



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**