

## U.S. Department of Housing and Urban Development Community Planning and Development OMB Approval No. 2506-0193 (exp 1/31/2015)

Attachme	nt A	Grant Closeout Review/Checklist				
	Date Open:		Date closed:			
	GRANTEE: Grant Amount:			NT #:		
	Method of Distribution:					
	STATUS OF FUNDS:					
			<u>Budgeted</u>	<u>Expended</u>		
	Total Budget per Grant Agreement					
	Program Administration					
	Program Income (if applicable)					
	Total Unliquidated obligations:					
	Required Targets					
	Specified Limit or Minimum					
	Minimum Overall benefit%:	Actual				
	Limit on Public services:	Actual				
	Limit on Admin/Planning:	Actual				
	Limit on Grantee Admin:	Actual				
	SUBMISSION OF QUARTERLY P	BMISSION OF QUARTERLY PROGRESS REPORTS:				
	Has the grantee submitted the final	the grantee submitted the final and complete QPR in DRGR? Yes No				
	Is the final QPR accurate, complete Plan amendments? Yes		LOCCS, the A	ction Plan, and/or approved Action		
	STATUS OF MONITORING:					
	Date of last monitoring visit:					



## U.S. Department of Housing and Urban Development Community Planning and Development OMB Approval No. 2506-0193 (exp 1/31/2015)

Were there any findings?	
YesNo	
Have all issued findings been cleared?YesNo	
If applicable, what is the status of the A-133 Audit?	_
	_
Grantee Authorized Representative's Signature Date	te
RECOMMENDATION	
The Grant is ready to close Not ready to close (explain if not ready to close)	
Action recommended:	
Prepare and complete the closeout package. Write a standard letter to grantee regarding specific concerns related to the acceptability/completeness of the QPR, forms or portions thereof that ne submitted, or open findings that need to be addressed prior to completion of grant closeout.	
CPD Director Date	