

2026

MATCH on MAIN

APPENDIX I – DISBURSEMENT REQUEST & FINAL REPORT



**MICHIGAN
ECONOMIC**
DEVELOPMENT
CORPORATION

Match on Main - Disbursement Request & Final Report

Who Completes This Form:

This form is submitted by the Applicant Organization. Information included in this form may be completed in coordination with the supported small business; however, the Applicant Organization is responsible for reviewing all information for accuracy and completeness prior to submission.

To ensure timely disbursement of funds, the Applicant Organization must complete this form and compile all required supporting documentation. This packet must be submitted to the designated grant manager and include the items listed below.

☐ **Exhibit C – Key Milestone Number One Reimbursement Request**

Found in the executed grant agreement and must be signed and dated by an authorized representative of the Applicant Organization.

☐ **Exhibit D - Company Acknowledgement**

Found in the executed grant agreement and must be signed and dated by the authorized company representative, confirming receipt and compliance with the grant terms.

☐ **Proof of Payment:**

Attach copies of all paid receipts demonstrating that full payment has been made. These receipts must clearly itemize the services or goods purchased as part of the grant project. Additionally, ensure that these expenses are also listed under the Grant Reimbursement Information section on this form.

Itemized Expenditures of Eligible Expenses:

Complete the itemized breakdown of all eligible expenses, including:

- Date purchased (must not be earlier than the date the original application was submitted)
- Vendor name
- Description of the purchase
- Usage category
- Quantity
- Unit cost and total cost

(Use the form on page 5.)

As a best practice, Applicant Organizations are encouraged to submit all project-related receipts. If certain expenses are deemed ineligible during review, additional receipts may be used to support the reimbursement request.

Ensure the total receipts submitted tally with the grant amount awarded and the 10% match. In other words, if the business was awarded \$25,000 grant, receipts should total \$27,500. (10% match is \$2,500)

☐ **Photographic Evidence:**

Provide at least three (3) photographs taken after the project's completion. These photos should clearly demonstrate the outcomes and impacts of the funded activities.

It is essential to adhere to these submission guidelines, as incomplete or incorrect forms and documentation can lead to delays in the funding process. Please ensure that all documentation is clear, legible, and comprehensive, reflecting the scope of work completed as per the grant agreement.

Final eligibility and funding determinations are made at the discretion of the MEDC.

Date Submitted:

Applicant Organization Name:

Point of Contact Name:

Title:

Email Address

Phone:

Business Name:

Point of Contact Name:

Title:

Street Address:

City:

St: MI

County:

Total Grant Amount Awarded:

Brief Description of the Project:

Jobs Created:

- ☐ Full Time:
- ☐ Part Time:

Jobs Retained:

- ☐ Full Time:
- ☐ Part Time:

Additional (Optional) Information:

The following questions are optional. This information is collected by the MEDC for program reporting purposes only and does not impact grant eligibility, reimbursement, or compliance. Applicant Organizations may collect this information from the business using any available method, including verbally, over the phone, or via email.

Is the business owner an employee-owner (receives a W2)?

- ☐ Yes
- ☐ No

What did the business report as the hourly wage of the business owner? (If the owner receives an annual salary, please divide total by 2080.)

\$

What did the business report as the average hourly wage of employees?

\$

Did the business report that they offer employee-sponsored healthcare to at least one or more employees (including employee-owner) AND cover at least 70% of the cost?

- ☐ Yes
- ☐ No

Reconciliation of Receipts/Expenses Submitted

Usage Categories/Eligible Expenses: 1 – Technical Assistance and design services; 2 – Interior building renovations; 3 – Permanent or Semi-permanent outdoor space activation; 4 – Marketing, technology upgrades; 5 – Inventory Purchases

Date of Purchase	Vendor	Item Description	Usage Category	Each Cost	Qty	Total

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[illegible]

Total Grant Amount Awarded: \$

10% Match: \$

Total Receipts Submitted: \$

Grant Amount Requested: \$

I acknowledge that the information submitted is accurate and complete to the best of my knowledge:

Name:

Date: