



MICHIGAN ECONOMIC
DEVELOPMENT CORPORATION

Match on Main

FY 2025 Grant Disbursement Request

Final Report Form

[Appendix E](#)

Appendix E: Grant Disbursement Request Final Report

To ensure the timely disbursement of funds, grantees must fully complete the necessary forms and compile the required supporting documents. This packet must be submitted to the grant manager and include the following items:

Exhibit C – Key Milestone Number One Reimbursement Request

Found in the executed grant agreement and must be signed and dated by the Grantee.

Exhibit D - Company Acknowledgement

Found in the executed grant agreement and must be signed and dated by the authorized company representative, confirming receipt and compliance with the grant terms.

Proof of Payment:

Attach copies of all paid receipts demonstrating that full payment has been made. These receipts must clearly itemize the services or goods purchased as part of the grant project. Additionally, ensure that these expenses are also listed under the Grant Reimbursement Information section on this form.

Photographic Evidence:

Provide at least three (3) photographs taken after the project's completion. These photos should clearly demonstrate the outcomes and impacts of the funded activities.

It is essential to adhere to these submission guidelines, as incomplete or incorrect forms and documentation can lead to delays in the funding process. Please ensure that all documentation is clear, legible, and comprehensive, reflecting the scope of work completed as per the grant agreement.

Final eligibility and funding determinations are made at the discretion of the MEDC.

Grantee Information

Date Grant Disbursement & Compliance Form Submitted:
Organization Name (Grantee):
Point of Contact First and Last Name:
Title:
Email address:
Phone number:

Business Information:

Name of the Business:
Business Address:
County:
Total Grant Amount Awarded:
Brief Description of the Project:

Appendix E: Grant Disbursement & Compliance Form

What did the business report as: _____ Jobs Created _____ Jobs Retained

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.

[illegible]

Additional (Optional) Information:

The following questions are optional to complete. This information is collected by the MEDC to track metrics across programs and does 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
- ☐ Preferred Not to Answer