

**Grant Close-Out Report
Due September 30, 2020**

Business Name:
Business Address
Applicant Name
Email
Phone Number
Amount of Grant Received:

Summarize the impact the grant funds had on the business and its operations:

Project Budget Summary

Submit/attach all invoices and proof of payment for grant funded expenditures. **The expenditures should only include those allowable per the grant agreement** (add more rows if necessary). Total amount of expenditures and documentation **MUST BE EQUAL** to or **GREATER** than the grant amount.

| Date of Expenditure | Purpose of Expenditure | Amount |
|---------------------|------------------------|-----------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |

Job Retention and Creation

| Type of Job | #Retained | Avg Hours Per Week | # Created | Avg Hours Per Week |
|-------------|-----------|--------------------|-----------|--------------------|
| | | | | |
| | | | | |

I certify that the foregoing charges are true and accurate to the best of my knowledge. These expenditures represent approved grant costs that have been previously paid by the grantee.

Print Name/Title

Authorized Signature

Title

Date