



**Michigan State Historic Preservation Office**  
Resilient Lakeshore Heritage Grant Program  
50% Reimbursement Request

**PROJECT INFORMATION**

Project Name:

Project Number:

Grant Coordinator Name:

Project Contractor(s)/Consultant(s):

**PROJECT SITE**

Resource Name:

Street Address:

City:	County:	Zip:
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**GRANTEE INFORMATION**

Name of Grant Recipient:

Federal ID Number:	SIGMA Vendor ID Number:
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Primary Telephone:	E-mail:
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Mailing Address:

City:	State:	Zip:
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**PROGRESS SUMMARY**

*Briefly describe work completed for which the reimbursement request is being made. Identify if there have been any issues/challenges and/or modifications to the scope.*

REIMBURSEMENT REQUEST			
Total Grant Award Amount:	\$		Invoiced Costs to Date: \$
Anticipated Match Amount:	\$		Paid Costs to Date: \$
<b>Anticipated Project Cost:</b>	\$		<b>Reimbursement Request:</b> \$

BREAKDOWN OF REIMBURSEMENT REQUEST			
	Description	Vendor	Cost
Item #1			\$
Item #2			\$
Item #3			\$
Item #4			\$
Item #5			\$
Item #6			\$
Item #7			\$
Item #8			\$
<b>PROJECT COST:</b>			\$

ATTACHMENTS
<i>Backup is required for all projects in accordance with the grant manual.</i>
<i>Please identify which attachments are being included with your reimbursement request to support proof of payment.</i>

- Project Invoices:       Canceled Checks:   
 Staff Timesheets:       In-Kind Supporting Documents:

GRANT RECIPIENT AUTHORIZED SIGNATURE
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE HISTORIC PRESERVATION OFFICE APPROVAL
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SHPO Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

SHPO Grants Manager: \_\_\_\_\_ Date: \_\_\_\_\_

SHPO Officer: \_\_\_\_\_ Date: \_\_\_\_\_