**PROGRAM INCOME EMERGENCY REPAIR**

**GRANT CHECKLIST**

|  |  |
| --- | --- |
| Date |  |
| Program Income Program Year |  |
| Grantee |  |
| Grant Number |  |
| Grant Administrator |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE GRANTEE SENT** |  | **DOCUMENTS SUBMITTED TO MEDC** | **DATE APPROVED** |
|  | **1** | Program Guidelines |  |
|  | **2** | 08-C Single Audit Certification |  |
|  | **3** | 08-D Administrative Activity Report |  |
|  | **4** | 15-B Program Income Certification |  |
|  | **5** | 15-H Program Income Accomplishment Report |  |
| **DATE GRANTEE RECD** |  | **DOCUMENTS RETAINED IN GRANTEE FILE** | **DATE DOCUMENT IN FILE** |
|  | **1** | Certifying Officer Designation |  |
|  | **2** | Monitoring Letter |  |
|  | **3** | Grant Closeout Letter Conditional and/or Final Certification of Completion |  |