MANISTEE LOCAL REVENUE SHARING BOARD
GRANT AWARD EXPENSE REPORT

INSTRUCTIONS: ***This report must be completed and returned to the Manistee Local Revenue Sharing Board Administrative Office, c/o Manistee County Controller/ Administrator, 415 Third Street, Manistee, Michigan, 49660, no more than 180 days after the grant is awarded. Failure to complete and return this form will result in action by the Revenue Sharing Board which may include a demand for reimbursement of grant dollars. This form can be returned by fax at (231) 723-1795. All information must be completed on this form.***

1.) NAME OF LOCAL UNIT OF GOVERNMENT (Grant Recipient): _____

2.) GRANT RECIPIENT MAILING ADDRESS:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

3.) GRANT RECIPIENT CONTACT PERSON:

Name: _____

Title: _____

Telephone #:_____ Fax #: _____

E-mail Address: _____

4.) DATE GRANT AWARDED: _____

5.) GRANT CYCLE: _____

6.) TOTAL AMOUNT OF GRANT AWARD: $_____

7.) FULL OR PARTIAL GRANT AWARDED? (Check One): _____FULL _____PARTIAL

8.) GRANT AWARD CHECK NUMBER: #_____; DATE: _____

9.) TYPE OF GRANT AWARDED: (Check one)

_____ Public Safety
_____ P.I.L.T.
_____ Offset
_____ Other

10.) WHAT WAS THE INTENDED PURPOSE OF THE GRANT AWARD (Please be specific)?

11.) HAVE ALL GRANT FUNDS BEEN SPENT TO DATE? ☐ Yes ☐ No

12.) IF ANSWER TO QUESTION #11 IS YES, PLEASE PROVIDE DETAILED INFORMATION ON ALL EXPENSES AND ATTACH SUPPORTING DOCUMENTATION.

13.) IF ANSWER TO QUESTION #11 IS NO, PLEASE PROVIDE DETAILED EXPLANATION FOR THE DELAY AND YOUR PLANS FOR SPENDING THESE FUNDS.

14.) Signature of person completing this form: _____

_____
Printed Name

_____
Title

Date: _____

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OFFICE USE ONLY:

Date Received: _____

Date provided to Revenue Sharing Board _____

Miscellaneous Notes: _____

_____

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