Grant Closeout Form

Upon completion of your project, fill out the Closeout Report Form, save the completed form as a PDF, and email to the grant's program manager with "Closeout", Project Name and the grantees organization name.

Section 1 - Project Info

Complete the fields in this section using data from the customized reimbursement request form. Refer to your Grant Agreement for information on when to submit your final report and final reimbursement request.

1. Recipient Name		2. Date Awarded
3. Project Name		**4. Amount Awarded**
5. Address		
6. City	**7. Zip Code**	**8. County**

Section 2 - Financial Reconciliation

Question		Answer	
1. Total amount of all Kansas Tourism grant payments received by grantee by closeout			
2. Total amount of awarded grant remaining at closeout. Is the reimbursement complete because of <u>a or b?</u>		**2a**	**2b**
2a. $0.00 remaining as amount distributed at closeout is the same as the amount of the original grant award. Enter $0.00 in column 2a.	**2b. Amount distributed at closeout is less than the grant award. Project is complete and some grant funds remain. Enter amount remaining from original award in column 2b.**		

Section 3 - Project Status

Answer each question to the best of your ability. If a question is not relevant, enter N/A.

Question	Answer
1. On what date did the project begin? (mm/dd/yyyy)	
2. On what date did the project complete? (mm/dd/yyyy)	

Section 4 - Progress Section

Elements of the following portion of the closeout report are based on the deliverables as noted in the grant contract. Answer each question to the best of your ability. If a question is not relevant, enter N/A. Include any new or summary information since last the regular progress report.

This would include progress on deliverables/project goals, status of project's original budget and the actual budget, and status of project schedule or timeline. Note any Grant Amendments and/or Grant Adjustment Notices.

Question	Answer
1. Project deliverable completed as planned?	**YES** ☐ **NO** ☐
1a. Please provide additional comments:	
2. Project budget vs actual budget: Was the original project budget followed?	**YES** ☐ **NO** ☐
2a. If grantee spent more in match or less in budget overall, provide the rationale for the variation:	
3. Project schedule or timeline: Did the project need schedule adjustment?	**YES** ☐ **NO** ☐
3a. If there was a project schedule or timeline variation, provide comments, rationale for variation:	

Section 5- Reflection Section

Please answer the following reflection questions

Question/Answer
1. Please identify difficulties/challenges or changes related to the project planning, implementation, and/or completion that altered project goals or schedule, if applicable.

2. Please identify/describe any unanticipated or unexpected benefits to the project area, or other ways in which the grant project leveraged other opportunities, if applicable.
3. Are there any success stories you wish to share that highlight economic impact, business, community or individual, thanks in part or wholly attributed to the grant investment? (photos are also appreciated)
4. Any advice or suggestions to Kansas Tourism on ways to improve services to you and/or make adjustments in the grant application process to better fit your project planning and implementation needs?

Section 6- Certification

Enter the contact information of the person authorizing and submitting this report. By including your name below, you certify that the above report is complete, accurate, and you have the authority, granted by the recipient agency to submit this report on their behalf.

Name	Title	
Phone Number	**Email Address**	**Date**