



1320 Research Park Dr. Manhattan, KS, 66502
 From the Land of Kansas Phone: 785-564-6759
 Fromthelandofkansas@ks.gov

From the Land of Kansas Tradeshow Assistance Program (TAP) Application for Reimbursement

The program reimburses up to \$2,000 of eligible costs paid for local and regional wholesale tradeshow. Funds are limited and available on a first-come, first-served basis. For TAP guidelines, including eligible costs and annual limits, visit fromthelandofkansas.com.

First Name/ MI	Last Name	Phone	
Company Name		Email	
Mailing Address		City	State Zip
City Where Product was Made			

Have you participated in a tradeshow(s) before? Yes No
 If yes, please list the event name and date on the lines to the right.

Wholesale Tradeshow Claims (Receipts Required)				
Event Name	Event Date	Eligible Item to be Reimbursed	A. Total Paid for Item	B. TAP Request (up to \$2,000)
Subtotal				\$
Total Request				\$

Submit this form by March 30th, 2019. Approved projects must be completed by June 30th, 2019. Requests for reimbursement, accompanied by supporting documentation, must be made within 60 days of the last day of the funded trade show, along with copies of receipts. If you are a first-time applicant, submit a completed IRS W-9 form. Mail to Janelle Dobbins at the address above or email the form and receipts to fromthelandofkansas@ks.gov.

I, understand, agree to submit evaluation forms and surveys to the KDA, providing sales, estimates and other data as requested. I confirm that our company has fewer than 500 employees. I agree to keep all related records and make them available to the KDA or state auditor for three years. I hereby grant permission to the KDA to take and use video and photographs and/or digital images of me for use in printed or electronic publications or materials, including social media sites. I authorize the use of these images without compensation to me. All footage, negatives, prints, and digital reproductions shall be property of the KDA. I attest that the information submitted with this form is true, complete, and accurate. All terms, conditions, and requirements stated in the TAP Guidelines are hereby incorporated into this Application.

Applicant Signature Date

NOTE: We are requesting IRS Form W-9 to issue a payment to you under the TAP program. You are not legally required to give us this information, but we will be unable to process your claim without it. No one will have access to your social security number except those permitted access by law, by your written consent, by a court order, or by those department employees whose job duties require access.

To be Completed by Kansas Department of Agriculture	
Date Received	Vendor ID
PO:	
Ok to Pay \$	Denied Claims Reason
Signed	

In accordance with the American Disabilities Act, this information is available in alternative forms of communication upon request by calling (785) 564-6700. TTY users can call the Kansas Relay Center at 1-800-766-3777. The KDA is an equal opportunity employer and provider.