

Louisiana Community Development
Block Grant Program

1. Grantee:

2. Contract Number:

CERTIFICATE OF COMPLETION

FINAL STATEMENT OF COSTS

Program Activity Categories	3. Paid Costs	4. Unpaid Costs	5. Total Grant Costs	6. State Use Only
A. Acquisition of Real Property				
B. Public Works, Facilities, Site Imp.				
1. Sewer				
2. Streets				
3. Water (Fire Protection)				
4. Water (Potable)				
5. Multi-purpose Community Centers				
6. Other				
C. Rehabilitation Housing				
D. Rehabilitation Administration				
E. Clearance, Demolition				
F. Relocation Payments				
G. Economic Development				
1. Commercial/Industrial Infrastructure Development				
2. Loan				
3. Other				
H. Planning and management Development				
I. Administration				
1. Pre-Agreement Costs				
2. Public Facilities, Housing & Economic Development				
J. Other				
K. Other				
L. TOTAL GRANT COST				
M. Prog. Income Applied to Prog.Cost				

COMPUTATION OF GRANT BALANCE

Description	To be completed by Grantee	State Use Only
	7. Amount	8. Approved Amount
A. Total Grant. Cost		
B. Unsettled third party claims		
C. Subtotal		
D. Grant amount as per contract		
E. Unutilized Grant		
F. Grant Funds Received		
G. Balance of Grant Payable		

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9. List any unpaid costs and unsettled third-party claims against the LCDBG Program. Describe circumstances and dollar amounts involved.

_____ Check if continued on additional sheet and attach

CERTIFICATION OF RECIPIENT

It is hereby certified that all activities undertaken by the recipient with funds provided under the contract identified hereof, have, to the best of my knowledge, been carried out in accordance with the contract; that proper provision has been made by the recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof; that the State of Louisiana is under no obligation to make any further payment to the recipient under the contract in excess of the amount identified in line 7.C. hereof, and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

10. Date	11.	Typed Name and Title of Recipient's Chief Elected Official	12. Signature of Recipient's Chief Elected Official
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LCDBG APPROVAL

13. This Certificate of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$_____ less \$_____ previously authorized for cancellation.
(from Line 7.E.)

Date	Typed Name and Title of State Authorized Official	Signature of State's Authorized Official
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Carol M. Newton
Director, Louisiana Community
Development Block Grant Program

CLOSEOUTS