

# FY21 Agency Project Application

The following application allows state entities to apply for Coronavirus Relief Funds to cover necessary COVID-19 related projects that were not and can not be funded through SFG. This application requests CRF dollars for September 1, 2020 to December 30, 2020 and must be for funds NOT defined as operational expenditures. Please submit the FY21 Operational Expenditure Application for any requests of CRF that are categorized as operational expenditures. For detailed instructions on how to submit the following application please review the FY21 Agency CRF Application Memo.

Date of submission \*



Requesting Agency \*

Agency Number \*

Primary Agency Contact \*

First Name

Last Name

Primary Phone Number \*

Primary Email \*

Has your agency previously received any CARES Act funding outside of the FY20 reimbursements?\*

Yes



If yes, exactly how much did your agency receive?

Provide the date and reason for why your agency received these funds?

Has the head of your agency reviewed and approved this request? \*

Yes, the head of the requesting agency has approved the following submission.

Head of Agency Name \*

First Name

Last Name

## Fiscal Effects Assessment

*Prior to completing the breakdown of the Project Summary, fill out the Fiscal Effect Assessment below. These questions provide The Office of Recovery insight on how and why these CRF funds are necessary and eligible in regards to the Dept. of Treasury Guidance.*

Does this request include expenditures that were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government? \*

Yes

No

Unknown



Does this request involve matching state funds for federal funds? \*

Yes

No

Unknown

Are necessary expenditures incurred due to the public health emergency with respect to COVID-19? \*

Yes

No

Unknown

Was this request incurred during the period that begins on March 1, 2020, and ends on December 30, 2020? \*

Yes

No

Unknown

Is this a one-time request? \*

Yes

No

Unknown

## Project Summary #1

*In the following section, please provide as much detail as possible for the project overview prior to submitting the project budget.*



Name of Office \*

Project Lead \*

First Name

Last Name

Project Lead Phone Number \*

Project Lead Email \*

Project Description \*

Project Timeline- Within the project timeline confirm that the project will be completed prior to December 31, 2020. \*

What is the COVID-19 related need or issue that this project is addressing? \*



Does this project address an immediate or long-term need? Long-term is defined as something that would serve the agency/Kansans for five or more years. \*

This project addresses an immediate need.

This project addresses a long-term need.

Please provide a brief description of how the requested funds will benefit Kansans. \*

Does this project create an ongoing/reoccurring cost for the requesting agency in the upcoming fiscal year? \*

Yes

No

If yes, what is the estimated reoccurring cost?

How does your agency plan to fund the reoccurring cost associated with this project?

## Project Budget Proposal #1

*In the following section the agency will submit itemized budget requests in the given operational expenditure categories. If you are not requesting funds for all of the listed fields, please fill in the appropriate budget items with \$0. For requested*



Project Title -#1 \*

1. Salaries & Wages \*

\$

Provide a brief description for the line item above.

2.(A) Contractual Services- Communications \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(B) Contractual Services- Freight & Express \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(C) Contractual Services- Printing & Advertising \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.



\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(E) Contractual Services- Repairing & Servicing \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(F) Contractual Services- Travel & Subsistence \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(G) Contractual Services- Fees-- Other Services \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(H) Contractual Services- Fees-- Professional Services \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.



\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(J) Contractual Services- Other Contractual Services \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

SUBTOTAL -- CONTRACTUAL SERVICES \*

\$

Calculate all the requested amounts for those categorized as contractual services (2).

3.(A) Commodities- Clothing \*

\$

Provide a brief description for the line item above.

3.(B) Commodities- Food for Human Consumption \*

\$

Provide a brief description for the line item above.

3.(C) Commodities- Materials & Supplies \*

\$

Provide a brief description for the line item above.





3.(D) Commodities- Vehicle Supplies \*

\$

Provide a brief description for the line item above.

3.(E) Commodities- Professional Science Supplies \*

\$

Provide a brief description for the line item above.

3.(F) Commodities- Office & Data Supplies \*

\$

Provide a brief description for the line item above.

3.(G) Commodities- Other Supplies & Materials \*

\$

Provide a brief description for the line item above.

SUBTOTAL -- COMMODITIES \*

\$

Calculate all the requested amounts for those categorized as commodities (3).

4. Capital Outlay \*

\$

Provide a brief description for the line item above.



5.(A) Aid & Assistance- Grants to Businesses \*

\$

Provide a brief description for the line item above.

5.(B) Aid & Assistance- Other Assistance, Grants & Benefits \*

\$

Provide a brief description for the line item above.

6. Other Assistance \*

\$

Provide a brief description for the line item above.

TOTAL OPERATIONAL EXPENDITURES REQUEST \*

\$

Would you like to submit a second project proposal? \*

Yes

No

## Project Summary #2

*In the following section, please provide as much detail as possible for the project overview prior to submitting the project budget.*



Project Title #2 \*

Name of Office \*

Project Lead \*

First Name

Last Name

Project Lead Phone Number \*

Project Lead Email \*

Project Description \*

Project Timeline- Within the project timeline confirm that the project will be completed prior to December 31, 2020. \*

What is the COVID-19 related project title? \*



Does this project address an immediate or long-term need? Long-term is defined as something that would serve the agency/Kansans for five or more years. \*

This project addresses an immediate need.

This project addresses a long-term need.

Please provide a brief description of how the requested funds will benefit Kansans. \*

Does this project create an ongoing/reoccurring cost for the requesting agency in the upcoming fiscal year? \*

Yes

No

If yes, what is the estimated reoccurring cost?

How does your agency plan to fund the reoccurring cost associated with this project?

## Project Budget Proposal #2

*In the following section the agency will submit itemized budget requests in the given operational expenditure categories. If you are not requesting funds for all of the listed fields, please fill in the appropriate budget items with \$0. For requested*



Project Title -#2 \*

1. Salaries & Wages \*

\$

Provide a brief description for the line item above.

2.(A) Contractual Services- Communications \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(B) Contractual Services- Freight & Express \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(C) Contractual Services- Printing & Advertising \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(D) Contractual Services- Rents \*



Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(E) Contractual Services- Repairing & Servicing \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(F) Contractual Services- Travel & Subsistence \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(G) Contractual Services- Fees-- Other Services \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(H) Contractual Services- Fees-- Professional Services \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(I) Contractual Services- Utilities \*

\$



Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

2.(J) Contractual Services- Other Contractual Services \*

\$

Provide a brief description for the line item above. If multiple contracts are included in the request, please provide a description for each individual contract.

SUBTOTAL -- CONTRACTUAL SERVICES \*

\$

Calculate all the requested amounts for those categorized as contractual services (2).

3.(A) Commodities- Clothing \*

\$

Provide a brief description for the line item above.

3.(B) Commodities- Food for Human Consumption \*

\$

Provide a brief description for the line item above.

3.(C) Commodities- Materials & Supplies \*

\$

Provide a brief description for the line item above.

3.(D) Commodities- Vehicle Supplies \*



\$

Provide a brief description for the line item above.

3.(E) Commodities- Professional Science Supplies \*

\$

Provide a brief description for the line item above.

3.(F) Commodities- Office & Data Supplies \*

\$

Provide a brief description for the line item above.

3.(G) Commodities- Other Supplies & Materials \*

\$

Provide a brief description for the line item above.

SUBTOTAL -- COMMODITIES \*

\$

Calculate all the requested amounts for those categorized as commodities (3).

4. Capital Outlay \*

\$

Provide a brief description for the line item above.





\$

Provide a brief description for the line item above.

5.(B) Aid & Assistance- Other Assistance, Grants & Benefits \*

\$

Provide a brief description for the line item above.

6. Other Assistance \*

\$

Provide a brief description for the line item above.

TOTAL OPERATIONAL EXPENDITURES REQUEST \*

\$

Would you like to submit a third project proposal? \*

Yes

No

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Submit Form



