



U.S. Department of Housing and Urban Development
Community Planning and Development

OMB Approval No. 2506-0193 (exp 1/31/2015)

Attachment: B

**State CDBG Program Grant Close-out
Certification**

Grantee Name: _____

	State CDBG Program			
(Insert) Grant Year				
Grant Number				
Grant Amount Authorized				
Cumulative Grant Funds Disbursed				
Balance of Grant Funds Remaining to be Recaptured				

Certification

The CPD Field Office in _____ has received and reviewed the financial status information and hereby confirms that all of the conditions for close-out have been met.

Name of CPD Field Office Director (Print)

Signature of CPD Field Office Director

Date