

Competitive Grant Assistance Program (CGAP) Narrative Report (NR)

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: PROJECT 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 project accomplishments and any unanticipated benefits/difficulties experienced while completing the project.					
15. For FINAL reports only. Are you willing to complete a follow-up questionnaire with Treasury one year after the grant project is finalized? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 Primary Local Unit Representative				Title	
Signature of Primary Local Unit Representative				Date	

Instructions for Form 4971 Competitive Grant Assistance Program (CGAP) Narrative Report

The numbers listed below coincide with the numbers on the Narrative 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: PROJECT 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 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