

FORM 10-1

GRANT CLOSEOUT TRANSMITTAL FORM

Recipient Name: _____ **Project Number:** _____

The following forms are enclosed as part of the Closeout Packet:

Grant Closeout Form	Attached	N/A	Previously Submitted	To Be Submitted
Release Form (Form 10-2)	<input type="checkbox"/>	<input type="checkbox"/>		
Request for Certification of Completion (Form 10-3)	<input type="checkbox"/>	<input type="checkbox"/>		
Real Property Register (Form 10-4)	<input type="checkbox"/>	<input type="checkbox"/>		
Contract Report (Form 10-5)	<input type="checkbox"/>	<input type="checkbox"/>		
Final Annual Performance Report (Form 3-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Income Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No costs have been incurred after the completion date of the above contract. All necessary documents and procedures have been followed, thereby finalizing the above referenced contract.

The _____ has completed project number _____
Recipient Name
according to the terms and conditions of its NYS CDBG Grant Agreement. The following forms are being submitted for the processing of the closeout of this grant.

Signature of Chief Elected Official

Date

Typed Name of Chief Elected Official

Title

FORM 10-2

RELEASE FORM

The Recipient, for and in consideration of the CDBG funds distributed to it by the Office of Community Renewal on behalf of the New York State Housing Trust Fund Corporation, does hereby remise, release and discharge the New York State Housing Trust Fund Corporation, its officers, employees and agents, of and from all liabilities, obligations, claims, and demands whatsoever arising out of the Grant Agreement entered into on _____ between the Recipient and the New York State Housing Trust Fund Corporation.

IN WITNESS WHEREOF, this release has been executed this ____ day of _____, 20 ____

Signature of Chief Elected Official

Title

Typed Name of Chief Elected Official

Witness:

Signature

Title

Typed Name of Witness

FORM 10-3

REQUEST FOR CERTIFICATE OF COMPLETION

Recipient Name	Project Number	Amount of Grant to be Reallocated
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SINGLE AUDIT NET COMPLIANCE:

Please check one of the following:

Audit Completed and attached Audit Pending N/A Due Date: _____

Previously Submitted Date _____

Auditor Name and Telephone Number: _____

A. FINAL STATEMENT OF COST

Program Activities (a)	To be completed by the Recipient			To be completed by the Office of Community Renewal
	CDBG Budget (b)	CDBG Expenditures (c)	CDBG Balance (d)	Total Amount Expended (e)
1. Acquisition of Real Property				
2. Housing				
a. Housing Rehabilitation				
b. New Construction				
c. Homeownership				
3. Public Facilities				
a. Water				
b. Sewer				
c. Street Improvements				
d. Facilities (Daycare/Senior Center)				
4. Economic Development/Microenterprise				
a. Business Loans				
b. Business Grants				
c. Infrastructure				
5. Planning and Technical Assistance				
6. Relocation				
7. Site Clearance/Demolition/Site Prep				
8. General Administration				
9. Program Delivery				
10. Engineering				
11. Other				
12. Other				
13. Total (Lines 1 through 13)				

B. PROGRAM INCOME

- 1. Income generated as a result of this grant: \$ _____. If the income is greater than \$25,000, a Program Income Plan is required.
- 2. Income generated as a result of all Office of Community Renewal funded projects: \$ _____

Project Numbers:

_____	_____
_____	_____
_____	_____

C. CERTIFICATION OF RECIPIENT

It is hereby certified that all activities undertaken by the Recipient with funds provided under the Grant Agreement identified on page 1 hereof, have, to the best of my knowledge, been carried out in accordance with 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.

Any property acquired in whole or in part with CDBG funds or CDBG Program Income shall be accounted for in accordance with the provisions of the State CDBG Regulations pertaining to property management and program income.

The Recipient shall continue to comply with State CDBG program income reporting requirements.

All costs incurred subsequent to the most recent annual audit period will be audited at the time the Recipient's next annual audit is conducted in accordance with OMB Circular 1-133. The Recipient will resolve any audit findings related to both the program and financial aspects of the grant. In the event there are any costs which are disallowed by this audit or any subsequent audits which cover CDBG expenditures, and which are sustained by the Office of Community Renewal, the amount of such costs shall be returned to the Office of Community Renewal via the Housing Trust Fund Corporation (HTFC).

Signature of Chief Elected Official

Title

Typed Name of Chief Elected Official

Date

FORM 10-4

REAL PROPERTY REGISTER

Property Description:			
Serial/ID Number:		Source of Property:	
Who Holds Title:			Acquisition Date:
Purchase Order/Check No.:			Source of Funds:
Cost Per Unit	Total Cost	% of CDBG Participation	
Location:		Use:	Condition:
Disposition Date:			Description:
Sale Price:			
Property Description:			
Serial/ID Number:		Source of Property:	
Who Holds Title:			Acquisition Date:
Purchase Order/Check No.:			Source of Funds:
Cost Per Unit	Total Cost	% of CDBG Participation	
Location:		Use:	Condition:
Disposition Date:			Description:
Sale Price:			
Property Description:			
Serial/ID Number:		Source of Property:	
Who Holds Title:			Acquisition Date:
Purchase Order/Check No.:			Source of Funds:
Cost Per Unit	Total Cost	% of CDBG Participation	
Location:		Use:	Condition:
Disposition Date:			Description:
Sale Price:			

