

PCED Education Reimbursement Program

Program Purpose

To support and strengthen Phillips County-based businesses by reimbursing education-related expenses that help enhance, expand, or upskill business owners and their employees.

Eligibility

- Must be a legally operating business based in Phillips County, Kansas
- Education courses or events must support business enhancement or skill development
- Online courses are eligible
- Applies to business owners and their employees
- Limited to 4 (four) applications per business per calendar year with 20 individual slots per year (5 business/year)
- Applications must be submitted by the business owner (for themselves or their employees)

Reimbursement Details

| Expense Amount | Reimbursement Rate | Maximum Reimbursement |
|----------------|--------------------|-----------------------|
| Any amount | 50% | Up to \$500 |

- Minimum reimbursement is \$50
- Reimbursements are issued directly to the business
- Eligible reimbursements include course/event registrations
- 50% of hotel expenses are eligible when traveling more than 80 miles outside Phillips County

Required Documents

At Application:

- Completed application form
- Proof of payment for course/event enrollment
- Information about the course/event

After Completion:

- Proof of course/event completion
- One-page summary of the course/event
- Hotel receipt (if applicable)

Submission Timeline

- Applications must be submitted prior to course/event start
- All applications are subject to Board approval
- Reimbursement requests must be submitted within 30 days of course completion.

Business Information

- Business Name: _____

- Owner Name: _____

- Business Address: _____

- Phone: _____ Email: _____

Applicant Type

Business Owner

Employee (Name: _____)

Course/Event Information

- Name of Course/Event: _____

- Host/Institution: _____

- Location (City/State or Online): _____

- Dates of Course/Event: _____

Costs

- Total Cost: \$_____ Amount Applying For: \$_____

Explanation

How will this course/event enhance your business?

Required Attachments

Proof of Paid Enrollment

Course/Event Description

I declare that the information provided is true and complete.

Signature: _____ Date: _____