**Attachment: B**

**Neighborhood Stabilization Program**

**Grantee Closeout Certification**

Grantee Name:

Grant Number:

The Grantee hereby certifies that: (1) the activities as described in the approved (name the grant program) Substantial Amendment or NSP2 NOFA Application have been performed in accordance with the terms and conditions of the executed Grant Agreement and applicable statutory and regulatory requirements and that there are no known outstanding programmatic or financial issues; and (2) all data provided below fairly reflect costs and sources of funds of the (name the grant program) and are taken from HUD-approved reports and other project-related documents.

1. Grant amount authorized $

2. Cumulative grant funds disbursed $

(Grantee should draw down amounts for any final audit costs or unsettled third-party claims

Any such amounts not subsequently disbursed must be immediately reimbursed to HUD.)

3. Grant funds recaptured $

4. Balance of grant funds remaining $

 (These funds will be canceled by HUD in order for the funds to be returned to the U.S. Treasury.)

(Note: Grantees which spent funds for acquisition, rehabilitation or new construction through the Neighborhood Stabilization Program are required to continue to maintain long term affordability for the time period stated in their (name the grant program Substantial Amendment or NSP2 NOFA application). Therefore, notwithstanding this Grantee Closeout Certification, grantees failing to comply with this requirement shall be required to repay all or a portion of the grant amount, as provided in the appropriate regulation.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Authorized Representative’s Signature and Date CPD Division Director’s Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Typed Name of Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Title

The above signature by HUD signifies approval of grant closeout

**Note: Any false statements knowingly or deliberately made are subject to civil or criminal penalties under Section 1001 of Title 18 of the U.S. Code.**

**HUD Form 40178**