

Completion Report

Department for Local Government - Office of State Grants

Funding Prog/House Bill: _____ Proj ID# _____

Project Title: _____

LEGAL APPLICANT: _____

County: _____ Contact Person: _____

Contact email: _____ Phone: _____

Project Allocation: _____

Total Funds Received: _____

Total Funds Expended: _____

Has the final draw been submitted to DLG? _____

Date of Project Completion: _____

Were any designated funds left over? YES NO

If yes, please list dollar amount: _____

Explain why (Required):

PLEASE NOTE: Any remaining funds held by the recipient must be returned to the Department for Local Government by check payable to the Kentucky State Treasurer.

Project Close Out Report

Provide a narrative of how the project was completed and what was accomplished. (REQUIRED)

List all financial transactions that occurred during the final quarter of the project. Attach additional pages if necessary:

Payable	Amount	Purpose

List all financial documentation (cancelled checks etc) not previously submitted that are included with this report. Attach additional pages if necessary.

- _____
- _____
- _____
- _____

Certification

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds

Chief Executive Signature: _____ Date: _____

DLG Use Only: This Completion Report is hereby approved:

DLG Staff Review _____ **Date:** _____
 DLG Staff Approval _____ **Date:** _____