



CERTIFICATE OF COMPLETION

Name of Recipient:			Project Number:	
Address (City, State, Zip):				
Final Statement of Program Costs:				
TO BE COMPLETED BY GRANTEE				FOR STATE USE ONLY
Program Activities (Taken from Funding Approval/ Grant Agreement) (a)	Program Costs Paid (b)	Program Costs Unpaid (c)	Total (Column b + c) (d)	Approved Costs (e)
C1 Administration				
C2 Audit				
C3				
C4				
C5				
C6				
C7				
C8				
C9 Total Program Cost (lines C1 – C8)				
C10 Less: Prgm Income applied to program costs				
C11 Equals: Grant Amt applied to program costs				
Status of Funds:				
Description (a)	To Be completed by Grantee Amount (b)	FOR STATE USE ONLY Approved Costs (c)		
D1 Grant Award Applied to Program Costs (from line C11, column (b))				
D2 Unpaid Program Costs (from line C11, column (c))				
D3 Subtotal (from line C11, column (d))				
D4 Award per Funding Approval/Grant Agreement				
D5 Unused Grant to be CANCELLED (line D4 minus D3)				
D6 Grant Funds Received to Date				
D7 Balance of Grant Payable (line D3 minus D6)*				
*If line D6 exceeds line D3, enter the amount of excess on line D7 as a negative number. This amount shall be repaid immediately, by check, to the state.				
Certification of Grantee:				
<p>It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement in the heading above, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims identified above; that the State of Missouri is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on line D7 hereof, and that every statement and amount set forth in this document is, to the best of my knowledge, true and correct as of this date.</p>				
Date	Typed Name and Title	Signature of Authorized Official		
Local Contribution:		Per Funding Approval/Grant Agreement	\$ _____	
		Actual Total Match	\$ _____	

Program Income Generated: (see line C10)	Amount of Program Income	\$ _____
	Source of Program Income?	
	Disposition of Program Income?	

Document here any unpaid costs/unsettled third-party claims noted at D2. Describe circumstances and dollar amounts involved:

Person who can best answer questions about this report (preparer):

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Basis of Close-out (*to be completed by State*)

Regular Close-out: All conditions of the grant have been met.

Administrative Close-out: All conditions have been met except for the following audit(s):

(Any costs disallowed by audit(s) of these funds shall be returned to the State, if sustained by DED.)

State Execution:

This Certificate of Completion is hereby approved on conditions stated in J. above. Unused committed contract funds have been deobligated in the amount of \$ _____ on _____, Amendment No. _____.

Department of Economic Development
CDBG Program

By: _____

Date: _____