



FISCAL INCENTIVE GRANT CLOSEOUT BILLING STATEMENT

PARTICIPANT: _____ AGREEMENT NUMBER: _____

PROJECT NAME: _____ VENDOR NUMBER: _____

BILLING PERIOD START DATE: _____ BILLING PERIOD END DATE: _____

COST CATEGORIES

EXPENDITURES

1. In-Kind Match

Donations \$ _____

Personnel Costs \$ _____

Volunteer Hours (# x \$24.99) \$ _____

2. Material & Supplies \$ _____

3. Real Property (lease/purchase of land) \$ _____

4. Misc. Costs \$ _____

TOTAL PROJECT COST \$ _____
(total of all cost categories)

GRANT RECIPIENT'S MATCH \$ _____

PARTIAL PAYMENT (if applicable) \$ _____

REMAINING REIMBURSEMENT \$ _____

I certify that this billing is correct and is based upon actual payments of record or other allowable documentation and that work has been completed in accordance with the approved project agreement, including amendments thereto.

Signature & Date

Title