Certified Local Government Grant Invoice

CLG Community or Project Administrator: _____________________________________________

Project Title: ___________________________________________________________________

Project Coordinator: _______________________________________________________________

Report Period: ___________________________________________________________________

I. Grant Expenses

A. Total Project Expenditures $ _______________
   CLG Grant Share $ _______________
   Local Matching Share $ _______________

B. CLG Grant Award $ _______________

C. CLG Grant funds requested on this invoice $ _______________

D. CLG Grant funds previously invoiced $ _______________

E. CLG Grant Remaining after this invoice $ _______________

II. Documentation

Check off documents submitted to SHPO with this invoice or indicate date of previous submission
   _____ Itemization of project expenditures
   _____ Copies of invoices with canceled checks for all cash expenditures
   _____ Signed time distribution records for in-kind personnel expenses (co-signed by project coordinator)
   _____ Signed volunteer/donation forms (co-signed by project coordinator)
   _____ Procurement documentation
   _____ Signed copy of subcontract(s)
   _____ Contract Performance Report for each subcontractor
   _____ Project Completion Report

III. Products

Identify final CLG grant production: ________________________________________________
   _____ copies of final product submitted by SHPO
   _____ Enclosed with completion report
   _____ Prior submission. Date submitted: ____________________________

IV. Certification Statements

I certify that all project expenditures were incurred during the approved project period, all costs claimed are for approved project work and all work was completed in accordance with policies set forth by the State Historic Preservation Office. No federal funds have been used as match for this project unless authorized under this program. Matching funds for this project have not been used as match for any other federally assisted project or program.

V. Signature ________________________________________________________________

Name of Authorized Representative______________________________________________

Title ____________________________________________________________

For Office Use Only

NPS#:__________________________________________
Sign Off:_____________________________________
SHPO #:_____________________________________
OHC PO#:____________________________________
FFY Paid:_____________________________________
GM:__________________________________________
PM:__________________________________________
GA:__________________________________________