

# CERTIFICATE OF COMPLETION

Contractor Name: \_\_\_\_\_ Contract # \_\_\_\_\_ -EHAP- \_\_\_\_\_

**DIRECTIONS:** As part of the close-out process for your EHAP grant: Telephone number \_\_\_\_\_

- Submit this two page form with your **final** Request for Disbursement (RFD) or within 60 days after your contract expires. (This is the date stamped in the lower right hand corner of the first page of the Standard Agreement.)
- Fill in column B according to Exhibit A of the Standard Agreement. To complete column C, refer to 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 and Expenditure Detail for this grant have been submitted to the EHAP staff. The Certificate of Completion **cannot** be processed until all Semi-Annual Reports (SARs) and Expenditure Detail for your grant has 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 \$\$ Disbursed	(D) Amount to Disencumber (grant funds not spent)
(1) Acquisition			
(2) New Construction			
(3) Rehabilitation			
(4) Equipment			
(5) Lease			
(6) Rent			
(7) Mortgage Payments			
(8) Vouchers			
(9) Residential Rental Assistance			
(10) Operations			
(11) Administration			
(12) DLB Admin. Fees			
TOTAL			

COMPLETE PAGE 2; NEED SIGNATURE TO CLOSE GRANT.

Contractor Name: \_\_\_\_\_ EHAP Agreement (Contract #) \_\_\_\_\_ -EHAP- \_\_\_\_\_

Semi-Annual Reports have been submitted \_\_\_\_\_ Yes \_\_\_\_\_ No

Expenditure Detail covering the Total Grant amount has been submitted \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "No", you must submit the required SAR's and expenditure detail with this form in order for EHAP staff to close your contract.

**COMMENTS:**

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**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

AMOUNT OF GRANT TO BE DISENCUMBERED \$ \_\_\_\_\_  
(If the EHAP contract was paid in full, then the amount disencumbered is \$0.00)

**HCD APPROVAL**

**THIS CERTIFICATE OF COMPLETION IS HEREBY APPROVED**

DATE

PRINTED NAME AND TITLE

SIGNATURE

AMOUNT OF GRANT TO BE DISENCUMBERED \$ \_\_\_\_\_