

## CERTIFIED LOCAL GOVERNMENT GRANT PROGRAM COMPLETION REPORT AND REIMBURSEMENT REQUEST

| Subgrantee:      |    |
|------------------|----|
| Project #:       | CG |
| Funded Activity: |    |
| Project Manager: |    |

- 1. Provide a brief synopsis of the event attended/training hosted, including the name of the host organization, name(s)/title(s) of persons participating, and dates.
- 2. For individual training, list the sessions/events attended. For community-specific training, list the topics covered by the training.
- 3. Describe at least three (3) things learned during the activity and/or best practices that can be used to help improve the local preservation program.
- 4. Is there any additional information on the topics learned that would be helpful to have?
- 5. Would you recommend other communities attend this event/host this training? Why or why not?
- 6. Do you have any general comments?

## CG\_\_\_\_\_ FINAL REIMBURSEMENT REQUEST

| Payee:                 |    |             |                             |   |  |  |  |  |
|------------------------|----|-------------|-----------------------------|---|--|--|--|--|
| EIN Number:            |    | UEI Number: |                             | SIGMA Vendor ID:                        |  |  |  |  |
|                        | 1  |             |                             |   |  |  |  |  |
| Claimed Costs:         | \$ |             | Funding Source(s): (e.g., m | unicipal general funds, personal funds) |  |  |  |  |
| Grant Award:           | \$ |             |                             |   |  |  |  |  |
| Reimbursement Request: | \$ |             |                             |   |  |  |  |  |

| Vendor | Description | Date Paid | Paid<br>Amount |
|--------|-------------|-----------|----------------|
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             |           | \$             |
|        |             | Total     | \$             |

Invoices

Proof of payment (e.g., canceled check, receipts, EFT record, etc.)

I 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.

Project Coordinator (signature)

Support

**Documentation:**