



## Economic Development Grant Application

The City of Emporia has established a Grant Committee to review external applications requesting City pandemic recovery assistance through use of City ARPA funds.

### Applicant Information

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ FEIN \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Funding

*Please list the amount of funding requested. Grant request shall be from \$50,000.00 to \$400,000.00*

Grant request \$ \_\_\_\_\_

Please explain proposed use of grant funds, including how any project or program funds will be used:

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

Please explain the expected economic benefits to the greater Emporia community:

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

**Other Information**

List amount and source of any matching funds for proposed use of grant funds.

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Explain the plan for sustainability of any program or project that grant funds will be used for:

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If the grant is approved what metrics can be used to show the grant is successful and beneficial to the larger Emporia community:

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List any other federal or state pandemic relief funding your organization has sought and/or received in the past 12 months, or will receive in the next 12 months:

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List all additional requests for city funding that your organization/business plans to submit to the City over the next five (5) years:

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**Grant Agreement**

Additional information may be requested as part of the grant review process.

If the grant is approved the Applicant agrees to enter into a grant agreement prior to the disbursement of funds.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to approval of grant funding it is understand that false or misleading information in application process of funding may result in repayment of funds.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position or Title: \_\_\_\_\_

**SUBMIT APPLICATION TO:**  
[tcocking@emporia-kansas.gov](mailto:tcocking@emporia-kansas.gov)