High Performance Incentive Program (HPIP)

HPIP Fee Payment Form

(FOR PAPER CHECK FEE PAYMENTS ONLY)

Please complete this form and enclose with your non-refundable fee payment

Applicant Name (Company): _____

Address: (Worksite) _____

Contact Name: _____

Email: _____

Phone: _____

Amount of Payment (check one):

- ☐ $1,000 Per Location For First Certifications
- ☐ $500 Per Location For Re-Certifications

Check Number: _____

Make Check Payable to: **Kansas Department of Commerce**
Check Memo: **HPIP Program Fees**

Please mail paper check and this form to:

Kansas Department of Commerce
Kansas High Performance Incentive Program (HPIP)
Attn: Richard Martinez, Program Manager
915 SW Harrison St., Suite 250
Topeka, Kansas 66612