CLOSE OUT FORM

GRANTEE'S RELEASE

Contract #:	Project:
AOG/County/City/Town:	Sub-grantee, if applicable (Housing Authority, non-profit or Special Service District)
Address	Address
City, State, Zip	City, State, Zip
Chief Elected Official:	Director:

Pursuant to the terms of Contract Number _____ and in consideration of the sum of _____$ which has been or is to be paid under the said contract to _____, grantee; upon payment of the said sum by the State of Utah Department of Community and Economic Development hereinafter called the grantor, does remise, release, and discharge the grantor, its officers, agency's and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract.

_____ _____ _____

Chief Elected Official (Print) Name and Title Date

Leveraged Funds: **Source**	**Total from Source**	**% of Total Project**
State CDBG Funds		
Other State Funds (Identify		
County		
City/Town		
Federal (Identify)		
Other (Identify)		
Other (Identiy		
Total:		

FINAL PROJECT STATUS REPORT

NATIONAL OBJECTIVE: This report provides a comprehensive performance/accomplishment statement illustrating exactly what was done by national objective (Circle item A, B, or C) A. LOW AND MODERATE INCOME PERSONS (LMI) PROJECTS: B. SLUM AND BLIGHT PROJECTS: C. URGENT HEALTH & WELFARE PROJECTS:
DESCRIBE THE PROJECT IN QUANTIFIABLE TERMS - ACCOMPLISHMENTS, i.e.; 1400 feet of water line installed, fire station constructed, senior center constructed, etc.

PROJECT BENEFICIARIES

Count Beneficiaries Using the Following Criteria:
Count Persons: Public Service, Curb/gutter/sidewalk, water/sewer, Street Improvements: Public Facility Construction, Land/Water Acquisition, Fire/Emergency Vehicle/Equipment Purchase, Curb cuts, ADA accessibility projects (Estimate Elderly/Handicapped Persons Benefiting) Technical Assistance – (AOG'S)

Count Households: "First Time Home Buyer" Programs, Housing Rehabilitation

No Data is Required: Admin, Planning or Feasibility Studies:
Choose EITHER "Households" or "Persons" for questions 1 – 3 below.
Please circle one: Counts are by **HOUSEHOLDS** or Counts are by **PERSONS**

	TOTAL # of Persons OR Households	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	AMERICAN INDIAN OR ALASKA NATIVE AND WHITE	ASIAN AND WHITE	BLACK OR AFRICAN AMERICAN & WHITE	AM. INDIAN/ALASKA NATIVE AND BLACK	OTHER	HISPANIC
1. Beneficiaries (Note: Racial totals must add up to beneficiary total →)												
2. LMI Beneficiaries												
3. Total # of Female-Headed Households Benefiting (if known)												

4. Please indicate where you obtained the above statistical information (i.e. census, survey, GOPB projections, etc):

CERTIFICATION: I certify that all information and statements in this report are, to the best of my knowledge, accurate and correct as of this date.

Project Manager **Date**