**HOME IN THE HEARTLAND GRANT**

Community Talent Recruitment Grant Program  
Kansas State Treasurer’s Office

# Applicant Information

County, Municipality or Organization Name: Click to enter Entity Name

Contact Person (Name & Title): Click to enter Contact Name & Title

Email Address: Click to enter Email Address

Phone Number: Click to enter Phone Number

Mailing Address: Click to enter Mailing Address

# Program Budget Overview

Total Program Cost (Including local Contribution): $0.00

Breakdown by Category:

- Platform, Products, and Services: $0.00

- Total Incentive Amount: $0.00

- Program Administration: $0.00

General Information

Number of Households to Be Relocated: 0

Estimated Cost per Household: $0.00

Estimated Annual State and Local Tax Revenue: $0.00

Estimated Total Economic Impact of Recruited Households: $0.00

# Section 1: Economic Impact Potential

1.1 What is the anticipated economic impact of attracting new residents? Include projected tax revenue, job creation, local and state spending. (Attach Spreadsheet)

Click or tap here to enter text.

1.2 Why is this initiative a strong return on investment for the State of Kansas?

Click or tap here to enter text.

# Section 2: Recruitment Plan Quality

2.1 Describe your strategy for recruiting new households to your community. Include target audiences, marketing channels, and messaging themes.

Click or tap here to enter text.

2.2 What are your measurable goals for participation? Examples include number of households recruited, application targets, or event participation.

Click or tap here to enter text.

2.3 How will you use grant funds? Provide a breakdown of marketing, incentives, design, and other major components. (Attach budget)

Click or tap here to enter text.

# Section 3: Program Sustainability

4.1 What strategies will your community use to retain new residents over the long term? Consider housing, employment, social integration, and community engagement efforts.

Click or tap here to enter text.

4.2 How does this recruitment effort align with your broader local or regional economic development strategies?

Click or tap here to enter text.

# Section 4: Local Investment and Partnerships

5.1 Confirm whether your organization or its partners will provide at least a 20% local match (cash or in-kind). (Yes / No)

Yes  No

5.2 Describe the source(s) and type(s) of matching funds or in-kind support. (Attach budget)

Click or tap here to enter text.

5.3 List your local partners (e.g., businesses, schools, housing authorities) and explain how they will support this project.

Click or tap here to enter text.

# Section 5: Community Resources

6.1 Describe the availability and variety of housing options that new residents could access in your community. Include both rental and homeownership opportunities, as well as affordability and development plans if applicable.

Click or tap here to enter text.

# Section 6: Organizational Capacity

6.1 Describe your organization’s experience in managing grants or similar programs. Highlight relevant staff qualifications, systems in place, and lessons learned from past efforts.

Click or tap here to enter text.

6.2 Who will manage this program, and which staff or partners will support its implementation? Explain roles, collaboration, and coordination plans.

Click or tap here to enter text.

6.3 How will your organization track participation, measure outcomes, and collect the data required for quarterly reporting?

Click or tap here to enter text.

6.4 What specific metrics will you use to evaluate success, and how do they align with the program’s goals?

Click or tap here to enter text.

# Section 7: Geographic Balance

Consideration will be given to distribution of funding across the state.

# Attachments

Please include the following supporting materials with your completed application:

* Project budget
* Documentation of matching funds (cash or in-kind)
* (Optional): Maps, housing inventory, marketing materials, or economic impact projections
* (Optional): Letters of support or Memoranda of Understanding (MOUs) from partners

# Authorization

I confirm that the information provided is true and accurate as far as I am aware and that I am an authorized representative of the Click to enter Entity Name.

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: June 18, 2025 |
| Printed Name: | Click to enter Name |  |
| Position/Title: | Click to enter Position/Title |  |

Please email completed applications with required attachments to:

[kathys@treasurer.ks.gov](mailto:kathys@treasurer.ks.gov)

or mail to:

Kathy Sachs

Kansas State Treasurer

900 SW 10th, Suite 201

Topeka, Ks 66612-1235