if Bank ABC is providing a $100,000 loan that will be used for equipment, renovations, and furniture and fixtures (FFE) then there should be three lines completed for Bank ABC: 1- Bank ABC, $50,000, loan, Equipment; 2 - Bank ABC, $30,000, loan, Renovations; and 3 – Bank ABC, $20,000, loan, FFE.*
* The table should include ***all*** sources of funding involved in the project, including but not limited to the loans identified in the previous table, the Network Kansas loan(s), and any other grants or personal or private investments in the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source and Uses** | | | |
| **Funding Source** | **Amount** | **Funding Type** | **Use of Funds** |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
|  | $ | Choose an item. | Choose an item. |
| **TOTAL** | **$** |  |  |
| If applicable, please describe each “Other” that was selected **Funding Type:** | | | |
| If applicable, please describe if “Other” that was selected **Use of Funds** **:** | | | |

Please describe any additional sources and uses that could not be reflected in the table:

***Note:*** *All funds identified as match as part of this project must be verified before execution of the related Network Kansas loan documents.*

1. **Financial Information**

|  |  |
| --- | --- |
| If this Application is for an **existing** business please provide actual revenue and net income for the most recent complete calendar year. | |
| Actual Annual revenue: | Corresponding Year: |
| Actual Annual net income/(loss): | Corresponding Year: |
| If this Application is for a **startup**, please provide projections for a 12 month period. | |
| Projected Annual revenue: | Corresponding Year: |
| Projected Annual net income/(loss): | Corresponding Year: |

|  |
| --- |
| Expected Revenue and Growth Strategy |
| Please describe the project’s financials including projected sales, sales growth, and/or cash flow analysis. |
| Describe the milestone(s) for success that are planned to track the business project goals *(ex: increased sales over time, expansion timeline, introducing new product/service, hiring new employees, etc.).* |

1. **Employees**

|  |  |  |
| --- | --- | --- |
| Number of current Full-Time (FT) employees (including owners on the payroll): | | |
| Number of current Part-Time (PT) employees (including owners on the payroll): | | |
|  | | |
| Number of FT jobs expected to be retained (losses averted) as a result of the funding: | | |
| Number of PT jobs expected to be retained (losses averted) as a result of the funding: | | |
|  | | |
| Number of FT jobs expected to be created within the next two years as a result of the funding: | | |
| Number of FT jobs expected to be created within the next two years as a result of the funding: | | |
|  | | |
| **Payroll** | Average wage of FT jobs: | Average wage of FT jobs: |
| Estimated annual payroll investment in dollars ($): | | |

1. **Collateral**

*In general, if collateral is available, Network Kansas loans should be in a subordinate position to the financial institution involved for any business real estate or business asset.*

Please describe the collateral positions for **ALL** funding partners (i.e. financial institution(s), local loan funds, Network Kansas Loan(s), other secondary sources, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **Collateral Positions** | | | |
| **Funding Source** | **Collateral Type** | **Lien Position** | **Notes (if needed)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please describe any additional funding sources and collateral positions not provided in the table:

1. A personal guaranty is required on all loans, and for all owners with 20% or more ownership in the business. Are all owners listed in Section C and D (if applicable) agreeable to signing a personal guaranty?  If not, please explain:
2. **Community**
3. Please describe any government programs the business participates in that assists low-to-moderate income (LMI) earners or underserved populations. Examples include Medicaid/Medicare for healthcare organizations, WIC/SNAP for grocery. Any other government programs the applying business utilizes to assist underserved populations would also be relevant. Please list the government programs, and/or other potential ways the business assists LMI populations.
4. Please list other Network Kansas resource partners or community organizations who are involved in this project (ex: Kansas SBDC, economic development office, community foundation, industry or trade services) and the role of the organization(s) in supporting the project:
5. Describe the benefits of the project to the community and the State of Kansas:

## Business and Owner Certifications

1. Is the applying business or any owner or officer of the business party to any claim, judgement, or lawsuits?
2. Has the applying business or any of its management or owner’s been involved in bankruptcy or insolvency proceedings?
3. Does the applying business or any owner or officer of the business have a tax liability in arrears with the Kansas Department of Revenue or the IRS\*?

If Yes, please provide details and any authorized payment details.

**\*\*\****The Partner must verify answer to #K3 before they are eligible to apply for Network Kansas funding\*\*\**

1. Has the applying business had any debt forgiven or returned any property in partial or full satisfaction of a loan?
2. Has the business or business owner(s) previously received funding from Network Kansas?   
   *This may include a loan through one or more of the following programs: StartUp Kansas, E-Community Loan Fund, EDA RLF, GrowKS Program, Kansas Capital Multiplier Loan, Kansas Community Investment Fund (KCIF), Kansas Healthy Food Initiative (KHFI) and/or Empower Loan Fund.*

## Annual Reporting

*If the business is approved for funding, annual progress reports will be conducted by Network Kansas. The purpose of the annual surveys is to track company revenues, number of full and part-time employees, and details that reflect the progress the company is making since the funds were awarded. The company’s information is kept confidential. The partner will also introduce Network Kansas and the business if requested by Network Kansas.*

**The applying partner and the entrepreneur or business have read and agree to the terms described in the Release of Information Declaration.**

**Acknowledgment**

The applying business’s primary contact and the applying partner certify that the information entered into this Application is true and accurate to the best of their knowledge. By typing their initials, the Applying Business and applying Partner acknowledgment they agree with the contents of this Application.

Applying Business:       Applying Partner:

***Privacy, Disclosure Statements, and Release of Information Declaration:*** *To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions such as the Lender obtain, verify, and record information that identifies each person who opens an account. What this means for the Borrower: When Borrower opens an account, Lender will obtain Borrower's name, address, date of birth (for Authorized Representatives) and other information that will allow Lender to identify Borrower. Lender will verify this information with Borrower, Authorized Representatives and others.*

* 1.  Kansas Healthy Food Initiative

*This section only needs to completed for applicants seeking KHFI funding.*

The Kansas Healthy Food Initiative (KHFI), a healthy food financing program aims to increase access to healthy food in low-resource and underserved areas of Kansas at the retail level.

Eligibility

All funding applications submitted to KHFI are reviewed to determine whether the project meets KHFI programmatic goals. **This eligibility determination is the first step of the application process.** If this project has not yet completed the first step, please complete an [**Intake Form**](https://kstate.qualtrics.com/jfe/form/SV_2uxy8aCFKxQ8H2K) to determine eligibility.  
  
Eligible projects must expand healthy food offerings in low-resource, underserved areas at the retail level and fit local community needs. Potentially eligible projects may include grocery stores, co-ops, farmers' markets, production, and distribution operations. To learn more about eligibility, review the [KHFI Guidebook](https://kansashealthyfood.org/documents/2024-KHFI-Guidebook2.pdf), also available in Spanish, [KHFI Guía](https://kansashealthyfood.org/documents/2024-KHFI-Guidebook-Spanish.pdf).

Funding Information

Projects of any size are eligible to apply to KHFI. However, in general, KHFI funding will be limited to $100,000 per project.

To offset the debt burden of applicants, a portion of the funding package is provided as a grant. The size of the grant is dependent on the total funding request.

1. Project Information

|  |
| --- |
| Please indicate the type of project (check all that apply):  Store  Production  Distribution  Farmers Market  Other  If Other, please explain: |
| Use of Funds (check all that apply):  Capital Improvements  Equipment/Fixtures  Expansion of Existing Facility  Inventory  New Construction  Predevelopment  Reopen Closed Facility  Renovate Existing Facility  Renovate New Facility  Working Capital  Other, please explain: |

|  |  |
| --- | --- |
| Status of project site: If Other, please explain: | |
| Existing square footage of food retail: | Existing square footage of food retail: |
| Total square footage of food retail after project completion: | |

|  |
| --- |
| Annual Produce Sales (dollars $): |
| Annual SNAP and / or WIC Sales (percent %): |

|  |  |
| --- | --- |
| Estimate Project Start Date: | Estimate Project Completion Date: |
| Will the project offer SNAP benefits? | Will the project offer WIC benefits? |
| What healthy foods will be offered as a result of this project? *Healthy foods include whole fruits and vegetables, whole grains, fat-free or low-fat dairy, lean meats and poultry (fresh, refrigerated, frozen, or canned)* | |
| Who is the current, or expected supplier for this project? | |

## Community

|  |
| --- |
| Increased consideration will be given for meeting the following criteria: local hiring and living wages, local, sustainable sourcing, energy efficiency, sound land use & historic preservation, collaboration with other community initiatives, and geographic diversity.  Please explain how your project meets any of the above criteria: |
| If other community organizations or community leaders not previously mentioned in the Application are involved or have expressed support, please share: |

## Release of Information Declaration

*Upon approval of this proposal for funding, the organization agrees to supply information on an annual basis to one or more KHFI Partner Organization. \*Data collected will include but is not limited to profit/loss, revenue, and jobs.*

I,      , hereby certify that I am an authorized representative of the Applicant organization with full authority to cause the completion and submission of this application; that the information submitted in this application and/or its attachments is true and accurate representation of the project; and that the Applicant understands that it has a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein change prior to the closing and funding of any financing requested under. I also authorize KHFI Partner Organizations to obtain information related to this financing request, including but not limited to, relevant financial or historical information about the Applicant, its principals or affiliates.

The project leader has reviewed the completed proposal and agrees with response provided by themselves or the applying organization. By typing his/her initials, the business/organization’s primary owner agrees with the contents of this proposal.

*\*KHFI partner organizations include The Kansas Health Foundation, Kansas State University, Network Kansas, The Food Trust, and IFF*