

PLEASE RETURN THIS FORM TO THE DEPARTMENT OF HOUSING & COMMUNITY AFFAIRS BY DECEMBER 30, 2009, ALONG WITH YOUR REQUISITION FOR THE FINAL 30% PAYMENT.

Grant Agreement No. _____

Contact Person _____

Grantee(s) _____

Telephone _____

Project Summary – Briefly summarize the work accomplished with your Ancient Road Grant. Describe materials produced, processes in place, etc., and discuss any modifications from your proposed project. (You do not need to include products produced through the grant, but these should be filed in the town and available to the public.):

Next Steps: Briefly describe any activities your town intends to take as a result of the research undertaken with the grant funds. Does your town intend to submit a revised map to VTrans and/or is your town contemplating a “mass discontinuance” process? Or does the town intend to undertake further research and/or investigation of its potential Ancient Roads?

Final Costs: Please compile and attach the following financial documentation:

- a) receipts and invoices for all grant expenditures and a log of hours worked by municipal employees if the budget shows their time is paid for by the grant;
- b) a computerized accounting report from the municipal treasurer documenting each payment for the grant (showing payee, date of payment and the check or transfer number and total expenditures) with certification by the treasurer (statement and signature) that the information in the report is true and accurate;
- OR** a cash control ledger (showing payee, date of payment and the check or transfer number and total expenditures) along with copies of cancelled checks.

Note: Only those expenses directly related to the Attachment A activities are eligible.

Total Grant Funds Spent: \$ _____

Certification by the Chief Executive Officer or Authorized Person:

To the best of my knowledge the information in this report is true and correct. Expenditure of grant funds has only been on those eligible items as specified in Attachment A of the Grant Agreement. I further certify that the Grantee has received and reviewed the services and/or work product specified in Attachment A of the Agreement and that it has been completed to the Grantee's satisfaction and in accordance with the terms of the Agreement. All records related to this grant will be maintained for three years, during which time they will be made available upon request.

Grant Administrator Signature _____

Date _____

IN WITNESS WHEREOF, I hereunto set my hand this ____ day of _____, 20__.

(SEAL)

(Signature of Municipal Clerk)

Return this form to:

Community Planning & Revitalization Division
Department of Housing and Community Affairs
One National Life Drive
Montpelier, VT 05620-0501
Telephone 802-828-5249

For Agency Use:

Reviewed and Approved by: _____

Date: _____