Brad Loveless, Secretary



Phone: (785) 296-2281 Fax: 785-296-6953 www.kdwp.state.ks.us

Laura Kelly, Governor

TOURISM MARKETING GRANT PROGRAM FINAL REPORT

Grant Recipient Organization:

Project Contact Name: _____

PART I.

Activity Summary:

Please attach a detailed summary of the completed grant project. If the project is an attraction, include the date the completed grant project will be open or available to the traveler. Include what influence, to date, the project has had on visitor count or increase in visitors to the community.

PART II.

Total Funds Spent:

<u>Funds</u>	Budgeted	(<u>)</u>	Spent
Leveraged – Cash	\$	\$	
Leveraged – In-kind	\$	\$	
Grant	\$	\$	
CERTIFICATION: I HEREBY CERTIFY THAT THE INFORMATION REPORTED ABOVE IS CORRECT.			
SIGNATURE:	TITLE	E	DATE: