



Certified Local Government

Completion Report and Reimbursement Request



Project Information

Project Name

Project Number

Resource Name

Resource Address

City

Zip Code

Grant Coordinator

Title

Project Consultant

Title

Grantee Information

Name of Grant Recipient

Recipient Mailing Address
to mail reimbursement check

City

State

Zip

Federal ID Number

Project Evaluation

- Describe any reports or applicable test results
- Describe how the completed work differed from work originally planned, and why
- Describe any unusual techniques or materials used in the project
- Describe any problems still needing to be addressed
- Describe how the property will be used after the grant period is over

*Please limit the language to the space provided
(appx. 2500 characters)*

Attachments *(for rehabilitation projects only)*

Project Photographs

Project Sign Photos

Note: Refer to grant agreement for photograph requirements

Reimbursement Request

Grant Award Amount

Final Project Cost

Match Amount
If applicable

**Match
Source**

Reimbursement Request

Final Cost Breakdown

Total

Description

Item 1

Item 2

Item 3

Item 4

Item 5

Final Project Cost

Attachments *(for all projects)*

Project Invoices

Canceled Checks

Signatures

**Signature of Authorized
Grant Recipient**

Date

SHPO Architect

SHPO Grants Manager

SHPO Preservation Officer