

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY

**HOUSING DIVISION**  
**Emergency Solutions Grant Program**  
**CFDA # 14.341**  
**Grant Close-Out Form and Assurances**

I certify that all activities associated with grant number \_\_\_\_\_ have been completed and all funds expended in accordance with the Emergency Solutions Grant Program regulations. I certify that to the best of my knowledge the above information is a true and correct accounting of program funds.

Furthermore, I certify to the best of my knowledge that all costs incurred during the fiscal year will be included in the next Single Audit. I understand that if the Agency's total federal expenditures are less than \$500,000 a Single Audit is not required; however costs incurred shall be included in Agency's next audited financial statements. In the event that there are any costs that are disallowed by those audits or sustained by the Nevada Housing Division, the amount of those costs shall be returned the Nevada Housing Division.

Program records will be retained for five (5) years after each grant closeout. I agree to make available all client files, along with any financial and program records, for review by the Division, local HUD Office of Community Planning and Development, HUD's Office of Special Needs Assistance Programs, HUD's Office of Inspector General, HUD's Office of Fair Housing and Equal Opportunity, a contractor hired on behalf of the Division for the purposes of auditing programs funded through the State, or other authorized state or federal agency, to determine compliance with the requirements of each program.

Signed:

\_\_\_\_\_  
Name of Executive Director or Authorized Signature

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date:

