

Local Government Innovation Fund
Local Government Innovation Grant Program
Grant Closeout Report



John R. Kasich, Governor

Development
Services Agency

David Goodman, Director

Grant Information

Date:	
Agency:	
Round Number:	
Project Name:	
Grant Control Number:	
Project Completion Date:	
Total Grant Amount:	

Project Evaluation

Amount of Grant funds expended:	
Are you returning funds:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much and why?:	
Summary of key findings:	
List outcomes accomplished:	
List the steps taken to achieve these outcomes:	

Project Evaluation (Continued)

Will you move forward with the project as proposed in the study?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were to move forward, what would be the estimated ROI?:	
Will you be applying for a LGIF loan?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why or why not?:	

Certificate of Expenditures of Match

Source	In-Kind or Cash Match	Budgeted Match Expenditure	Invoice Number of Match
<i>(example)</i> Staff Members	<i>(example)</i> In-kind	<i>(example)</i> \$2,000	<i>(example)</i> #2

Grantee hereby certifies to the Ohio Development Services Agency that: (a) this Closeout Report is in accordance with the terms and conditions of the Agreement; (b) the representations and warranties of Grantee set forth in the Agreement are correct; (c) the Eligible Grant Project is complete; (d) no default has occurred and is continuing under the Agreement; and (e) the data reported above is correct and proper back-up documentation is available or has been submitted.

Date	Signature	Title
State Use Only		
Approved		
Date		