



B.A.R.N. GRANT REIMBURSEMENT REQUEST FORM

Grant progress reports must be current before reimbursements will be made

CONTACT INFORMATION:

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

Grant award will be disbursed in three payments as follows:

- A. 50% of the Grant Award when Grantee demonstrates that construction has commenced to the satisfaction of Commerce.
B. 25% of the Grant Award when 50% of the construction for the Project has been completed and verified.
C. The final 25% of the Grant Award when 75% of the construction for the Project has been completed and verified.
If construction milestones are completed ahead of the deadlines as described above, then Grantee will receive the Award Payment corresponding with the Project milestone once appropriate documentation, verification, and a site visit can be completed.

REIMBURSEMENT REQUEST:

REQUEST#: _____

- 1. Grant Amount Awarded \$ _____
2. Grant Funds Received To Date \$ _____
3. Amount of this Request
• 1st Reimbursement - 50% of awarded amount \$ _____
• 2nd Reimbursement - 25% of awarded amount \$ _____
• 3rd Reimbursement - final 25% of awarded amount \$ _____
4. Balance of Grant Remaining (upon receipt of this request) \$ _____

EXPENDITURE JUSTIFICATION:

Please attach detailed description of project updates including receipts, invoices, canceled checks, and/or photos.

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: (Kansas Tourism approval only)

Kansas Tourism Representative _____ DATE _____

Kansas Tourism
Tourism B.A.R.N. Grant Program
915 SW Harrison St., Suite 250, Topeka, KS 66612

INSTRUCTIONS FOR REQUEST FOR REIMBURSEMENT

PART I – CONTACT INFORMATION

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

PART II – REIMBURSEMENT REQUEST

ENTER REQUEST NO. (Sequential number of your request)

1. GRANT AMOUNT AWARDED
Enter total amount shown on your Grant Contract.
2. GRANT FUNDS RECEIVED TO DATE:
Enter total amount of all funds received to date under this Grant Award
- 3.. AMOUNT OF THIS REQUEST
Enter amount of the reimbursement request. Minimum request is \$500.00.
- 4.. BALANCE of Grant Remaining: Grant Amount Awarded (1) minus - Grant Funds Received to Date (2) minus - Amount of This Request (3) equals = Balance of Grant Remaining (4).

PART III - EXPENDITURE JUSTIFICATION

Provide an overview of how the requested funds correspond with the attached invoices or receipts.

PART IV – CERTIFICATION

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

PART V – APPROVAL

Will be completed by Kansas Tourism for state processing.

ATTACHMENTS

Attachments should show work being done through description, receipts, and photos of progress. Reports should be up to date. The Final Report should be included in your Final Grant Reimbursement Request.

Reimbursement is based on a 50/50 match. Each payment request does not need to meet 50% reimbursement of paid invoices to date, Kansas Tourism will audit the final request to ensure no more than 50% of total project cost is awarded.