

Financially Distressed Cities, Villages, and Townships Final Follow-up Report

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
PART 2: FOLLOW-UP QUESTIONNAIRE			
6. Provide an update on the status of the proposal, including a detailed description of service changes and improvements related to the implementation of the proposal.			
7. Provide a detailed status update on the goals and outcomes presented in the original application. Have all the goals and outcomes been met? What has changed? What successes has the proposal resulted in?			
8. What set-backs or difficulties have been experienced related to this proposal? How were set-backs or difficulties resolved?			
9. Provide an analysis of ACTUAL realized cost savings related to the implementation of the proposal.			
10. Provide an update on how the grant funding assisted the grantee toward financial stability.			
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 5197 Financially Distressed Cities, Villages, and Townships Final Follow-up Report

The numbers listed below coincide with the numbers on the Final Follow-up 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.

PART 2: FOLLOW-UP QUESTIONNAIRE

Lines 6-10: If you are unable to fit your narrative descriptions in the boxes provided, type in "see attached" and attach a copy of the complete narrative.

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