## **CLOSEOUT CERTIFICATION**

Cooperative A	Agreement Number
Organization 1	Name
funds provided award agreeme mismanagemen the payment of	tified that, to the best of my knowledge, all activities undertaken, or to be undertaken, with under this agreement have been carried out, or will be carried out, in accordance with the number of the administration of this award; that proper provision has been made for all unpaid costs and unsettled third-party claims; that the Department of Housing and ment is under no obligation to make any additional payments to the awardee.
resulting from tobjectives. I ur property for any expiration of the records will be	ed that any program income resulting from this award or any remaining real property this award, even if obtained after award close-out, shall be used to further award inderstand that prior HUD approval must be obtained to use either program income or real y other purpose other than that of the original project for a period of five years from the its award. At this time, program income consists of \$ Accounting kept on the use of these funds and any additional program income. I understand that HU ompliance with the terms of this agreement at any time.
paid for by fundorganizations a the required Pro	e statements as marked below accurately reflect the status of real and personal property ds under this award and any inventions, patents and copyrights resulting from this nd/or subcontractor's work under this award. As applicable, I have accurately completed operty Statement (Attachment 7), the Inventions, Patents and Copyrights Statement, and all performance and financial reports, where required and as indicated below.
□Yes □No	Was real or personal (expendable and non-expendable) property paid for, in whole or in part, with funds from this award?
□Yes □No	IF YES TO ABOVE: I completed the Property Statement, HUD-4136.
□Yes □No	Have inventions, patents, or copyrights resulted from this award or from any subcontractor's work under this cooperative agreement?
□Yes □No	IF YES TO ABOVE: I completed the Inventions, Patents and Copyrights Statement and HUD Form 770.
□Yes □No	I completed all performance and financial reports, in accordance with the terms and conditions of the award.
Please provid	e comments, if applicable:

Please provide comments if needed:	(	
Authorized Official Name		
Authorized Official Name		
Authorized Official Title		
Date		

## **Certification:**

"I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802)."

Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for Community Compass Technical Assistance and Capacity Building Program Notice of Funding Opportunity (NOFO) and will be used for NOFO application review. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured."

Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2506-0197.