

Financial Settlement/Expenditure Report

(Form to be forwarded to OCRA after Grant Monitoring.)

Grantee:		Grant Number:	
Grantee Address:		Contact Person:	
City, State, Zip Code:		Grantee Telephone No.:	
Grant Begin Date:		Grant End Date:	
Original Grant Amount:		Latest Approved Amount:	

Grantee/Recipient Certification:

For purpose of grant settlement I do hereby certify that to the best of my knowledge:

- All Community Development Block Grant Funds awarded have been expended;
- All unencumbered funds have been returned to the Indiana Office of Community and Rural Affairs (OCRA);
- All financial and performance reports have been submitted;
- Until the funded project has met all grant objectives, that the Grantee will continue to submit semi-annual reports as outlined in the executed grant agreement.

I further certify that the Grantee will remain responsible for all costs found to be ineligible as a result of final audits performed by OCRA Grant Support or the State Board of Account; and that such disallowed cost will be refunded, upon verification to OCRA.

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement identified in Closeout Form 1 and Form 2, to the best of my knowledge, been carried out in accordance with the grant agreement; that the United States of America and OCRA are under no obligation to make further payments to the Grantee under the grant agreement; and that the statements and amounts set forth in Closeout Form 1, the Status of Federal Cash and Leveraging Statement are, to the best of my knowledge, true and correct as of this date.

The Grantee hereby agrees that any costs under this grant disallowed by a subsequent audit by the Indiana State Board of Accounts which are sustained by OCRA will be promptly remitted to OCRA by the Grantee.

Signature of Chief Elected Official:	
Typed Name of Chief Elected Official:	
Date:	

This Financial settlement is hereby approved. Therefore, I authorize cancellation or deobligation of any unused grant balance and a corresponding reduction in the Letter of Credit of \$ _____ to \$ _____.

CDBG Accountant	Date:	
Grant Support Final Monitoring	Date:	
OCRA Approval for De-Obligation of Non-Expended Grant Funds	Date:	

Report Preparer			
Name		Title	
Community or Company:	Address:		
City, State, Zip Code:	Telephone	No.:	
	Date:		

Summary of Grant Costs and Non-Expended Balances (CDBG FUNDS ONLY)				
Activity Code	Description	Expenditure per Settlement	Adjustments Per Grant Support Monitoring	Net Expenditures
1.	Total Grant Expenses Incurred:			
2.	LESS: Program Income Applied:			
3.	LESS: Other Income Applied:			
4.	Net Total Expenses - Grant Funds:			
		5.	Grant Amount Per Grant Agreement:	
		6.	Total Grant Funds Received:	
		7.	*Amount of Cash Refund Due:	
		8.	CDBG Funds to be De-Obligated:	

*A check in the exact amount of the refund due must accompany this summary; checks are to be made payable to the Indiana Office of Community and Rural Affairs and the applicable grant number should be noted on the check.