



## Semi-Annual Grant Reporting Form

Please use the following form to complete a semi-annual grant report and email it to the grant manager along with any attachments

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. Total Amount Awarded
5. Address		6. Amount of Grant Remaining
7. City	8. Zip Code	9. County
10. Report (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )		11. Date Submitting
Section 2 – Project Narrative		
Provide a short narrative for each of the following questions		
12. Items Accomplished During this Past Reporting Period		

**13. Items Anticipated to Take Place Next Reporting Period**

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**14. Current status of the project and any details Kansas Tourism should know about:**

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**Section 3- 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

**Section 4- Kansas Tourism Certification (to be completed by Kansas Tourism)**

Name	Date Received	Certification date