



SUBGRANT CLOSEOUT CERTIFICATION

Applicant Information

Applicant's Name: _____

Street Address: _____

City, State, Zip Code: _____

Federal Declaration No. _____ Public Assistance ID Number: _____

Certification

The applicant certifies the following:

1. All work was completed and all grant funds were expended in accordance with the scope of work identified on each project worksheet. All costs claimed have been paid in full.
2. For declarations made before November 13, 2007, all administrative allowance funds will be used to reimburse applicant expenses for requesting, obtaining, and administering their subgrant in accordance with 44 CFR 206.228. Administrative allowance funds provided in excess of actual eligible administrative expenses will be returned to the Illinois Emergency Management Agency. For declarations made on or after November 13, 2007, any costs my organization incurred to manage our Public Assistance subgrant are being submitted with this certification. If costs are claimed, a completed Subgrantee Management Cost Request form is being submitted, along with actual documentation to support the costs being claimed.
3. All work was completed within the required time periods or time extension requests were submitted and approved by the Illinois Emergency Management Agency and the work was completed during the approved time extension period.
4. All work has been completed in accordance with Federal, State and local laws and regulations.
5. The applicant has administered the subgrant in accordance with the grant conditions contained in the *Public Assistance Grant Agreement* and *Public Assistance Program Applicant Handbook*.
6. The applicant has complied with the requirements of the Single Audit Act of 1984 (as amended) and Office of Management and Budget (OMB) Circular A-133.

Applicant's Agent: _____
Signature Title Date

Notes

1. Category A and B projects must be completed within six (6) months from the declaration date. Category C, D, E, F and G projects must be completed within 18 months from the declaration date.
2. Non-Federal organizations which expend \$500,000 or more in Federal funds (from all sources) during their fiscal year are required to have an audit performed in accordance with the Single Audit Act of 1984 (as amended) and Office of Management and Budget (OMB) Circular A-133. Public Assistance applicants must comply with the reporting requirements of OMB Circular A-133 for each year they meet the above expenditure threshold (\$500,000).

For IEMA Use Only

Reviewed By: _____ Date: _____

Comments: _____

Instructions for completing the IEMA Subgrant Closeout Certification Form

Purpose The purpose of this form is for applicants to certify compliance with certain criteria to close their Public Assistance subgrant.

General All items on the form must be completed by the Applicant and returned to the Illinois Emergency Management Agency (IEMA). Incomplete forms will be returned to the Applicant.

Applicant Information

Applicant's Name Enter the name of the Applicant organization or jurisdiction.

Street Address Enter the Applicant organization or jurisdiction street mailing address. This address should include an P.O. Box numbers necessary.

City, State, Zip Code Enter the City, State and Zip Code for the Applicant organization or jurisdiction.

Federal Declaration No. Enter the four-digit Federal Declaration Number. This number is assigned by FEMA once the disaster or emergency has been declared by the President. This number is included on the Declaration the Fact Sheet.

Public Assistance ID No. Enter the Applicant's Public Assistance ID Number. This number was provided to the applicant on the application forms and will usually be in the XXX-YYYYY-ZZ format.

Certification

Applicant's Agent The Applicant's Agent for the Applicant must sign and certify closeout of the subgrant.

Notes

This section provides supplemental information not specifically stated in the subgrant certification criteria. The Applicant is responsible for evaluating all the subgrant certification criteria, including the supplemental information.