



**Michigan Certified Local Government Program**  
 CLG Grant Program  
 Completion Report and Reimbursement Request

PROJECT INFORMATION		
Certified Local Government:		
Project Name:		
Project Number:		
Grant Coordinator Name:		
Project Consultant/Contractor:		

PROJECT SITE		
<i>Rehabilitation planning and rehabilitation projects only. Otherwise leave blank.</i>		
Resource Name:		
Street Address:		
City:	County:	Zip:

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

FINAL PUBLIC ACCESS LOCATION
<i>Projects with a report/media/publication component.</i>
<i>For projects with a study, report, media, or other publication component, identify the physical (e.g., city planning office) and electronic locations (i.e., website links) where the final publication is accessible to the public.</i>

PROJECT ATTACHMENTS
<i>Rehabilitation projects only.</i>
<i>The following are required for all rehab projects. Please verify that you have included the following.</i>
<input type="checkbox"/> Project Sign Photograph <input type="checkbox"/> Before Project Photographs <input type="checkbox"/> Work in Progress Photographs <input type="checkbox"/> After Project Photographs <input type="checkbox"/> Copy of recorded Historic Preservation Easement

## **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 project will be used by the CLG going forward. For rehab projects, describe how the property will be used after the grant.*

### **D. GRANT FEEDBACK**

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

REIMBURSEMENT REQUEST		
Grant Award Amount:		Match Amount Donor/Source <i>(if applicable)</i> :
Match Amount <i>(if applicable)</i> :		
Final Project Cost:		
<b>Total Reimbursement Request:</b>		

FINAL PROJECT COST BREAKDOWN		
	Description	Cost
Item #1		
Item #2		
Item #3		
Item #4		
Item #5		
Item #6		
Item #7		
Item #8		
	<b>FINAL 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.</i>

- Project Invoices:       Canceled Checks:   
 Staff Timesheets:       Volunteer Logs:

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

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

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

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