

Mississippi Development Authority
Economic Development Marketing Grant Program

FINAL REPORT CHECKLIST

FISCAL YEAR 2007

To be completed only after the project has been finished and all necessary records are available. Check off each item and include Final Report Checklist, an invoice from the applicant, and all required items in the final report in order for projects to be processed for final payment.

- 1) The invoice from the applicant organization to the State is complete and included (see sample invoice).
- 2) A copy of the vendor's invoice(s) is included. If invoices do not equal disbursements, eligible/applicable expenditures should be highlighted. Sales tax is not eligible.
- 3) Proof of payments are included from vendors and attached to vendor invoices. (Ex: canceled checks, bank statements, vendor receipts, etc.)
- 4) One original sample of the completed project (i.e. tear sheets, tapes, photographs, broadcast affidavits, etc.) is included.
- 5) The State's current logo and/or grant phrase as appropriate are included on the project. MDA will withhold funds if logo and/or grant phrase are not included.
- 6) A written description of the event or project is included, indicating the impact that it had on business/industry attraction, recruitment or retention. (For brochures include description, quantity, etc; for media and billboard advertisements include description, name of media, location and dates ads ran).
- 7) The signature of the applicant is included below, verifying the project has been completed according to guideline specifications.
- 8) The signature of the MDA Regional Office Manager is included below, verifying that the project is complete and all requirements have been met.

Applicant Contact

Date

MDA Regional Manager

Date

(Sample Invoice)

Retype this invoice on your letterhead, fill in the information for your project and include with your final report.

INVOICE FOR RECEIPT OF PAYMENT

ORGANIZATION NAME (AS LISTED ON THE TAX ID FORM)
MAILING ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
EMAIL ADDRESS

GRANT FUND NUMBER: _____
(This number is listed in the Award Letter)

PROJECT TITLE: _____

AMOUNT APPROVED BY MDA \$ _____
(Amount listed in the Award Letter)

ACTUAL COST OF PROJECT \$ _____
(Only approved expenditures relating to grant project original application.)

MATCH GRANT AMOUNT DUE \$ _____

(If the actual cost of the project is less than the estimated and the awarded amount, you may receive only 50% of the actual eligible cost. If the project cost exceeded the estimate and the awarded amount, you may receive only the original grant amount awarded.)