



# Business Improvement and Expansion Grant (ARPA Pilot Program)

Providing financial assistance to help businesses overcome initial costs to add fire suppression and interior ADA accessibility improvements to existing buildings.

**Grant Funds Available on a First-Come, First-Serve Basis. Only Completed Applications with Professional Quotes for Work Will Be Considered (Incomplete Applications Will Be Returned for Future Resubmission).**

You will receive confirmation that your application was received via e-mail. Approved applications will receive notification and a grant contract for signature.

**Project Location:**

Name of Business Retained, Improved, or Expanded by this Project (Residential/Non-Profit/Speculative Commercial Space Ineligible):

\_\_\_\_\_

Business Address/Project Site: \_\_\_\_\_

Building Owner: \_\_\_\_\_

Grant Applicant Name (If Tenant, Requires Owner Approval):

\_\_\_\_\_

Grant Applicant Mailing Address, Telephone Number, and Email Address

\_\_\_\_\_  
\_\_\_\_\_

Explain how Project Supports a Small Business and Future Plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Includes Addition of Fire Suppression/Sprinkler System (Check if "YES")

Project Includes Interior ADA Accessibility Improvement Work

Project Includes Leavenworth Waterworks Connection Fees

Project Includes Engineer/Architect Fees

Leavenworth County Public Parcel Search may be a reference <http://www.leavenworth.kansasgov.com/parcel/DisclaimerReg.asp>

Year Building Constructed: \_\_\_\_\_

2022 Tax Appraisal Value (Building Plus Land): \_\_\_\_\_

Annual Insurance Premium Amount: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ (Eligible Zoning Includes NBD, OBD, CBD, GBD, PUD with specified business use or a lawfully existing non-conforming use business inside a residential zoning district. Home-based businesses not eligible. Search for current zoning on City's GIS website [www.GIS.FirstCity.org](http://www.GIS.FirstCity.org) )

**Assistant City Manager Penny Holler • Economic Development Department • 913-680-2602 • 100 N. 5<sup>th</sup> Street • Leavenworth, Kansas 66048 • [Penny.Holler@FirstCity.org](mailto:Penny.Holler@FirstCity.org)**

Anticipated Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

\*\*\*\*No work performed before November 1, 2022 or before formal grant approval is eligible for funding (program is for new project work on existing buildings only).

**Attachments Needed:**

**Engineer/Architect Development of Plans Quote:**

- \* Licensed engineer or architect
- \* For improvements directly tied to eligible interior ADA accessibility or fire suppression installation
- \* Single quote allowed (subject to staff approval, a comparable second quote may be required)

**Leavenworth Waterworks Quote:**

- \* Connection fees only (annual inspections or water usage fees ineligible)
- \* Single quote allowed

**Professional Contractor Interior ADA Improvements and/or Fire Suppression System Installation:**

- \* Professional contractor labor and materials/supplies/equipment (self-installation and self-purchased materials ineligible)
- \* Single quote allowed (subject to staff approval, a comparable second quote may be required)

I have read and agree to follow all requirements and specifications as listed in the Business Improvement and Expansion Grant (ARPA Pilot Program) Guidelines. I agree to provide all requested information up to one year after project completion to the City Economic Development Department including any updated tax appraisal value and the updated annual insurance premium amount. I understand the City reserves the right, at its sole discretion, to determine which projects are eligible for grant funding.

\_\_\_\_\_  
Grant Applicant Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_ am the legal owner of the property at the listed business address/project site. I support the requested building improvements and approve this application for City grant funds. I understand that grant funds will be provided to either the building owner or tenant (not both) and authorize the grant applicant to receive grant funds if approved.

\_\_\_\_\_  
Building Owner Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
_____	Date Received (City Clerk or City Manager's Office)
_____	Time Received
_____	Received By
_____	Date Application Marked Complete
_____	OR Date Returned to Applicant
_____	Date Approved and Grant Amount
_____	Grant Number
_____	OR Date Denied and Reason