



**FISCAL INCENTIVE GRANT - CLOSEOUT OVERVIEW**  
**REQUIRED**

SPONSOR: \_\_\_\_\_ AGREEMENT NUMBER: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ VENDOR NUMBER: \_\_\_\_\_

BILLING PERIOD START DATE: \_\_\_\_\_ BILLING PERIOD END DATE: \_\_\_\_\_

COST CATEGORIES

EXPENDITURES

1. In-Kind & Cash Match

Donations (Cash, Tax, S&H & Donated Labor) \$ \_\_\_\_\_

Personnel Costs \$ \_\_\_\_\_

Volunteer Hours (# x \$28.54) \$ \_\_\_\_\_

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