STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY

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

This form is to be completed and returned to the Housing Division with the final ESG Draw Reimbursement Request Form

Agency Name	
Contact Name & Phone	

Activity	**Grant**	
	Budgeted Amount from most recent Award or Amendment	**Actual Amount Expended**
Street Outreach		
Case Manager Salary		
Outreach and Engagement		
Other-		
Shelter-Essential Services		
Case Manager Salary		
Outreach and Engagement		
Other-		
Shelter Operation Costs		
Shelter Operation Costs		
Maintenance and Repairs		
Motel Vouchers		
Other-		
Financial Assistance (Homeless Prevention)		
Rental Assistance		
Housing Relocation and Stabilization (Homeless Prevention)		
Utility Assistance		
Rental Arrears		
Security Deposit		
Hotel/Motel Voucher		
Staff Salaries		
Other- _____		
Case Manager Salary		
Outreach and Engagement		
Housing Search & Placement		
Credit Repair		
Legal Services		
Other-_____		
Financial Assistance (Homeless Assistance)		
Rental Assistance		

Housing Relocation and Stabilization (Homeless Assistance)		
Utility Assistance		
Rental Arrears		
Security Deposit		
Hotel/Motel Voucher		
Staff Salaries		
Other-		
Case Manager Salary		
Outreach and Engagement		
Housing Search & Placement		
Credit Repair		
Legal Services		
Other-		
Data Collection and Reporting		
Data Collection		
Administrative Costs		
Reporting		
Accounting of Grant Funds		
Staff Training		
Other-_____		
Total		

Total ESG Award		**Total ESG Expenditures**		**Balance****	

Totals must include any additional funds that may have been reallocated during the grant period.

I, _____, Director of _____, located in _____, Nevada, do hereby 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:

*****Agencies have a maximum of 30 calendar days to submit all final draw requests. Only those costs incurred during the term of the grant agreement and allocated in the program budget are eligible for reimbursement.

****** 100% of the allocation must be expended by the end of each 2 year grant cycle. After the ending date of the grant period, as indicated in the Notice of Sub-grantee Award Letter, the grant will be reduced by the amount of any unexpended funds. The Housing Division does not need Agency approval to modify the contract to close out unexpended balances.