# North Carolina Division of Parks and Recreation

North Carolina Trails Program

Grant Closeout Package

Recreational Trails Program

**Organization’s Letterhead**

**[Date (mmddyyyy)]**

To: NC Trails Program Head

Division of Parks and Recreation

**Release of remaining funds:**

We formally request that the funds encumbered for the purposes of this grant, contract number \_\_\_\_\_\_\_\_\_\_\_ , in the amount of $\_\_\_\_\_\_\_\_\_\_, be unencumbered.

We will not be seeking reimbursement of said funds. This will allow us to close out this contract in good standing with a zero balance.

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

Printed Name: Authorizing Official/Grant Signatory

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

Signed: Authorizing Official/Grant Signatory

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

Date

**Organization’s Letterhead**

**[Date (mmddyyyy)]**

To: State Agency Head and Chief Fiscal Officer  
 Office of the State Budget and Management

**Certification:**

We certify that the accompanying reports represent all financial activity related to the receipt, use, and expenditure of funds granted by the State of North Carolina to *[insert organization’s name]* for the fiscal year ended \_\_\_\_\_\_\_\_\_\_ (mmddyyyy) and that the expenditures reported were for the purposes appropriated by the General Assembly or collected by the State of North Carolina and in compliance with the applicable laws, regulations, and terms and conditions of the grant documents.

The accompanying reports are presented on the cash basis of accounting and are supported by our financial records.

We understand that if it is found the expenditures reported were not used for the purpose(s) appropriated, that the grantor agency shall report such findings to the Attorney General, the Office of State Budget and Management, the Office of the State Auditor, and the Office of the State Controller. Any apparent violations of a criminal law or malfeasance, misfeasance, or nonfeasance in connection with the use of State funds shall be reported by the Office of State Budget and Management to the Attorney General and State Bureau of Investigation.

**Sworn Statement:**

[Name of the Treasurer] and [Name of Second Authorizing Official] being duly sworn, say that we are the Treasurer and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

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

Treasurer

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

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_

(Notary Signature and Seal)

*If there are any questions, please contact the state agency that provided your grant.*

NC Trails Program: Closeout Report

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| --- | --- | --- | --- | --- |
| 1. **Organization:** |  | | | |
| Organization Name: |  | | | |
| Tax Identification #: |  | | | |
| Organization Fiscal Year End: (mmddyyyy) |  | | | |
| Mailing Address  (street, city, state, zip code): |  | | | |
| Phone Number  (area code + number): |  | | | |
| Fax Number  (area code + number): |  | | | |
| Contact Person: |  | | | |
| Contact Person Title: |  | | | |
| E-Mail Address: |  | | | |
| 1. **Receipts** | | | | |
| **Funding State Agency** | | **Grant Title** | | **Total Receipts** |
|  | |  | |  |
| 1. **Expenditures** | | | | |
| **Category** | | | **Dollar Amount** | |
| Personnel | | |  | |
| Contracted Services | | |  | |
| **(a)Total Personnel/Contracted Services Costs:** | | |  | |
| Office Supplies & Materials | | |  | |
| Service Related Supplies | | |  | |
| **(b)Total Supplies & Material Costs:** | | |  | |
| Travel | | |  | |
| Communications & Postage | | |  | |
| Utilities | | |  | |
| Printing & Binding | | |  | |
| Repair & Maintenance | | |  | |
| Meeting/Conference Expense | | |  | |
| Employee Training (no travel) | | |  | |
| Classified Advertising | | |  | |
| In-State Board Meeting Expenses | | |  | |
| **(c)Total Non-Fixed Operating Expense:** | | |  | |
| Office Rent (Land, Buildings, etc.) | | |  | |
| Furniture Rental | | |  | |
| Equipment Rental (Phones, Computers, etc.) | | |  | |
| Vehicle Rental | | |  | |
| Dues & Subscriptions | | |  | |
| Insurance & Bonding | | |  | |
| Books/Library Reference Materials | | |  | |
| Mortgage Principal, Interest and Bank Fees | | |  | |
| **(d)Total Fixed Charges & Other Expenses:** | | |  | |
| Buildings & Improvements | | |  | |
| Leasehold Improvements | | |  | |
| Furniture/Non-Computer Equip., $500+ per item | | |  | |
| Computer Equipment/Printers, $500+ per item | | |  | |
| Furniture/Equip., under $500 per item | | |  | |
| **(e)Total Property & Equipment Outlay:** | | |  | |
| Purchase of Services | | |  | |
| Contracts with Service Providers | | |  | |
| Stipends/Scholarships/Bonuses/Grants | | |  | |
| **(f)Total Services/Contracts:** | | |  | |
| Food | | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| **(g)Total Other Expenses:** | | |  | |
| **Total Expenditures (sum a through g)** | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Preparer:** [please indicate who prepared this information by checking] |  | Employee |  | CPA/Accountant |
| Name of Preparer: |  | | | |
| Phone Number: |  | | | |

|  |  |
| --- | --- |
| 1. **Please provide a list of the Organization’s Board Members.** [add additional pages, if needed] | |
| **Name of Board Member** | **Board Member Title** |
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|  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **G.S. 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that receives, uses, or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated, and that the grantee must have a Conflict of Interest Policy. Please answer the following questions:** | | | | |
| 1. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document. | | | | |
| Restrictions: | | | | |
| 1. Does the organization have a Conflict of Interest policy? |  | yes |  | no |
| 1. Is the organization a for profit entity? |  | yes |  | no |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **G.S. 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that receives, uses, or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated, and if the grantee then subgrants or pass any or part of those funds to another organization, then the grantee must also pass on the reporting requirements to the subgrantee. Please answer the following questions:** | | | | | | | |
| 1. Did the organization subgrant or pass down any funds to another organization? | | | |  | yes |  | no |
| If yes, answer the following: | |  | | | | | |
| a. Name of Subgrantee | b. Program Name | | c. Amount Subgranted | | | | |
|  |  | |  | | | | |
|  |  | |  | | | | |
| 1. **Program Activities and Accomplishments:** | | | | | | | | |
| In compliance with the requirements of G.S. 143-6.2, U*se of State Funds by Non-State Entities*, (repealed June 30, 2007) and G.S. 143C-6-23, *State grant funds: administration, oversight and reporting requirements*, (effective July 1, 2007), the following is a description of activities and accomplishments undertaken by our organization using the provided state funding. | | | | | | | | |
|  | | | | | | | | |
| **a. What were the original goals and expectations for the activity supported by this grant?** | | | | | | | | |
| **b. If applicable, how have those goals and expectations been revised or refined during the course of the project?** | | | | | | | | |
| 1. **c. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity’s impact.** | | | | | | | | |
| 1. **If the activity is a continuing one, briefly summarize future plans and funding prospects.** | | | | | | | | |
| 1. **If the activity accomplished with these grant funds includes match funds in excess of the requirement, briefly describe the excess matching funds.** | | | | | | | | |