

The Kansas Department of Commerce (KDC) Closeout Site Visit Checklist
– For Internal Use –

| | |
|----------------------------------------------------------------------------|--|
| Awardee | |
| Grant Program/Project Title | |
| Project (Beginning and Ending) Dates (include any extension/amendments) | |

Monitoring Review Status Update: WOB Grant Manager to provide update prior to On-site Review

| | |
|--------------------------------------------------------|---------------------------------------------------------------------------|
| Date of Desk Review | [Add date] |
| Post-Desk Review Follow up/Correspondence with Grantee | [Add date] [Attach a copy of any email or notes regarding Grantee status] |

Notes [provided by the WOB Grant Manager as needed]:

Pre-Award/Application Documentation – Update and Open Items:
Notes:

Award Agreement Documentation – Update and Open Items:
Notes:

Financial Review and Documentation – Update and Open Items:
Notes:

Audit Review and Documentation – Update and Open Items:
Notes:

| | | |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| Amount Grant Funds Distributed | \$ | |
| Amount of Match Committed | \$ | |
| Total Amount Grant Funds Expended | \$ | |
| Total Amount of Match Expended | \$ | |
| Amount Returned to KDC | \$ | |
| Balance to be Returned to KDC | \$ | |
| Have all project/grant program activities concluded prior to the project end date? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, please note status of activities not concluded: |
| Were all expenses incurred within the project dates? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, please explain: |
| Supporting documentation for all grant and match expenses have been submitted to KDC? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, please explain: |
| Have all unexpended funds been returned? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, please state the timeline of returning the funds: |
| Is all grant paperwork compiled and centrally stored for this project? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, please explain: |
| Did your organization expend more than \$750,000 or more in total federal assistance (all programs) in your fiscal year? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please detail status of required audit: |

What changed as a result of this project? (Who or what benefitted, where and how?)

How did this project contribute to the expansion of the state's base of business and residents?

Is your business recovered from the impact of the COVID-19 pandemic? YES/NO

Share details:

Did the funding assist in that recovery? YES/NO

Share details:

Attach any evidence of your success (i.e., photos, impact statements, etc.)

Authorized representative Signature: _____

Printed Name: _____

Title: _____

Date: _____