



ATTRACTION DEVELOPMENT GRANT PROGRAM REQUEST FOR REIMBURSEMENT

Grant progress reports must be current before reimbursements will be made

CONTACT INFORMATION:

Grantee Name: _____ Contact Person: _____
 Mailing Address: _____ City, State, ZIP: _____
 Telephone Number: _____ Email Address: _____

REIMBURSEMENT REQUEST:

REQUEST#: _____

- | | |
|--|----------|
| 1. Grant Amount Awarded | \$ _____ |
| 2. Grant Funds Received to Date | \$ _____ |
| 3. Amount of This Request | \$ _____ |
| 4. Balance of Grant Remaining (upon receipt of this request) | \$ _____ |

EXPENDITURE DETAIL:

List project expense category from budget page of application that the attached invoices, statements, and canceled checks represent. The budget submitted in the application is the approved budget. Only the expense categories outlined in the application document will be reimbursed. Forty percent (40%) of qualified paid expenditures will be reimbursed. Not to exceed the amount of the grant.

EXPENSE CATEGORY	EXPENSE AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

CERTIFICATION:

I HEREBY CERTIFY THAT THE INFORMATION REPORTED ABOVE IS CORRECT AND THAT THE AMOUNT REQUESTED IS FOR ACTIVITES RELATED TO THE GRANT PROJECT.

SIGNATURE _____ TITLE _____ DATE _____

APPROVAL: (KDWPT approval only)

KDWPT Representative _____ DATE _____

Kansas Department of Wildlife, Parks & Tourism
 Attraction Development Grant Program
 1020. S. Kansas Ave, Suite 200, Topeka, KS 66612-1327

INSTRUCTIONS FOR ADGP REQUEST FOR REIMBURSEMENT

PART I - REQUEST FOR PAYMENT

GRANTEE NAME, ADDRESS, PHONE AND EMAIL
As it appears on your Grant Contract

PART II - STATUS OF ADGP FUNDS

REQUEST NO. (Sequential number of your request)

1. GRANT AMOUNT AWARDED
Enter total amount shown on your Grant Contract.
2. ADGP FUNDS RECEIVED TO DATE:
Enter total amount of all ADGP funds received to date under this Grant Award
- 3.. AMOUNT OF THIS REQUEST
Enter amount shown in Part I above. Minimum amount of request is \$500.00.
- 4.. BALANCE: Subtract line 3 from line 1.

PART III - EXPENDITURE JUSTIFICATION

Provide a brief explanation of how the requested funds have been used. Provide copies of paid invoices or receipts.

PART IV – CERTIFICATION

The two signatures should be the same as those on the contract and/or those authorized to request payment.

PART V – APPROVAL

Will be completed by KDWPT for state processing.

ATTACHMENTS

An invoice with a voided check showing payment or a statement with paid status is to be attached to the request for reimbursement for the invoices paid through the grant.

With the final request all invoices pertaining to the project as outlined in the grant application are to be submitted. You will only need to provide proof of payment for the invoices that the grant is reimbursing.

Grant recipients must, in addition to all other expenditures, provide verification of all in-kind activities as outlined in the grant application.

Reimbursement is based on a 40/60 match. Each payment request does not need to meet 40% reimbursement of paid invoices to date, KDWPT will audit the final request to ensure no more than 40% of total project cost is awarded.

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