Administrative Closeout

Grantee Name:	Grant	Number:	

Certification of Grantee

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement identified above have, to the best of my knowledge, been completed in accordance with the grant agreement; that the United States of America and the Indiana Office of Community and Rural Affairs (OCRA) are under no obligation to make any further payment in any form to the Grantee under the grant agreement; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date. The recipient hereby agrees that any costs under this grant disallowed by a subsequent audit by the Indiana State Board of Accounts that are sustained by OCRA will be promptly remitted to OCRA by the recipient.

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

OCRA Approval

Typed Name/Signature of CDBG Accountant:	
Date:	
Typed Name/Signature of CDBG Monitor:	
Date:	
Typed Name/Signature of CDBG Program Manager:	
Date:	