

## CO 1- Closeout Financial Reconciliation Screen

### Closeout



US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
**Financial Reconciliation**

Grantee Name: New Hampshire Department of Justice

Award Number: 2009-AH-FX-0066

Award Amount: \$360,000.00

Project Period Begin Date: 06/01/2009

Project Period End Date: 09/30/2012

Grant Manager: Lawrence Fiedler

OJP Vendor Number: 026002618

Expenditure/Obligation End Date: 09/30/2012

Liquidation End Date: 12/29/2012

Submit Your Closeout Package By Date: 12/29/2012

Closeout Status: Overdue

Status Date:

#### 1. Federal Award

(a) Award Amount	\$360,000.00
(b) Total Federal Share of Outlay (SF-425 10e)	\$359,498.97
(c) Remaining Federal Funds	\$501.03

#### 2. Non-Federal Match

Note: Non-Federal Match is not Required.

(a) Required	\$0.00	Override: \$ <input type="text"/>
(b) Recipients Share of Outlays (SF-425 10j)	\$0.00	
(c) Difference	\$0.00	

#### 3. Total Project Budget & Costs

(a) Total Approved Project Costs (1a + 2a) Budget	\$360,000.00
(b) Total Actual Project Costs (1b + 2b) Actual	\$359,498.97

#### 4. Total Federal Share of Outlays & Drawdowns

(a) Total Federal Share of Outlays (SF-425 10e)	\$359,498.97
(b) Total Drawdowns	\$359,498.97
(c) Difference	\$0.00

#### 5. Total Program Income

(a) Program Income (SF-425 10l)	\$0.00
(b) Program Income Spent (SF-425 10n)	\$0.00
(c) Balance (Due From) Grantee (SF-425 10o)	\$0.00

#### 6. Closeout Balance (4c + 5c)

(a) Funds Due OJP [(4c + 5c) < 0]	\$0.00
(b) Funds to Drawdown [(4c + 5c) > 0]	\$0.00

\*If you override Non-Federal match in 2(a), you are required to enter a justification.

Actions:

## CO 2- Closeout Programmatic Requirements Certification Screen

### Closeout



US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
**Programmatic Requirements**

Grantee Name: New Hampshire Department of Justice

Award Number: 2009-AH-FX-0066

Award Amount: \$360,000.00

Project Period Begin Date: 06/01/2009

Project Period End Date: 09/30/2012

Grant Manager: Lawrence Fiedler

OJP Vendor Number: 026002618

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Submit Your Closeout Package By Date: 12/29/2012

Closeout Status: Overdue

Status Date:

	Date Submitted(mm/dd/yyyy)	N/A
File Technical Report	<input type="text"/>	<input type="checkbox"/>
Data Sets	<input type="text"/>	<input type="checkbox"/>
Proto-type Software	<input type="text"/>	<input type="checkbox"/>
Forensic Technique	<input type="text"/>	<input type="checkbox"/>
Subgrant Reports	<input type="text"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="text"/>	

Actions:

Print

Cancel

## CO 3- Closeout Certification Screen



### Closeout



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US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
**Closeout Package Status**

#### Certification

To the best of my knowledge and belief, all data in this Closeout Package is true and correct, the document has been duly authorized by the governing body of the grantee and the applicant will comply with the attached certifications.

Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of your grant and your statement of the veracity of the representations made in this Closeout Package. The document has been duly authorized by the governing body of the grantee and the grantee will comply with the following:

US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

- A. The grantee certifies that the appropriated funds were spent for the purpose or purposes of the grant, and only such purpose or purposes;
- B. The terms of the grant, cooperative agreement or contract were complied with, and ;
- C. All documentation necessary for conducting a full and proper audit under generally accepted accounting principles, and any (additional) documentation that may have been required under the grant, cooperative agreement or contract, have been kept in orderly fashion and will be preserved for not less than 3 years from the date of such close out, termination, or end. As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested for this Closeout Package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

Name:

Date: 04/25/2007

Accept

Cancel

Print