

**CCCDC (CULLMAN COUNTY COMMUNITY DEVELOPMENT COMMISSION)
GRANT CLOSE OUT FORM
GRANT NUMBER _____**

Issue date of CCCDC grant funds: _____

To: _____

For: _____

Amount of grant \$ _____ (Invoices are required)

Date CCCDC grant was received: _____ Date completed: _____

Visual inspection was made - Yes _____ No _____

Receipts were obtained - Yes _____ No _____

Last date of entity audit _____

Name of contact person for CCCDC grant _____

Phone number: _____

This grant was completed by all guidelines of the CCCDC.

Champ Crocker

Josh Speakman

Joe Golden

Cherrie Haney

Bradley Williams

If CCCDC grant close out form is completed by grantee, please sign and date.

Signature

Date

REQUEST FOR CLOSE OUT OF PROJECT

CCCDC GRANT NUMBER _____

_____ (entity name) presented to the Cullman County Community Development Commission (CCCDC) with a grant application depicting a proposed project. In said application the entity agreed to provide a certification that, the funds were used in the manner and for the purposes set forth in the application. Invoices are required.

Now, thereof, the undersigned, under penalties of perjury, declares that the grant funds were used in the manner and for the purposes set forth in the grant application and that the project was completed by all guidelines of the CCCDC.

Grantee Signature

Date

Grantee Name (Please Print)

Date

Grantee Title

Date