

TRANSPORTATION ECONOMIC DEVELOPMENT FUND CATEGORY A - POST GRANT SURVEY

Please complete this form and return it to Wendy Kraynak at kraynakw@michigan.gov. If you have any questions, please call (517) 335-1069.

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|------------------|---------------------|
| ATTENTION | GRANT NUMBER |
| FIRM | DATE OF APPLICATION |
| ROAD IMPROVEMENT | |

Your company indicated that it would be adding or retaining _____ full-time positions in conjunction with the expansion/retention decision by the following date: _____.

1. How many full-time employees are currently at this location? _____
Please note that full-time equivalent employees should be noted for tourism and agriculture developments only.
2. If the positions were not added or retained as expected, what factors prevented your firm from meeting that objective?
3. Are you planning any additional investments or expansions at this location? If so, please describe any additional roadway improvements you believe may be necessary.

Your company indicated that a private investment of \$ _____ would be made in conjunction with the expansion or retention decision.

4. Please indicate the total private investment made since the date of the application: \$ _____.

TOURISM PROJECTS ONLY

5. Number of annual visitors at the time of the grant application: _____
6. Current number of annual visitors: _____

Please share any comments that you believe will be helpful in improving the services provided by our office.

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| NAME, TITLE | SIGNATURE | PHONE NO. |
|-------------|-----------|-----------|