

Office of Community Development - Local Government Assistance (OCD-LGA)
Program Completion Report

Identify Program: LGAP _____ CWEF _____

A. Local Government Name:

B. Local Government Address:

C. Local Government Contact Name and Phone Number:

D. File Number :

1.

Total Project Costs:

2.

Total Grant Funds Spent:

3.

Total Local Government Funds Spent:

4. Project Results - Describe use of funds and effects on community.

EFFECTIVE THIS DATE, NO FURTHER REQUESTS FOR PAYMENT WILL BE SENT TO OCD-LGA. BY SIGNING THIS, IT IS AUTHORIZED THAT THE GRANTEE HAS RECEIVED ALL DIRECT DEPOSIT PAYMENTS AND THE REMAINING FUNDS BE DE-OBLIGATED.

Date:

Signature:

Title:

Date:

OCD-LGA Signature:

Title:

This form requires a digital signature with date and time stamp and cannot have any whiteout. It must be emailed to your grant representative.