

Competitive Grant Assistance Program (CGAP) - Final Follow-up Report

Completion is a condition of the grant.

SEE PAGE 2 FOR INSTRUCTIONS

PART 1: PROJECT INFORMATION			
1. Grant Number		2. Project Title	
3. Primary 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 project, including a detailed description of service changes and improvements related to the implementation of the project.			
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 project resulted in? Provide an update on the measures used to determine the success of the project.			
8. What set-backs or difficulties have been experienced related to this project? How were set-backs or difficulties resolved?			
9. Provide an analysis of ACTUAL realized cost savings related to the implementation of the project.			
10. Provide lessons learned to share with other entities that are pursuing similar projects.			
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 5071 Competitive Grant Assistance Program (CGAP) - 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: 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 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.
4. **Telephone Number:** Phone number, including area code, of the Primary Grantee.
5. **Mailing Address:** Street number and name, including suite number if applicable, of the Primary Grantee.

PART 2: FOLLOW-UP QUESTIONNAIRE

Lines 6-10: 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 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