

Competitive Grant Assistance Program (CGAP) Financial Status Report (FSR)

Completion is a condition of the grant.

SEE PAGE 2 FOR INSTRUCTIONS

PART 1: PROJECT INFORMATION					
1. Grant Number	2. Project Title				
3. Primary Local Unit Name				4. Telephone Number	
5. Mailing Address			City	State	ZIP Code
6. Period Start Date	7. Period End Date	8. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Final		9. Percentage Completed %	10. Estimated Completion Date
PART 2: FINANCIAL REPORTING					
A. Budget Category	B. Amount Incurred to Date	C. Projected Future Expenditures to be Incurred	D. Total Projected Expenditures for Project	E. Approved Original or Amended Budget	F. Difference Between Projection and Budget
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 AMOUNTS- Sum of amounts shown in the column					
PART 3: CERTIFICATION					
<i>I hereby certify that the information in this financial status report is complete and accurate and all expenditures which are presented are for eligible scope items as defined in the Final Grant Award Letter for the above project, and that all expenditures have been made during the project period as listed in the Final Grant Award Letter, and are identified and filed according to accounting procedures set forth by the Michigan Department of Treasury.</i>					
Printed Name of Primary Local Unit Chief Financial Officer				Title	
Signature of Primary Local Unit Chief Financial Officer				Date	

Instructions for Form 4972 Competitive Grant Assistance Program (CGAP) Financial Status Report

The numbers listed below coincide with the numbers on the Financial Status Report. 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. **Primary Local Unit Name:** the Primary Local Unit 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.
4. **Telephone Number:** Phone number, including area code, of the Primary Local Unit.
5. **Mailing Address:** Street number and name, including suite number if applicable, of the Primary Local Unit.
6. **Period Start Date:** Indicate the quarterly period start date of this report. For the FINAL report, indicate the start date of the grant (i.e. 10/01/2011).
7. **Period End Date:** Indicate the quarterly period end date of this report. For the FINAL report, indicate the end date of the grant (i.e. actual project completion date).
8. **Report Type:** Check whether this is a quarterly or the final report.
9. **Percentage Completed:** Indicate the estimated percentage (%) completed of the project work plan.
10. **Estimated Completion Date:** Indicate the estimated project completion date. For the FINAL report, indicate the actual project completion date.

PART 2: FINANCIAL REPORTING

Lines 11 -17: Enter eligible costs incurred to date for each budget category. If applicable, eligible costs entered for lines 11 and 16 should reflect the state match only, 25% for feasibility study expenses and 50% for infrastructure/equipment expenses.

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

Column B: Enter the cumulative allowable amount(s) incurred to date (from project inception).

Column C: Enter the projected amount(s) to be incurred in the future.

Column D: Sum of Column B and Column C.

Column E: Enter the approved budget for each category from the Final Grant Award Letter or Amended Budget Letter.

Column F: Subtract Column E from Column D.

Return this completed report within thirty (30) days after the end of the quarter (i.e. due by January 30th; April 30th; July 30th; October 30th). FINAL reports are due within thirty (30) days after the completion of the project.

Return this completed report via e-mail to TreasRevenueSharing@michigan.gov or by mail to:

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