

All subgrantees must submit a completion report and reimbursement request regardless of the size, complexity, or cost of their project. The report must be signed, accompanied by all required attachments, and filed with SHPO by the end date identified in your grant agreement.

Submit all reports to Alan Higgins, Grants Manager/ Budget Specialist, via email at higginss3@michigan.gov.

Support Documentation:

All reimbursement requests must be accompanied by support documentation that (1) identifies the costs incurred during the project and (2) demonstrates that all such expenses have been paid by the subgrantee. Support documentation must be complete and organized in a logical way. Failure to provide adequate, orderly documentation may result in delays or expenses being ineligible for reimbursement or project match. Support documentation includes the following:

- Contractor/vendor invoices
- Subgrantee proof of payment (e.g., canceled checks, EFT record, payment voucher, etc.)
- Staff timesheets
- Volunteer time logs (match only)
- Donation logs (match only)

Development Projects Only:

If you have not previously done so, you must provide the following additional documentation with your completion report for it to be considered complete:

- Before photographs of the project site
- Work in progress photographs
- Photographs showing the project site after completion
- · Recorded historic preservation easement

To the extent feasible, before and after photographs should be taken from the same general location. Photographs should be submitted as individual JPG or TIFF files and accompanied by a caption sheet identifying the views represented by the photos.



CERTIFIED LOCAL GOVERNMENT GRANT PROGRAM COMPLETION REPORT AND REIMBURSEMENT REQUEST

Subgrantee: Project #: Project Name:								
		CG						
								Project Manager:
Project Address: (pre-development and development projects)								
Co	ntractor(s):	 ☐ Not applicable						
1.	Provide a brief s	synopsis of the work accomplished under this project.						
2.	=	fferences between the planned work at the outset of the project and the actual n during the project. If there were no deviations, indicate "N/A."						
3.	project and how	any problems, delays, difficulties, or conflicts that you encountered during the value they were resolved. Identify any lessons learned during the project. If no such countered, indicate "N/A."						
4.	Describe any pr	oject highlights or things that went particularly well.						
5.	•	the timeline and budget were sufficient for the project? If not, please identify al time and/or funding would have been helpful.						
6.	-	y comments on SHPO's CLG grant program procedures or recommendations for can support meaningful, successful projects in the future?						

CG____ FINAL REIMBURSEMENT REQUEST

Payee:										
EIN Number:			UEI Number:			SIGMA Vendor ID:				
Final Project Cost: \$				Match Source(s):						
Match Amount:	\$									
Grant Award:	\$									
Reimbursement Re	\$									
Provider Invoice No./Desc			ription		Dat	te Paid	Paid Amount	In-Kind Amount		
							\$	\$		
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							\$	\$		
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	-1					Totals	\$	\$		
Support Project invoices Staff Timesheets Documentation: Proof of payment (e.g., canceled check, EFT record) Volunteer Logs I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.										
Project Coordinator	· (signature	<u>.)</u>					<u>e</u>			