DEPARTMENT FOR LOCAL GOVERNMENT

RECREATIONAL TRAILS PROGRAM (RTP)

**Project Closeout**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Prepared By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RTP Project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RTP Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please attach photos of the completed project**

**Sponsor/LPA Certification:**

As the Sponsor/LPA of the above referenced project, I herby certify that:

* The project has been completed consistent with the contract executed by and between the Department for Local Government and the sponsor.
* The final reimbursement request has been submitted and the project may be closed.
* All construction is complete, and approved plans and specifications were followed during this project.
* A long-term maintenance plan has been prepared and implemented.

Will an Audit be performed, if yes, please provide a copy once it’s completed. Yes\_\_\_ No\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Sponsor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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| For DLG Personnel  The project above has been reviewed and an on-site inspection has been completed. I have determined the project was completed consistent with the project contract and recommend closure for the project. The final reimbursement request has been processed and all matching funds have been documented.  Signature of DLG Personnel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |