# **Project Title:** Click here to enter text.

|  |  |
| --- | --- |
| Agency Name: Click here to enter text. | |
| Mailing Address: Click here to enter text.  City, ST, ZIP: Click here to enter text. | |
| Contact Person: Click here to enter text. | Title: Click here to enter text. |
| Phone: Click here to enter text. | Email: Click here to enter text. |

# Beneficiaries:

**Please attach the Final Quarterly Performance Report that identifies the number of households and persons served by this grant, including race and income.**

# Project Outcomes:

|  |
| --- |
| **What were the measurable outcomes that your scope of work indicated would result from the services provided? (Please refer to Exhibit A in your current contract)**  Click here to enter text. |
| **Compare your targeted and achieved outcomes. Were you able to achieve those outcomes? If not, why?**  Click here to enter text. |
| **Describe one or two client outcomes that you feel are representative of this program’s service. Client descriptions should be anonymous.**  Click here to enter text. |

# Funding:

|  |
| --- |
| Final Budget (Actuals)  **City Funds Provided:** $ Click here to enter text.  **Matching Funds Provided:** $ Click here to enter text.  **Total Project Cost:** $ Click here to enter text. |

# Certification and Authorized Signature:

To the best of my knowledge and belief, the information contained in this closeout report, and in the additional required documentation submitted with this report, is true and correct. The Applicant has agreed that if the project will comply with all federal, state and local statutes, regulations, policies and requirements applicable to City funding.

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Signature of Authorized Applicant Representative Date

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Name and Title of Authorized Applicant Representative (Please Print or Type)