



# 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 ACTIVITIES RELATED TO THE GRANT PROJECT.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVAL: (KS Tourism approval only)**

KS Tourism Representative \_\_\_\_\_ DATE \_\_\_\_\_

Kansas Tourism  
1000 SW Jackson St, STE 100  
Topeka, KS 66612

# 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 KS Tourism 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, KS Tourism will audit the final request to ensure no more than 40% of total project cost is awarded.