

Competitive Grant Assistance Program (CGAP) Reimbursement Request

SEE PAGE 2 FOR INSTRUCTIONS TO COMPLETE THE REQUEST

PART 1: PROJECT INFORMATION				
1. Grant Number		2. Project Title		
3. Request Number	4. Period Start Date	5. Period End Date	6. Request Type <input type="checkbox"/> Partial <input type="checkbox"/> Final	7. Primary Grantee FEIN
8. Primary Grantee Name			9. Telephone Number	
10. Payment Mailing Address		City	State	ZIP Code
PART 2: EXPENDITURE DETAIL				
A. Budget Category	B. Total Expenditure Incurred for Period	C. Percentage Funded	D. Amount Incurred this Period	E. Amount Incurred to Date
11. Feasibility Study				
12. Contracted Services				
13. Administration				
14. Training				
15. Merger Expenses				
16. Infrastructure/Equipment				
17. Other				
18. ADJUSTMENTS DUE TO OTHER FUNDING - Reimbursements by other funding sources or the use of cash on hand			()	()
19. TOTAL AMOUNT INCURRED THIS PERIOD - Sum of the amounts shown in Column D				
20. TOTAL CUMULATIVE AMOUNT INCURRED TO DATE - Sum of the amounts shown in Column E				
21. AMOUNT PREVIOUSLY REIMBURSED - Line 20 on the previous reimbursement request form			()	
22. AMOUNT REQUESTED FOR REIMBURSEMENT - Subtract Line 21 from Line 20				
PART 3: CERTIFICATION				
<p><i>I hereby certify that the information in this request is complete and accurate and all expenditures for which reimbursement is requested are the eligible scope items as defined in the Final Award Letter or Amended Final Award Letter for the above project, and that all expenditures have been made during the project period as listed in the Final Award Letter, and are identified and filed according to accounting procedures set forth by the Michigan Department of Treasury.</i></p>				
Printed Name of Primary Grantee Chief Financial Officer				Title
Signature of Primary Grantee Chief Financial Officer				Date

PART 4: FOR ORTA USE ONLY

Grant Amount: \$ _____	Total Expenditures this Request \$ _____
Less Previous Reimbursement(s): (_____)	Less Ineligible Costs or Reductions (_____)
REMAINING GRANT AMOUNT \$ _____	TOTAL REIMBURSEMENT AMOUNT \$ _____

Index	Budget Amount	Previous Request(s)	This Request	Balance
5001 _____				
5002 _____				
5003 _____				
5004 _____				
5005 _____				
5006 _____				
5007 _____				
<i>Total</i>				

*Payments **will not** be processed without expenditure documentation (including but not limited to invoices and cancelled checks) and the required signature.*

Return this completed request along with all documentation to:

Michigan Department of Treasury
Office of Revenue and Tax Analysis
PO Box 30722
Lansing, MI 48909

Instructions for Form 4923 Competitive Grant Assistance Program (CGAP) Reimbursement Request

The numbers listed below coincide with the numbers on the reimbursement request form. Lines not listed are explained on the form.

PART 1: PROJECT INFORMATION

1. **Grant Number:** Fill in the respective grant number that was assigned by the Michigan Department of Treasury.
2. **Project Title:** Short name that was used on the grant application to describe the project.
3. **Request Number:** Identify the number of this reimbursement request.
4. **Period Start Date:** Indicate the period start date of this reimbursement request.
5. **Period End Date:** Indicate the period end date of the reimbursement request.
6. **Request Type:** Check whether this is a partial or the final reimbursement request.
7. **Primary Grantee FEIN:** Federal Employer Identification Number that is issued by the Internal Revenue Service.
8. **Primary Grantee Name:** The primary Grantee that has the authority and the responsibility for the administration of the project in accordance with the project conditions. For example, "City of Blank" is acceptable.
9. **Telephone Number:** Phone number, including area code, of the Primary Grantee.
10. **Payment Mailing Address:** Street number and name, including suite number if applicable, of the Primary Grantee.

PART 2: EXPENDITURE DETAIL

Lines 11-17 Enter eligible costs incurred to date for each budget category. **Entries in this section must be rounded to the nearest dollar.**

Column A: These are the approved budget categories from the Final Grant Award Letter.

Column B: Enter the total amount(s) incurred for the period for each budget category.

Column C: Enter the percentages of funding approved for each budget category from the Final Grant Award Letter. Enter the percentages using a decimal (i.e. 10% would be entered as .10)

Column D: Allowable amount(s) incurred and requested this period (Column B times Column C).

Column E: Show the cumulative amount(s) to date (from project inception).

NOTE: YOU MAY SUBMIT NO MORE THAN ONE REQUEST FOR REIMBURSEMENT DURING A CALENDAR MONTH.

MAIL DOCUMENTATION TO SUPPORT THE INCURRED COSTS INCLUDING COPIES OF THE ORIGINAL INVOICES, CANCELLED CHECKS, AND ANY OTHER REPORT(S) THAT WOULD SUPPORT THE REQUEST.