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OMB 2506-0197
Exp. Xx/xx/xxxx

Closeout Certification

CLOSEOUT CERTIFICATION

Cooperative Agreement Number	Click here to enter number.
Organization Name	Click here to enter name.

It is hereby certified that, to the best of my knowledge, all activities undertaken, or to be undertaken, with funds provided under this agreement have been carried out, or will be carried out, in accordance with the award agreement; that no fraud, waste or mismanagement has occurred in the administration of this award; that proper provision has been made for the payment of all unpaid costs and unsettled third-party claims; that the Department of Housing and Urban Development is under no obligation to make any additional payments to the awardee.

It is also certified that any program income resulting from this award or any remaining real property resulting from this award, even if obtained after award close-out, shall be used to further award objectives. I understand that prior HUD approval must be obtained to use either program income or real property for any other purpose other than that of the original project for a period of five years from the expiration of this award. At this time program income consists of \$_.
. Accounting records will be kept on the use of these funds and any additional program income. I understand that HUD may monitor compliance with the terms of this agreement at any time.

I certify that the statements as marked below accurately reflect the status of real and personal property paid for by funds under this award and any inventions, patents and copyrights resulting from this organizations and/or subcontractor's work under this award. As applicable, I have accurately completed the required Property Statement (Attachment 7), the Inventions, Patents and Copyrights Statement (Attachment 8), and all performance and financial reports, where required and as indicated below.

- Yes No No real or personal (expendable and non-expendable) property was paid for, in whole or in part, with funds from this award.
- Yes No Real and/or personal (expendable and non-expendable) property were paid for, in whole or in part, with funds from this award.
- Yes No I have completed Attachment 7, Property Statement.
- Yes No No inventions, patents, or copyrights resulted from this award have resulted this organization's work or any subcontractor's work under this cooperative agreement.
- Yes No Inventions, patents, and/or copyrights resulted from work conducted by this organization and/or subcontractor(s) under this cooperative agreement. I have completed Attachment 8, Inventions, Patents and Copyrights Statement.
- Yes No I completed all performance and financial reports, in accordance with the "Financial and Program Performance Reports" section of these Provisions.

Authorized Official Name

[Type here]

OMB 2506-0197

Exp. Xx/xx/xxxx

Authorized Official Title

Date

NOTE: Any false statements knowingly or deliberately made are subject to civil or criminal penalties under Section 1001 of Title 18 of the U.S. Code.

Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for Community Compass Technical Assistance and Capacity Building Program Notice of Funding Availability (NOFA) and will be used for NOFA application review. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.”