

Build Kansas Fund | Fiscal Year 2025 Application Package | Memo



To: Representative Troy Waymaster, Chair, Build Kansas Advisory Committee
Chardae Caine, Kansas Legislative Research Department
Shauna Wake, Office of the Kansas State Treasurer

From: Jason Fizell, Interim Executive Director, Kansas Infrastructure Hub

RE: Build Kansas Fund Application #2025-118-MO-KAN

Date: May 22, 2025

Attached, please find an application made to the Build Kansas Fund by the City of Atchison. The application packet includes the following items:

- Coversheet – provides a high-level overview of the application including a unique identification number, page 1 of 18 of the Build Kansas Fund Application Package.
- Build Kansas Fund Application – includes information submitted with the Build Kansas Fund Application, pages 2-7. Page 8 provides the table of funding sources and zip codes served by the project.
- Attachments – Application for Federal Assistance, pages 9-18.

Project Overview

The City of Atchison seeks funding from the Federal Aviation Administration (FAA) for funding available through the Airport Infrastructure Grants (AIG) program for their Rehabilitation and Reconstruction of Aprons, Hangars and Taxilanes at Amelia Earhart Airport (K59) Project, which includes the rehabilitation of the apron and north hangar taxilanes, and the reconstruction of the south hangars taxilane.

This opportunity is a formula BIL program with a local match requirement of 5% of the total project cost. The entity is requesting \$13,062.50 from the Build Kansas Fund, and is providing a local match of \$687.50. This request has the potential to unlock \$261,250.00 in federal funds, for a total project cost of \$275,000.00.

The deadline was May 2, 2025, and this Build Kansas Fund application was received on April 30, 2025.

Build Kansas Fund Steering Committee Recommendation

The Build Kansas Fund Steering Committee reviewed this application on May 14, 2025 following a successful completeness check. The Steering Committee **RECOMMENDS APPROVAL** of Build Kansas Funding to the Build Kansas Advisory Committee for final advice.

Build Kansas Fund | Fiscal Year 2025

Application Package | Coversheet



| | |
|--|---|
| Build Kansas Fund Application Number | 2025-118-MO-KAN |
| Applicant Name | City of Atchison |
| Application Date Received | 4/30/2025 |
| Project Name | Rehabilitation and Reconstruction of Aprons, Hangers and Taxilanes at Amelia Earhart Airport (K59) |
| Project Description | This project consists of the rehabilitation of the apron and north hangar taxilanes, and the reconstruction of the south hangars taxilane. |
| Entity Type | Local Government |
| Economic Development District (EDD) Planning Commission | MO-KAN |
| Infrastructure Sector(s) | Transportation |
| BIL Program | Airport Infrastructure Grants (AIG) Program |
| BIL Program Type | Formula |
| Application Type | Implementation |
| BIL Application Deadline | 5/2/2025 |
| Build Kansas Fund Request | \$13,062.50 |
| Technical Assistance Received | General Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | BIL Application Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Build Kansas Fund Application Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Other (Brief Description): Provided BKF Application Support. |
| Application Notes | Build Kansas Fund contribution of \$13,062.50 will unlock \$261,250.00 in federal BIL funding, with a local cash contribution of \$687.50, for a total project cost of \$275,000.00 |
| Steering Committee Funding Recommendation | 5/14/2025 Recommend <input checked="" type="checkbox"/> Declined <input type="checkbox"/> |
| Advisory Committee Funding Recommendation | 5/22/2025 Recommend <input type="checkbox"/> Declined <input type="checkbox"/> |

| | | |
|-------|--|--------------|
| Title | City of Atchison, Kansas | 04/30/2025 |
| | by Ian Wright in Build Kansas Fund Application | id. 50409750 |
| | iwright@hwlochner.com | |

| | |
|----------------------------|------------|
| Original Submission | 04/30/2025 |
|----------------------------|------------|

| | |
|--|---|
| Score | n/a |
| Part 1: Applicant Information | |
| The name of the entity applying for the Build Kansas Fund: | City of Atchison, Kansas |
| Project Name: | Atchison, KS Airport (K59) - Rehab Apron, North Hangar Taxilanes, and Reconstruct South Hangar Taxilane (Admin., Design, and Const. Services) |
| Entity type: | Local Government |
| Entity Population: | 10,670 |
| Applicant Contact Name: | Clinton McNemee |
| Applicant Contact Position/Title: | Public Works & Utilities Director |
| Applicant Contact Telephone Number: | +19133675561 |
| Applicant Contact Email Address: | clintonm@cityofatchison.com |
| Applicant Contact Address: | 515 Kansas Avenue |
| Applicant Contact Address Line 2 (optional): | |
| Applicant Contact City: | Atchison |
| Applicant Contact State: | Kansas |
| Applicant Contact Zip Code: | 66002 |

| | |
|---|-------------------------|
| Is the Project Contact the same as the Applicant Contact? | No |
| Project Contact Name: | Ian Wright |
| Project Contact Position/Title: | Project Manager |
| Project Contact Telephone Number: | +13165189244 |
| Project Contact Email Address: | iwright@hwlochner.com |
| Project Contact Address: | 15717 College Boulevard |
| Project Contact Address Line 2 (optional): | |
| Project Contact City: | Lenexa |
| Project Contact State: | Kansas |
| Project Contact Zip Code: | 66061 |
| Part 2: Build Kansas Fund - Eligibility Criteria | |
| Certify that you are pursuing an Infrastructure Investment and Jobs Act (IIJA) funding opportunity for which your entity is eligible: | Yes |
| Certify that the Infrastructure Investment and Jobs Act (IIJA) funding opportunity you are pursuing has a required non-federal match component: | Yes |
| What is the primary county that the project will occur in? | Atchison County |

The Build Kansas Fund is intended to support Kansas-based infrastructure projects. Please provide a list of all the zip codes this project will be located in, along with an estimated percent [%] of the project located in that zip code. For example, if seeking funding for road infrastructure, provide a rough percent of the roads expected in each zip code:

[Zip Code Percentage.xlsx](#)

| | |
|---|---|
| | Part 3: Infrastructure Investment and Jobs Act (IIJA) - Grant Application Information Please Note: This information is related to the federal Infrastructure Investment and Jobs Act (IIJA), commonly known as the Bipartisan Infrastructure Law (BIL), funding opportunity to which you will apply. This is NOT information for the Build Kansas Match Fund. |
| Please enter the Infrastructure Investment and Jobs Act (IIJA) funding opportunity title that the entity is applying for: | Bipartisan Infrastructure Law (BIL) / IIJA Airport Infrastructure Grant Funding |
| What is the funding agency for this Infrastructure Investment and Jobs Act (IIJA) funding opportunity? | Federal Aviation Administration |
| What is the Assistance Listing Number (ALN) for this Infrastructure Investment and Jobs Act (IIJA) funding opportunity? | 20.106 |
| What is the federal application due date for this Infrastructure Investment and Jobs Act (IIJA) funding opportunity? | 5/2/2025 |
| Application Type: | Implementation |
| What is the federal fiscal year for this Infrastructure Investment and Jobs Act (IIJA) funding opportunity? | 2025 |

Enter the amount of funding being applied for, from the Infrastructure Investment and Jobs Act (IIJA) funding opportunity:

\$261,250.00

Enter the total project cost:

\$275,000.00

Enter the required non-federal match percentage:

5%

Part 4: Build Kansas Fund - Match Application Information Beginning in July 2024 and moving forward, eligible applicants are expected to contribute a portion of the non-Federal match requirement. This contribution can be in the form of cash and/or in-kind contributions. The goal is to demonstrate the applicant's commitment to the project. The contribution should be significant enough relative to the Build Kansas Fund request. For a local public entity, 5% of the non-federal match is a good guideline, but not a requirement. See Build Kansas Fund Program Guidance for exceptions and more information.

Enter the non-federal cash match amount being requested from the Build Kansas Fund:

\$13,062.50

Enter the non-federal cash match amount being provided by the eligible applicant, if applicable:

\$687.50

Enter the estimated value of the non-federal in-kind match amount being provided by the eligible applicant, if applicable:

\$0

Expected breakdown of funding sources to support the project: Enter the funding source and projected amount from each source to support this project:

[Kansas+DOT+table_V2.xlsx](#)

Part 5: Build Kansas Fund - Means Test and Eligible Applicant Match

| | |
|---|--|
| What other available funding sources that are currently planned to go unused by your entity will be leveraged for this project? | N/A |
| Will any American Rescue Plan Act (ARPA) or Coronavirus State & Local Fiscal Recovery Fund monies will be used for the non-federal match? | N/A |
| What other sources of in-kind match will be leveraged for this project? Please list and include the actual or estimated value of each. | N/A |
| What other funding sources (local, federal, or non-federal) will be used for this match? | N/A |
| Describe your efforts to find other available funding sources for this project: | The IIJA (formerly Bipartisan Infrastructure Law (BIL)) local match to the federal grant has been planned for utilizing local funding mechanisms. At this point in time and throughout past research, there are no known funding sources available (federal or local) that could fund the BIL local match. |

Part 6: Additional Information

Please upload a draft or final version of the Infrastructure Investment and Jobs Act (IIJA) program grant application associated with this request OR an executive summary providing an overview of the project:

[00_Application_for_Financial_Assistance_K59_Rehab_and_Taxilane_Reconst._IIJA-023_FOR_SIGNATURE.pdf](#)

Provide any additional information about this project not covered in previous sections of this application (optional):

Total Project Cost: \$275,000

AIG-BIL/IIJA Funds: \$261,250

Local Match to AIG-BIL/IIJA Funds: \$13,750

Build Kansas Fund Request: \$13,062.50

Local Match to Build Kansas Fund Request: \$687.50

Part 7: Terms and Conditions

Understanding of Fund Release Requirements: checked

Understanding of Use of Funds: checked

Understanding of Reporting Requirements: checked

Authority to Make Grant Application: checked

Persons and Titles: Ian Wright
The following persons are responsible for making this Build Kansas Fund application.

Position/Title: Project Manager

Additional:

Position/Title:

Additional:

Position/Title:

Additional:

Position/Title:

| Source | Amount | % of Project |
|--|---------------------|--------------|
| Build Kansas Funds (non-federal match) | \$13,062.50 | 4.75% |
| Eligible Applicant Cash Match | \$687.50 | 0.25% |
| Eligible Applicant In-Kind Match (estimated value) | \$0.00 | 0% |
| BIL Federal Funds (applied for) | \$261,250.00 | 95% |
| Additional Project Contribution (if applicable) | \$0.00 | 0% |
| TOTAL PROJECT COST | \$275,000.00 | 100% |

***Applicant match contribution is 5% of total match requirement**

| Zip Code | % of project in zip code |
|----------|--------------------------|
| 66002 | 100% |
| | 100% In Kansas |

Application for Federal Assistance SF-424

*1. Type of Submission:

Preapplication

Application

Changed/Corrected Application

*2. Type of Application

New

Continuation

Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name:

*b. Employer/Taxpayer Identification Number (EIN/TIN):

*c. UEI:

d. Address:

*Street 1:

Street 2:

*City:

County/Parish:

*State: Province:

*Country:

*Zip / Postal Code

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Title:

Organizational Affiliation:

*Telephone Number:

Fax Number:

*Email:

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12. Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant:

*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent On Any Federal Debt?**

Yes No

If "Yes", explain:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number:

Fax Number:

* Email:

*Signature of Authorized Representative:

*Date Signed:

Application for Federal Assistance (Development and Equipment Projects)

PART II – PROJECT APPROVAL INFORMATION

| Part II - SECTION A | | | |
|---|-----|----|-----|
| The term "Sponsor" refers to the applicant name provided in box 8 of the associated SF-424 form. | | | |
| Item 1. Does Sponsor maintain an active registration in the System for Award Management (www.SAM.gov)? | Yes | No | |
| Item 2. Can Sponsor commence the work identified in the application in the fiscal year the grant is made or within six months after the grant is made, whichever is later? | Yes | No | N/A |
| Item 3. Are there any foreseeable events that would delay completion of the project? If yes, provide attachment to this form that lists the events. | Yes | No | N/A |
| Item 4. Will the project(s) covered by this request have impacts or effects on the environment that require mitigating measures? If yes, attach a summary listing of mitigating measures to this application and identify the name and date of the environmental document(s). | Yes | No | N/A |
| Item 5. Is the project covered by this request included in an approved Passenger Facility Charge (PFC) application or other Federal assistance program? If yes, please identify other funding sources by checking all applicable boxes. | | | |
| <div style="margin-left: 40px;"> The project is included in an <i>approved</i> PFC application. If included in an approved PFC application, does the application <i>only</i> address AIP matching share? Yes No </div> <div style="margin-left: 40px; margin-top: 10px;"> The project is included in another Federal Assistance program. Its CFDA number is below. </div> | | | |
| Item 6. Will the requested Federal assistance include Sponsor indirect costs as described in 2 CFR Appendix VII to Part 200, States and Local Government and Indian Tribe Indirect Cost Proposals? | Yes | No | N/A |
| If the request for Federal assistance includes a claim for allowable indirect costs, select the applicable indirect cost rate the Sponsor proposes to apply: | | | |
| <div style="margin-left: 40px;"> De Minimis rate of 10% as permitted by 2 CFR § 200.414. </div> <div style="margin-left: 40px; margin-top: 10px;"> Negotiated Rate equal to % as approved by (the Cognizant Agency) on (Date) (2 CFR part 200, appendix VII). </div> | | | |
| <i>Note: Refer to the instructions for limitations of application associated with claiming Sponsor indirect costs.</i> | | | |

PART II - SECTION B

Certification Regarding Lobbying

The declarations made on this page are under the signature of the authorized representative as identified in box 21 of form SF-424, to which this form is attached. The term "Sponsor" refers to the applicant name provided in box 8 of the associated SF-424 form.

The Authorized Representative certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Sponsor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Authorized Representative shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The Authorized Representative shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

PART II – SECTION C

The Sponsor hereby represents and certifies as follows:

1. Compatible Land Use – The Sponsor has taken the following actions to assure compatible usage of land adjacent to or in the vicinity of the airport:

2. Defaults – The Sponsor is not in default on any obligation to the United States or any agency of the United States Government relative to the development, operation, or maintenance of any airport, except as stated herewith:

3. Possible Disabilities – There are no facts or circumstances (including the existence of effective or proposed leases, use agreements or other legal instruments affecting use of the Airport or the existence of pending litigation or other legal proceedings) which in reasonable probability might make it impossible for the Sponsor to carry out and complete the Project or carry out the provisions of the Grant Assurances, either by limiting its legal or financial ability or otherwise, except as follows:

4. Consistency with Local Plans – The project is reasonably consistent with plans existing at the time of submission of this application) of public agencies that are authorized by the State in which the project is located to plan for the development of the area surrounding the airport.

5. Consideration of Local Interest – It has given fair consideration to the interest of communities in or near where the project may be located.

6. Consultation with Users – In making a decision to undertake an airport development project under Title 49, United States Code, it has consulted with airport users that will potentially be affected by the project (§ 47105(a)(2)).

7. Public Hearings – In projects involving the location of an airport, an airport runway or a major runway extension, it has afforded the opportunity for public hearings for the purpose of considering the economic, social, and environmental effects of the airport or runway location and its consistency with goals and objectives of such planning as has been carried out by the community and it shall, when requested by the Secretary, submit a copy of the transcript of such hearings to the Secretary. Further, for such projects, it has on its management board either voting representation from the communities where the project is located or has advised the communities that they have the right to petition the Secretary concerning a proposed project.

8. Air and Water Quality Standards – In projects involving airport location, a major runway extension, or runway location it will provide for the Governor of the state in which the project is located to certify in writing to the Secretary that the project will be located, designed, constructed, and operated so as to comply with applicable and air and water quality standards. In any case where such standards have not been approved and where applicable air and water quality standards have been promulgated by the Administrator of the Environmental Protection Agency, certification shall be obtained from such Administrator. Notice of certification or refusal to certify shall be provided within sixty days after the project application has been received by the Secretary.

PART II – SECTION C (Continued)

9. Exclusive Rights – There is no grant of an exclusive right for the conduct of any aeronautical activity at any airport owned or controlled by the Sponsor except as follows:

10. Land – (a) The sponsor holds the following property interest in the following areas of land, which are to be developed or used as part of or in connection with the Airport subject to the following exceptions, encumbrances, and adverse interests, all of which areas are identified on the aforementioned property map designated as Exhibit “A”. [1]

The Sponsor further certifies that the above is based on a title examination by a qualified attorney or title company and that such attorney or title company has determined that the Sponsor holds the above property interests.

(b) The Sponsor will acquire within a reasonable time, but in any event prior to the start of any construction work under the Project, the following property interest in the following areas of land on which such construction work is to be performed, all of which areas are identified on the aforementioned property map designated as Exhibit “A”. [1]

(c) The Sponsor will acquire within a reasonable time, and if feasible prior to the completion of all construction work under the Project, the following property interest in the following areas of land which are to be developed or used as part of or in connection with the Airport as it will be upon completion of the Project, all of which areas are identified on the aforementioned property map designated as Exhibit “A”. [1]

¹ State the character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.

PART III – BUDGET INFORMATION – CONSTRUCTION

| SECTION A – GENERAL |
|----------------------------------|
| 1. Assistance Listing Number: |
| 2. Functional or Other Breakout: |

| SECTION B – CALCULATION OF FEDERAL GRANT | | | |
|--|--|---|-----------------------|
| Cost Classification | Latest Approved Amount (Use only for revisions) | Adjustment + or (-) Amount (Use only for revisions) | Total Amount Required |
| 1. Administration expense | | | |
| 2. Preliminary expense | | | |
| 3. Land, structures, right-of-way | | | |
| 4. Architectural engineering basic fees | | | |
| 5. Other Architectural engineering fees | | | |
| 6. Project inspection fees | | | |
| 7. Land development | | | |
| 8. Relocation Expenses | | | |
| 9. Relocation payments to Individuals and Businesses | | | |
| 10. Demolition and removal | | | |
| 11. Construction and project improvement | | | |
| 12. Equipment | | | |
| 13. Miscellaneous | | | |
| 14. Subtotal (Lines 1 through 13) | | | |
| 15. Estimated Income (if applicable) | | | |
| 16. Net Project Amount (Line 14 minus 15) | | | |
| 17. Less: Ineligible Exclusions (Section C, line 23 g.) | | | |
| 18. Subtotal (Lines 16 through 17) | | | |
| 19. Federal Share requested of Line 18 | | | |
| 20. Grantee share | | | |
| 21. Other shares | | | |
| 22. TOTAL PROJECT (Lines 19, 20 & 21) | | | |

| SECTION C – EXCLUSIONS | |
|--|-------------------------------------|
| 23. Classification (Description of non-participating work) | Amount Ineligible for Participation |
| a. | |
| b. | |
| c. | |
| d. | |
| e. | |
| f. | |
| g. Total | |

| SECTION D – PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE | |
|--|--------|
| 24. Grantee Share – Fund Categories | Amount |
| a. Securities | |
| b. Mortgages | |
| c. Appropriations (by Applicant) | |
| d. Bonds | |
| e. Tax Levies | |
| f. Non-Cash | |
| g. Other (Explain): | |
| h. TOTAL - Grantee share | |
| 25. Other Shares | Amount |
| a. State | |
| b. Other | |
| c. TOTAL - Other Shares | |
| 26. TOTAL NON-FEDERAL FINANCING | |

| SECTION E – REMARKS (Attach sheets if additional space is required) |
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| |

PART IV – PROGRAM NARRATIVE
(Suggested Format)

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|--|
| PROJECT: |
| AIRPORT: |
| 1. Objective: |
| 2. Benefits Anticipated: |
| 3. Approach: (See approved Scope of Work in Final Application) |
| 4. Geographic Location: |
| 5. If Applicable, Provide Additional Information: |
| 6. Sponsor's Representative: (include address & telephone number) |