

**Housing Opportunities for Persons With AIDS Program
Grantee Closeout Certification**

The purpose of this information collection is to ensure grantees are able to close active grants when the project is complete by determining that all applicable administrative actions and all required work of the grant have been completed by the grantee. The information collected on this form is required to obtain a benefit. It will not be held confidential. The public reporting burden for this collection of information is estimated to average 12 hours. This includes the time for collecting, reviewing, and reporting the data. HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a currently valid OMB control number. **OMB Approval No. 2506-0133** (Expiration Date: XX/XX/XXXX)

The Grantee hereby certifies that: (1) to the best of the Grantee's knowledge, the activities carried out under this grant have been performed in accordance with the terms and conditions of the executed Grant Agreement and applicable statutory and regulatory requirements; (2) there are no known outstanding programmatic or financial issues (e.g., CPD monitoring findings, OIG audit findings, Single Audit findings); and (3) the Grantee understands that closing out of the grant does not relieve the Grantee of any obligations that continue to apply as provided by 2 CFR 200.345 or 24 CFR 574.310(c).

HUD hereby certifies that the closeout checklist was completed and filed and that the financial information below matches the eLOCCS information at the time of CPD Director signature for closeout.

Lines 1-4 to be completed by HUD Field Office Staff. After completion, Field Office Staff will send to Grantee for signature. Grantee will re-submit to the Field Office for final confirmation and signature by the HUD CPD Director.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Grantee Name: _____ Grant Number: _____

1. Total amount obligated by HUD	\$
2. Total grant funds drawn down for allowable costs as represented in IDIS	\$
3. Grant funds <i>already</i> recaptured/deobligated by HUD <ul style="list-style-type: none">• (Prior to this closeout action)	\$
4. Balance of remaining funds in IDIS <ul style="list-style-type: none">• ((Line 1 – (Line 2 + Line 3))• (Requesting FWAC to deobligate this amount upon execution of this certification)	\$

Grantee Authorized Representative's Signature and Date

HUD CPD Director and Date

Typed Name of Signatory

Typed Name of Signatory

Title

Title