

Financially Distressed Cities, Villages, and Townships (FDCVT) 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. 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: 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. Unfunded Accrued Liability - Pension					
12. Unfunded Accrued Liability - OPEB					
13. Infrastructure - Repair					
14. Infrastructure - Replacement					
15. Equipment - Repair					
16. Equipment - Replacement					
17. Long-Term Liabilities					
18. Short-Term Liabilities					
19. Shared Services					
20. Service Upgrade					
21. Operational Effectiveness					
22. ADJUSTMENTS DUE TO OTHER FUNDING - Reimbursements by other funding sources or the use of cash on hand	()	()	()	()	()
23. TOTAL AMOUNTS - Sum of amounts shown in the column					

PART 3: CERTIFICATION	
<p><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 Grant Agreement for the above proposal, and that all expenditures have been made during the proposal period as listed in the Grant Agreement, and are identified and filed according to accounting procedures set forth by the Michigan Department of Treasury.</i></p>	
Printed Name of Grantee Chief Financial Officer	Title
Signature of Grantee Chief Financial Officer	Date

Instructions for Form 5198 Financially Distressed Cities, Villages, and Townships (FDCVT) Financial Status Report (FSR)

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. **Grantee Name:** The name of the Local Unit that has the authority and the responsibility for the administration of the project 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). See below for additional information on semiannual reporting periods.
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 project completion date). See below for additional information on semiannual reporting periods.
8. **Report Type:** Check whether this is a semiannual report 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 11-21: Enter eligible costs incurred to date for each budget category. Eligible costs entered for lines 11 through 21 should reflect the grant award amounts only.

Column A: These are the approved budget categories from Appendix A of the Grant Agreement or Amended Grant Agreement.

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 Appendix A of the Grant Agreement or Amended Grant Agreement.

Column F: Subtract Column E from Column D.

Semiannual Reporting Periods:

The semiannual reporting periods are October 1 - March 31 and April 1 - September 30.

The reporting period for the first year of a grant award is October 1 - September 30.

Submit this completed report within thirty (30) days after the end of the semiannual reporting period. Semiannual reports are due April 30 and October 30. FINAL reports are due within thirty (30) days after the completion of the project.

This completed report can be submitted by:

Email: TreasRevenueSharing@michigan.gov

Fax: 517-335-3298

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