

**WaterWorks Grant Program**

# **Financial Closeout Report**

***Instructions:*** *Complete the budget table below comparing your proposed budget to actual spending within the project and sign below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BUDGET ITEM** | **GRANT BUDGET** | **GRANT ACTUAL** | **CASH MATCH PROPOSED** | **CASH MATCH ACTUAL** | **IN-KIND MATCH PROPOSED** | **IN-KIND MATCH ACTUAL** |
| Staff salaries & benefits |  |  |  |  |  |  |
| ***Salaries & Benefits Sub Total*** |  |  |  |  |  |  |
| Freelance workers and consultants |  |  |  |  |  |  |
| Project supplies, materials, and equipment |  |  |  |  |  |  |
| Commercial services  |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Other costs |  |  |  |  |  |  |
| ***Direct Costs Sub Total*** |  |  |  |  |  |  |
| ***Overhead******(10% of Grand Total max)*** |  |  |  |  |  |  |
| ***Grand TOTAL*** |  |  |  |  |  |  |

**Provisions**

*Please complete and sign below.*

By signing this financial closeout report, I, click here to enter name, an authorized representative of the above named recipient, confirm that I have examined the information contained herein and that, to the best of my knowledge, it is a true and accurate account of all the financial expenses and in-kind contributions incurred by the above named project in the course of fulfilling the conditions of the Agreement between click here to enter organization name and King County.

This report contains financial documents from click here to enter date to click here to enter date.

I hereby acknowledge that there are no further expenses associated with this project, nor any pending or future claims to the County and that the County is not liable for any expenses not documented in the budget. I understand that click here to enter organization name is fully bound by the provisions of the Agreement, including but not limited to, the return of County funds that are unspent or whose spending is unsubstantiated according to the terms of the Agreement, and the right to examine records. I further understand that the County, upon examining final budget and closeout reports submitted by the recipient, will determine the amount of the balance due to the recipient.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient printed name and title: click here to enter name

click here to enter title

Date: click here to enter date of signature

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| **Please email inquiries and all documents to:** |
| Elizabeth Loudon, WaterWorks Grant Administrator |
| Wastewater Treatment Division |
| Phone: 206-477-4297 Email: water.grants@kingcounty.gov |