Appendix E: Grant Disbursement and Compliance Form

Grantees are required to provide the MEDC with the following compliance reporting data. This information (which is subject to change) will be emailed by grantees to the grant manager and must be completed and returned with the Grant Disbursement Request (part of the executed grant agreement) in order to receive funds.

Instructions: Grantees are required to provide the following information along with their Grant Disbursement Request (which will be part of executed grant agreement).

Grantee Information						
Date Grant Disbursement and Compliance Form Submitted:						
Organization Name (Grantee):						
Point of Contac		First and Last Name:				
	ct	Title:				
		Email:				
		Phone:				
Business Information						
Name of the Business:						
Physical Address:						
City, State, Zip:						
County:						
Total Grant Amount Awarded:						
Brief description of						
completed project:						
What did the business report as job retained?						
What did the business report as jobs created?						
Is the business a "new" business (open 12						
months or less)?						
Grant Reimbursement Information						
The Grantee will be required to submit proof of payment (i.e., paid receipt) of Eligible Expenses and						
the minimum required Grantee match amount. Please use a separate line for each submitted receipt.						
Receipts for Eligible Expenses should total the total grant amount plus at least 10% of the grant total.						
Date of Receipt	Vend	or	Item	Cost		
	1			I		

	TOTAL:				
Additional Information					
The following questions are optional to complete. This information is collected by the MEDC to track metrics across programs and do not have any impact on the grantee or the business. Grantees may collect this information from the business using any available method including verbally, over the phone, through email, etc.					
Is the business owner an employee-owner (receives a W2)? Yes / No / Preferred Not to Answer					
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.)\$/ Preferred Not to Answer					
What did the business report as the total number of employees?/ Preferred Not to Answer					
What did the business report as the average hourly wage of employees?\$/ Preferred Not to Answer					
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 / Did Not to Answer					