



Michigan State Historic Preservation Office
Resilient Lakeshore Heritage Grant Program
Completion Report and Final 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:

GRANTEE INFORMATION

Name of Grant Recipient:		
Federal ID Number:	SIGMA Vendor ID Number:	
Primary Telephone:	E-mail:	
Mailing Address:		
City:	State:	Zip:

PROJECT ATTACHMENTS

The following are required for all projects. Please verify that you have included the following:

- Project Sign Photograph
- Before Project Photographs
- Work in Progress Photographs (overviews and general same angles as before photographs)
- After Project Photographs (overviews and general same angles as before photographs)
- Copy of executed preservation agreement or recorded historic preservation easement
- Copies or screen captures of any press releases, notices, or social media postings related to the project

RESULTS SUMMARY

Final square footage or area improved:

Which areas/features were improved by the project (identify all that are applicable):

- | | |
|--|---|
| <input type="checkbox"/> Foundation and/or structural system | <input type="checkbox"/> Interior finishes |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Systems/infrastructure (e.g, HVAC, fire suppression) |
| <input type="checkbox"/> Gutter/drainage systems | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Exterior walls/trim | <input type="checkbox"/> Other. Please briefly identify: |
| <input type="checkbox"/> Storefront | |
| <input type="checkbox"/> Windows/Doors | |

Assessed Tax Value Prior to Project:

Assessed Tax Value After Project (if known):

Did or will the project lead to any new or expanded businesses/organizational operations? If so, briefly identify:

Are any new jobs anticipated in part because of the project? If so, briefly describe:

Are any new housing units anticipated in part because of the project? If so, briefly describe:

Is any future work anticipated to build off this project? If so, briefly describe:

PROJECT SUMMARY AND EVALUATION

A. PROJECT SUMMARY

Provide a brief synopsis of the completed work, including identifying if any work varied from the original scope and why.

B. PROJECT ISSUES/CHALLENGES

If applicable, provide a brief synopsis of any issues/challenges encountered during the project and how they resolved. Identify any lessons learned during the project.

C. FINAL PROJECT IMPACT

Describe any project highlights or things that went particularly well. Also, describe how the finished project will benefit the applicant going forward, including how the property will be used.

D. GRANT FEEDBACK

Do you have any comments on SHPO's grant program procedures or recommendations for how SHPO staff can continue to facilitate meaningful, successful projects in the future?

REIMBURSEMENT REQUEST		
Grant Award Amount:	\$	Source and Type of Final Match Amount:
Final Match Amount:	\$	
Final Project Cost:	\$	
Total Reimbursement Request:	\$	

FINAL PROJECT COST BREAKDOWN			
	Description	Vendor	Cost
Item #1			\$
Item #2			\$
Item #3			\$
Item #4			\$
Item #5			\$
Item #6			\$
Item #7			\$
Item #8			\$
FINAL PROJECT COST:			\$

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

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

GRANT RECIPIENT AUTHORIZED SIGNATURE

Signature: _____ Date: _____

STATE HISTORIC PRESERVATION OFFICE APPROVAL

SHPO Program Coordinator: _____ Date: _____

SHPO Grants Manager: _____ Date: _____

SHPO Officer: _____ Date: _____