



# CSP CHECK FEE PAYMENT FORM

*Please complete and enclose your fee payment.*

Amount of Payment: \$250

*This fee is non-refundable.*

Applicant Name:

Address:

Email:

Phone:

Check Number:

Check Payable to: **Kansas Department of Commerce**

Check Memo: **CSP Application Fee**

**Please mail check to:**

Kansas Department of Commerce

CSP Tax Credit Program

Attn: Sara Bloom

1000 SW Jackson Street, Suite 100

Topeka, KS 66612-135