FORM 8-2: Project Monitoring/Administrative Closeout Certification

A. Subgrantee	Grant No.	C. Chief Elected Official
B. Address		D. Certifying Officer

E. FINAL STATEMENT OF COST

	To Be Completed by the Subgrantee			To Be Completed by the State
	CDBG	**Non-CDBG Funds**	**TOTAL**	**Approved TOTAL Costs**
1. Administration Expense				
2. Land Structures, Right-of-Way				
3. Architectural & Engineering Basic Fees				
4. Other Architectural Engineering Fees				
5. Project Inspection Fees				
6. Site Preparation				
7. Relocation Expense				
8. Demolition & Removal				
9. Construction & Project Improvements				
10. Other				
11. TOTAL				

F. COMPUTATION OF GRANT BALANCE

	To Be Completed by the Subgrantee	To Be Completed by the State
1. Grant Award Amount	**$**	$
2. Unused Funds to be Cancelled	**$**	$
3. Final Grant Amount (Subtract Line 2 from Line 1)	**$**	$
4. Grant Funds Received	**$**	$
5. Balance of Grant Payable (Subtract Line 4 from Line 3)*	**$**	$

**If line 4 exceeds line 3, enter amount of excess on line 5 as a negative amount. This amount shall be repaid to the State of South Dakota.*

G. GRANTEE AUDIT REQUIREMENTS

	FY	YES	NO	For GOED Use Only:
List the calendar year(s) in which CDBG project activity spending occurred. Mark yes or no if the subgrantee spent more than $750,000 in the total of ***all federal funds*** during any fiscal year beginning in 2015 or $1,000,000 in ***all federal funds*** for all fiscal years beginning 2025 and thereafter.	_____	☐	☐	Received:
	_____	☐	☐	_____ ☐
	_____	☐	☐	_____ ☐
				_____ ☐

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H. SUB-RECIPIENT AUDIT REQUIREMENTS		
Did the Grantee have a Sub-recipient carrying out the CDBG project? Yes: ☐ No: ☐ **If Yes,** has the Grantee receive a copy of the final Single Annual Audit submitted to the Federal Clearinghouse? Yes: ☐ No: ☐	List the calendar year(s) in which CDBG project activity spending occurred. Mark yes or no if the Sub-recipient spent more than $750,000 in the total of ***all federal funds*** during any fiscal year beginning in 2015 or $1,000,000 in ***all federal funds*** for all fiscal years beginning 2025 and thereafter.	FY YES NO _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐

H. CERTIFICATION OF RECIPIENT

It is hereby certified that all activities undertaken by the Recipient with funds provided under the grant agreement identified on page 1, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the State of South Dakota is under no obligation to make any further payment to the Recipient under the grant agreement in excess of the amount identified in Balance of Grant Payable hereof; 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.

It is hereby certified that one of the three mandatory National Objectives has been met and that verification documenting compliance with the National Objective is on file and available for inspection. I also certify that any expenditure or activity identified in a subsequent audit as ineligible or improper will be either refunded to the State of South Dakota or corrected by the Recipient.

I hereby certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Typed Name of Certifying Officer	Signature of Certifying Officer	Date
_____	_____	_____

I. STATE APPROVAL

This **Administrative Close-Out** is hereby approved. Therefore, I authorize the cancellation of the unused contract commitment and related funds reservation and obligation of $_____, less $_____ previously authorized for cancellation. This grant is being closed pending the submission of a Single Annual Audit for all calendar years grant funds were expended.

Typed Name of State Official	Signature of State Official	Date
_____	_____	_____

I have reviewed the Grantee's Administrative Closeout and received notification and approval of all required Single Annual Audit Reports. This **Certificate of Completion** is hereby approved. Therefore, I authorize the cancellation of the unused contract commitment and related funds reservation and obligation of $_____, less $_____ previously authorized for cancellation.

Typed Name of State Official	Signature of Authorized State Official	Date
_____	_____	_____