



**Neighborhood Associations of Muskegon  
BUDGET REPORT CERTIFICATION PAGE  
(Select One)**



- MID-YEAR REPORT (January 1 thru June 30)  
 YEAR END REPORT (July 31 thru December 31)

<b>RECIPIENT INFORMATION</b>		
Neighborhood Association		
Contact Person for this Report	Title	
Street Address	City	Zip Code
PO Box	City	Zip Code
Home Phone # (    )	Work/Cell # (    )	
E-mail Address		

**REPORT CHECKLIST:** Please make sure the following are completed before submitting this report.

- Certification Page – Completed and Signed
- Answer ALL Mid-Year/Year-End Questions
- Describe Events/Projects/Programs
- Complete Mid-Year/Year-End Expenses
- Include COPIES OF Receipts – ORIGINAL RECEIPTS WILL NOT BE ACCEPTED. Bank statements are also required.
- Explanation of Unspent Funds
- Include Copies of: Newsletters, Board/General Meeting Minutes, as well as any other requested documents. It will clearly be indicated what is being requested.

**PLEASE READ AND SIGN**

I, \_\_\_\_\_, and my affiliate Neighborhood Association, hereby submit the Neighborhood Empowerment Grant Program Mid-Year/Year-End Budget Report. To my knowledge, it is complete and accurate.

Signature	Date
Printed Name	Title

City of Muskegon – Development Services Division  
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