

**FY 2008-09 TFCA Regional Fund
CHECKLIST Closure Letter/Final Payment**

PROJECT # _____ APPLICANT NAME _____

| | | <u>Item Present</u> | <u>N/A</u> | <u>Signature/Date</u> |
|-----------|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------|
| 1. | <u>Close Out</u> | | | |
| | a. Date of Close-out letter: _____ | <input type="checkbox"/> | | _____ |
| | b. Schedule for audit: _____ | <input type="checkbox"/> | | _____ |
| | c. Date of end of Project Useful Life: : _____ | | | _____ |
| | d. Change form updated within the last 30 days | <input type="checkbox"/> | | _____ |
| 2. | <u>Grant Application</u> | | | |
| | a. Grant Application | <input type="checkbox"/> | | _____ |
| | b. Cost-effectiveness worksheet | <input type="checkbox"/> | | _____ |
| | c. Grant Application Checklist | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. | <u>Funding Agreement, or Contract</u> | | | |
| | a. Board Agenda/ List of Approved Projects | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | b. Board Minutes Showing Approval | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | c. Award Letter | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | d. Executed Funding Agreement | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | e. Executed Amendments if any, # _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | f. Insurance Documentation | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. | <u>Fiscal</u> | | | |
| | a. Copies of Invoices | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | b. Purchase/Payment/Authorization to Release Funds | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | c. Copy of Check(s) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | d. Date Final Payment processed _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | e. Final amount paid: \$ _____ Amount to REFUND: \$ _____ | | | _____ |
| 5. | <u>Reports</u> | | | |
| | a. Semi-Annual Reports: #: _____ | <input type="checkbox"/> | | _____ |
| | b. Date Final Report Received: _____ | <input type="checkbox"/> | | _____ |
| | c. Inspection Reports (if any) | <input type="checkbox"/> | | _____ |
| | d. Staff cost-effectiveness worksheets & calculations | <input type="checkbox"/> | | _____ |
| | Notes: _____ | | | |
| 6. | <u>Other</u> | | | |
| | a. Project complied with agreement requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | _____ |
| | Notes: _____ | | | |
| | b. _____ | <input type="checkbox"/> | | _____ |
| | c. _____ | <input type="checkbox"/> | | _____ |

Project File Prepared by: _____ Date: _____

Project File Reviewed by: _____ Date: _____