

CERTIFICATE OF COMPLETION

Contractor Name: _____ Telephone #: _____
 Contract #: _____

DIRECTIONS:

As part of the close-out process for your EHAP grant:

- **Submit** this two page form with your **final** Request for Disbursement (RFD) or within 60 days after your contract expires
- **Fill-in** column B according to attachment A of the Standard Agreement. To complete column C, refer to the your last RFD, page 2. Money remaining in any activity should be listed in column D.
- **Please ensure** the “Certification of Grantee” section is fully completed and signed by the person (position) that also signed the Standard Agreement.
- **Confirm** that all Semi-Annual Reports for this grant have been submitted to the EHAP staff. The Certificate of Completion **cannot** be processed until all Semi-Annual Reports (SARs) for your grant have been received. (See EHAP Grant Management Manual, Chapter 5, for due dates of (SARs).

Note: This process is required to close-out your grant and to prevent possible disencumbrance of grant funds. If we do not receive this form within 60 days after your contract expires, we will initiate the disencumbrance of any remaining grant funds.

(A) Contract Activities	(B) Approved Grant Amount	(C) Total Amount Disbursed	(D) Amount to Disencumber (Money not spent)
(1) Acquisition			
(2) New Construction			
(3) Rehabilitation			
(4) Equipment			
(5) Lease			
(6) Mortgage Payments			
(7) Vouchers			
(8) Residential Rental Assistance			
(9) Operations			
(10) Administration			
(11) Other			
TOTAL			

Certificate of Completion

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Contractor Name: _____ **Contract #:** _____

Semi-Annual Reports have been submitted _____ yes _____ no*

*If you answered "no," you must submit the required SAR's with this form.

COMMENTS:

CERTIFICATION OF GRANTEE

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims; that the State of California is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on the standard agreement; in the event there are any costs which are disallowed by any audit those costs shall be returned to the Department of Housing and Community Development; 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.

DATE	PRINTED NAME AND TITLE	SIGNATURE
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AMOUNT OF GRANT TO BE DISENCUMBERED \$ _____

*****DO NOT WRITE BELOW THIS LINE*****

**LOS ANGELES DLB DIRECTOR
THIS CERTIFICATE OF COMPLETION IS HEREBY APPROVED**

DATE	PRINTED NAME AND TITLE	SIGNATURE
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**HCD APPROVAL
THIS CERTIFICATE OF COMPLETION IS HEREBY APPROVED**

DATE	PRINTED NAME AND TITLE	SIGNATURE
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AMOUNT OF GRANT TO BE DISENCUMBERED \$ _____