

Financially Distressed Cities, Villages, and Townships Narrative Report (NR)

Completion is a condition of the grant.

SEE PAGE 2 FOR INSTRUCTIONS

PART 1: PROPOSAL INFORMATION					
1. Grant Number		2. Proposal Title			
3. Grantee 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"/> Semiannual <input type="checkbox"/> Final		9. Percentage Completed %	10. Estimated Completion Date
PART 2: PROPOSAL NARRATIVE					
11. Provide a brief outline of the work accomplished during the reporting period (or grant period, if this is the final report) relative to the proposed work plan and timeline.					
12. Provide a brief outline of the work to be completed during the subsequent reporting period.					
13. Provide a brief description of any problems or delays, real or anticipated, experienced.					
14. For FINAL reports only, provide a description of the proposal accomplishments and any unanticipated benefits/difficulties experienced while completing the proposal.					
PART 3: CERTIFICATION					
<i>I hereby certify that all statements in this report, including all supplemental information, are true, complete and accurate to the best of my knowledge.</i>					
Printed Name of Grantee Representative				Title	
Signature of Grantee Representative				Date	

Instructions for Form 5196 Financially Distressed Cities, Villages, and Townships Narrative Report (NR)

The numbers listed below coincide with the numbers on the Narrative Report. Lines not listed are explained on the form.

PART 1: PROPOSAL INFORMATION

1. **Grant Number:** Fill in the respective grant number that was assigned by the Michigan Department of Treasury.
2. **Proposal Title:** Short name that was used on the grant application to describe the proposal.
3. **Grantee Name:** The name of the Local Unit that has the authority and the responsibility for the administration of the proposal in accordance with the grant conditions. For example, "City of Blank" is acceptable.
4. **Telephone Number:** Phone number, including area code, of the Grantee.
5. **Mailing Address:** Street number and name, including suite number if applicable, of the Grantee.
6. **Period Start Date:** Indicate the semiannual period start date of this report. For the FINAL report, indicate the start date of the grant (i.e. 10/01/2014).
7. **Period End Date:** Indicate the semiannual period end date of this report. For the FINAL report, indicate the end date of the grant (i.e. actual proposal completion date).
8. **Report Type:** Check whether this is a semiannual report or the final report.
9. **Percentage Completed:** Indicate the estimated percentage (%) completed of the proposal work plan.
10. **Estimated Completion Date:** Indicate the estimated proposal completion date. For the FINAL report, indicate the actual proposal completion date.

PART 2: PROPOSAL NARRATIVE

Lines 11-14: If you are unable to fit your narrative descriptions in the boxes provided, please type in "see attached" and attach a copy of the complete narrative.

Return this completed report within thirty (30) days after the end of the semiannual period (i.e. due by April 30; October 30). FINAL reports are due within thirty (30) days after the completion of the proposal.

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