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	2							
Date Grant Disbursement and Compliance Form Submitted:								
Organization Name (Grantee):								
	First and Last Name:							
5		Title:						
Point of Contac	CT	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	Vendo	or	Item	Cost				

		TOTAL:				
Additional Informat	ion					
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						