



Build Kansas Fund | Fiscal Year 2027 Application Package | Memo

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

From: Shawn Wesner, Executive Director, Kansas Infrastructure Hub

RE: Build Kansas Fund Application #2027-223-SCKEDD City of Eureka

Date: September 4, 2026

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

- Coversheet – provides a high-level overview of the application including a unique identification number, page 2 of 13 of the Build Kansas Fund Application Package.
- Build Kansas Fund Application – includes information submitted with the Build Kansas Fund Application, pages 3-8. Page 9 provides the table of funding sources and zip codes served by the project.
- Attachments – Program application and project narrative, pages 10-13.

Project Overview

The City of Eureka seeks funding from the U.S. Department of Transportation for funding available through the Airport Infrastructure Grant (AIG) program for their Apron Reconstruction - Construction Only project which includes rehabilitating the airport apron and taxiway while widening the taxiway to improve pavement conditions, enhance airfield safety, and extend the service life of critical airport infrastructure.

This opportunity is a formula IIJA program with a local match requirement of 5% of the total project cost. The entity is requesting \$5,450.00 from the Build Kansas Fund, and is providing a local cash match of \$287.00. This request has the potential to unlock \$109,000.00 in federal funds, for a total project cost of \$114,737.00.

The deadline for this opportunity is September 30, 2026, and this Build Kansas Fund application was received on July 29, 2026.

Previously Awarded BKF

Program/Fiscal Year	BKF Amount	Federal Award Status	BKF Status
AIG/FY25	\$4,037.00	Awarded	Approved
AIG/FY25	\$22,200.00	Awarded	Approved

Build Kansas Fund Steering Committee Recommendation

The Build Kansas Fund Steering Committee reviewed this application on August 12, 2026 following a successful completeness check. The Steering Committee **RECOMMENDS APPROVAL** of Build Kansas Funding to the Build Kansas Advisory Committee.

Build Kansas Fund | Fiscal Year 2027

Application Package | Coversheet



Build Kansas Fund Application Number	2027-223-SCKEDD		
Applicant Name	City of Eureka		
Application Date Received	7/29/2026		
Project Name	Apron Reconstruction - Construction Only		
Project Description	Rehabilitate the airport apron and taxiway while widening the taxiway to improve pavement conditions, enhance airfield safety, and extend the service life of critical airport infrastructure.		
Entity Type	Local Government		
Economic Development District (EDD)	South Central KS Economic Development District		
Infrastructure Sector(s)	Transportation		
IIJA Program	Airport Infrastructure Grants (AIG)		
IIJA Program Type	Formula		
Application Type	Implementation		
IIJA Application Deadline	7/23/2026		
Build Kansas Fund Request	\$5,450.00		
Technical Assistance Received	General	Yes ☒	No ☐
	IIJA Application	Yes ☒	No ☐
	Build Kansas Fund Application	Yes ☒	No ☐
Application Notes	Build Kansas Fund contribution of \$5,450.00 will unlock \$109,000.00 in federal IIJA funding, with a local cash contribution of \$287.00, for a total project cost of \$114,737.00.		
Previously Awarded BKF Applications (If Applicable)	Program/FY	BKF Amount	BKF/Federal Status
	AIG/FY25	\$4,037.00	Approved/Awarded
	AIG/FY25	\$22,200.00	Approved/Awarded
Steering Committee Funding Recommendation	8/12/2026 Recommend ☒ Declined ☐		
Advisory Committee Funding Recommendation	9/4/2026 Recommend ☐ Declined ☐		

Title	City of Eureka	07/29/2026
	by Taylor Pennock-House in Build Kansas Fund Application	id. 54743600
	tvpennockhouse@garverusa.com	

Original Submission	07/29/2026
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Score	n/a
Part 1: Applicant Information	
The name of the entity applying for the Build Kansas Fund:	City of Eureka
Project Name:	Apron Reconstruction - Construction Only
Entity type:	Local Government
Entity Population:	2,223
Applicant Contact Name:	Steve Coulter
Applicant Contact Position/Title:	Mayor
Applicant Contact Telephone Number:	+16205836140
Applicant Contact Email Address:	scoulter@shelterinsurance.com
Applicant Contact Address:	309 N Oak Street
Applicant Contact Address Line 2 (optional):	
Applicant Contact City:	Eureka

Applicant Contact State: Kansas

Applicant Contact Zip Code: 67045

Is the Project Contact the same as the Applicant Contact? Yes

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? Greenwood 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) 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: Airport Infrastructure Grants (AIG)

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? 20.117

What is the federal application due date for this Infrastructure Investment and Jobs Act (IIJA) funding opportunity? 9/30/2026

Application Type: Implementation

What is the federal fiscal year for this Infrastructure Investment and Jobs Act (IIJA) funding opportunity? 2026

Enter the amount of funding being applied for, from the Infrastructure Investment and Jobs Act (IIJA) funding opportunity: \$109,000.00

Enter the total project cost: \$114,737.00

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:

\$5,450.00

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

\$287.00

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?

Match funds are coming from the local city budgets

Will any American Rescue Plan Act (ARPA) or Coronavirus State & Local Fiscal Recovery Fund monies 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:

Match funds are coming from the local city budgets

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:

[SF424_Signed.pdf](#)

[5100-100_for_BKF_App.pdf](#)

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

Part 7: Terms and Conditions

Understanding of Fund Release Requirements:

checked

Understanding of Use checked
of Funds:

Understanding of checked
Reporting
Requirements:

Authority to Make checked
Grant Application:

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

Position/Title: PE/Aviation Leader

Additional: Traci
Grant

Position/Title: Project Engineer

Additional:

Position/Title:

Additional:

Position/Title:

Project Source	Amount	% of Project
Build Kansas Funds (non-federal match)	\$5,450.00	4.75%
Eligible Applicant Cash Match	\$287.00	0.25%
Eligible Applicant In-Kind Match (estimated value)	\$0.00	0.00%
IIJA Federal Funds (applied for)	\$109,000.00	95.00%
Additional Project Contribution (if applicable)	\$0.00	0.00%
TOTAL PROJECT COST	\$114,737.00	100.00%

Project Match	Amount	% of Match
Build Kansas Funds	\$5,450.00	95.00%
Applicant Contribution	\$287.00	5.00%
TOTAL MATCH	\$5,737.00	100.00%

Zip Code	% of project in zip code
67045	100%
	100% In Kansas

PART IV – PROGRAM NARRATIVE
(Suggested Format)

PROJECT: Apron Rehabilitation, Taxiway Rehabilitation, and Taxiway Widening

AIRPORT: Lt. William M. Milliken Airport

1. Objective:

Apron and Taxiway concrete pavement rehabilitation. Taxiway widening

2. Benefits Anticipated:

Increases lifespan of existing pavement.
Less chances for FOD on apron and taxiway.
Reduces probability of collision on taxiway.

3. Approach: (See approved Scope of Work in Final Application)

Replace existing panels, seal joints, and install new apron and taxiway markings.

4. Geographic Location:

Lt. William M. Milliken Airport, City of Eureka, Greenwood County, Kansas.

5. If Applicable, Provide Additional Information:

6. Sponsor's Representative: (include address & telephone number)

Mr. George Turner, Airport Manager
1667 P Rd,
Eureka, KS 67045

Phone #:620-755-2923

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:

13K

5a. Federal Entity Identifier:

3-20-0021-0013-2026 & 3-20-0021-0014-2026

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Eureka

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

48-6035982

*c. UEI:

UQHJJ8L8D878

d. Address:

*Street 1: 309 N. Oak Street

Street 2:

*City: Eureka

County/Parish:

*State: Province: KS

*Country: USA: United States

*Zip / Postal Code 67045

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. *First Name: George

Middle Name:

*Last Name: Turner

Suffix:

Title: Airport Manager

Organizational Affiliation:

*Telephone Number: 620-755-2923

Fax Number:

*Email: gturner@flyflinthills.com

Application for Federal Assistance SF-424***9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an applicant type

*Other (Specify)

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

Federal Aviation Administration

***11. Catalog of Federal Domestic Assistance Number:**

CFDA No: CFDA Title:

20.116 Airport Improvement Program (AIP)

20.117 Airport Infrastructure Grants (AIG)

***12. Funding Opportunity Number:**

3-20-0021-0013-2026 & 014

*Title:

Apron Rehabilitation (Construction Only)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):***15. Descriptive Title of Applicant's Project:**

Construction only grant for rehabilitation of existing concrete apron and taxiway.

- Replace all concrete on apron
- Replace panels and joint sealant on taxiway

Attach supporting documents as specified in agency instructions.

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

*a. Applicant: KS-004

*b. Program/Project: KS-004

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

17. Proposed Project:

*a. Start Date: 08/01/2026

*b. End Date: 06/30/2027

18. Estimated Funding (\$):

*a. Federal	\$ 409,787
*b. Applicant	\$ 0
*c. State	\$ 148,070
*d. Local	\$ 38,021
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 595,878

\$300,787 NPE Funds
\$109,000 IJJA Funds

***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: Mr. *First Name: Steve

Middle Name: _____

*Last Name: Coulter

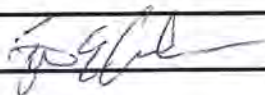
Suffix: _____

*Title: Mayor

*Telephone Number: 620-750-0392

Fax Number: _____

* Email: scoulter@shelterinsurance.com

*Signature of Authorized Representative: 

*Date Signed: 5-12-2026