

Reporting: Closeout

Table of Contents

| | |
|---|----|
| Phone Script for Assisting with Closeout Report (a) | 3 |
| Phone Script for Assisting with Closeout Report (b) | 5 |
| Closeout Report (a) | 7 |
| Closeout Report (b) | 8 |
| Closeout Report (c) | 12 |
| Closeout Report (d) | 21 |
| Closeout Report (e) | 29 |
| Closeout Report (f) | 30 |
| Closeout Report (g) | 31 |
| Closeout Report (h) | 43 |
| Closeout Report (i) | 46 |
| Closeout Report (j) - Competitive | 49 |
| Closeout Report (k) - Competitive Tier 1 Awards | 61 |
| Closeout Report (l) - Competitive Tier 2 & 3 Awards | 64 |
| Closeout Report (m) - Noncompetitive | 71 |
| Project Closeout Check List and Release Form (a) - Competitive | 85 |
| Project Closeout Check List and Release Form (b) - Noncompetitive | 88 |

Phone Script for Assisting with Closeout Report (a)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 3 hours. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Final Report Script

Congratulations on completing your project! This final report will help us understand the full scope of your achievements and any challenges you faced throughout the project and also support your for success in the next phase of your work.

Summary of the Entire Project:

- Can you provide a comprehensive summary of all activities conducted from the start of the project to its completion?
- Highlight the most significant accomplishments and milestones achieved during the entire project.

Challenges and Solutions:

- Describe the major challenges or difficulties you encountered throughout the project.
- Explain the solutions or actions you took to address these challenges.

Comparison to Goals:

- Compare the final accomplishments to the expected outputs/outcomes established in the project work plan. Did you meet the goals you set out in your project plan or application? If not, explain why.
- Share the best practices or lessons learned over the entire project period. How will these lessons influence future projects?

Final Financial Information:

- Provide a summary of total expenditures for the entire project period.
- Compare the final expenditures to the budget and explain any significant discrepancies.

Impact on Community:

- Describe the overall impact of your project on the community you worked with. How did it fulfill environmental justice goals?
- Provide specific examples of changes or improvements resulting from the project.

Sustainability and Future Plans:

- Discuss any plans for sustaining the project's benefits in the future. Are there any follow-up activities planned?
- Identify any additional support or resources that could help maintain or expand the project's impact.

Final Comments and Reflections:

- Share any additional comments or reflections about your project experience. What were the highlights? What could have been improved?

Phone Script for Assisting with Closeout Report (b)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Final Report

Congratulations on completing your project! This final report will help us understand the full scope of your achievements and any challenges you faced throughout the project. Here is what we need from you:

Summary of the Entire Project:

- Can you provide a comprehensive summary of all activities conducted from the start of the project to its completion?
- Highlight the most significant accomplishments and milestones achieved during the entire project.

Challenges and Solutions:

- Describe the major challenges or difficulties you encountered throughout the project.
- Explain the solutions or actions you took to address these challenges.

Comparison to Goals:

- Compare the final accomplishments to the expected outputs/outcomes established in the project work plan. Did you meet the goals you set out in your project plan or application? If not, explain why.
- Share the best practices or lessons learned over the entire project period. How will these lessons influence future projects?

Final Financial Information:

- Provide a summary of total expenditures for the entire project period.
- Compare the final expenditures to the budget and explain any significant discrepancies.

Final Financial Information:

- Provide a summary of total expenditures for the entire project period.
- Compare the final expenditures to the budget and explain any significant discrepancies.

Impact on Community:

- Describe the overall impact of your project on the community you worked with. How did it fulfill environmental justice goals?
- Provide specific examples of changes or improvements resulting from the project.

Sustainability and Future Plans:

- Discuss any plans for sustaining the project's benefits in the future. Are there any follow-up activities planned?
- Identify any additional support or resources that could help maintain or expand the project's impact.

Final Comments and Reflections:

- Share any additional comments or reflections about your project experience. What were the highlights? What could have been improved?

Thank you so much for your time and effort in providing this information. If you have any questions or need further assistance, please reach out to us at [Redacted]. Have a great day!

Closeout Report (a)

OMB Control Number=2035.NEW, Expiration Date =mm/dd/yyyy

The use of this provided template is optional. EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.

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Did you achieve your project goals?

What communities did this project engage with and how?

What outputs and/or outcomes resulted from your project?

What was the most remarkable accomplishment resulting from your project?

Were there any unexpected outcomes or outputs resulting from your project?

What expected outcomes were not achieved and why?

What next steps do you hope to take with this project?

What lessons were learned through this grant and would you be willing to share what you have learned from this project with other grantees if an opportunity is made available?

Have all awarded funds been spent?

What would you improve to make the process more accessible next time?

How do you plan to sustain the project after the grant period ends?

What is the zip code of the location/place of performance for the applying entity?

What is the latitude of the location/place of performance for the applying entity?

What is the longitude of the location/place of performance for the applying entity?

What is the zip code of the location/place of performance for the service area of the impacted community?

What is the latitude of the location/place of performance for the service area of the impacted community?

What is the longitude of the location/place of performance for the service area of the impacted community?

Save Draft

Submit Form

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

Closeout Report (b)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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SUBAWARDEE NAME

CLOSEOUT REPORT

From Start Date through End Date

Submitted: Date, Year

Instructions for Grantees:

- This Closeout Form asks grantees to report high-level summary of key activities, outputs, outcomes, and associated locations/communities across the entire project.
- The aim is to prompt reflection on general themes across the entire projects, not to report on individual activities during specific project reporting periods.
- If you have any specific activities, outcomes, or line time expenditures to report for the final reporting period, please put this information in the Progress Report Form.
- This form requests performance information across five sheets: (1) Project Overview, (2) Activities + Outputs Outcomes (3) Successes + Challenges, (4) Financial Reporting, and (5) Reflections.
- The (5) Reflections provides an opportunity to report any additional information to the EPA.
- Please communicate with your [Redacted] Grants Manager to confirm that you understand all the reporting expectations for your program.
- If you have any questions about how to complete this form, please contact your [Redacted] Project Grants Manager.

Section 1: Project Overview

Project information:

Type of report:

Project Title:

TCGM Grant #:

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

Project Start Date:

Project End Date:

Final Performance Report Submission Date:

Map of Project Area:

Section 2: Activities & Locations

Part A: Project Objectives Linked to High-Level Summary of Project Activities, Outputs, and Outcomes

| A. Project Objectives | B. High-Level Summary of Project Activities | C. High-Level Summary of Project Outputs | D. High-Level Summary of Project Outcomes |
|--|---|--|---|
| List the objectives of the project, adding each one to a new row. These should include objectives originally developed in the Work Plan, as well as any new objectives that were developed during the implementation of the project. | Provide a high-level summary of the completed project activities that contributed to fulfilling each objective. Include a summary of the locations, as appropriate. You can report the same completed activities for multiple project objectives, as needed. If the set of completed activities for each objective varied from the planned activities described in the Work Plan (either in design or implementation), please provide a high-level summary of the changes along with the reason(s) for these changes. | Provide a high-level summary of the products, services, or events that were produced or delivered as part of the activities that contributed to fulfilling each objective. Include a summary of the communities and/or groups who engaged with these outputs, as appropriate. If the set of delivered outputs for each objective varied from the expected outputs described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation. | Provide a high-level summary of the measured or calculated project results that contributed to fulfilling each objective. Include a high-level summary of the communities and/or groups who were impacted by the results, as appropriate. If the set of measured or calculated results for each objective varied from the expected results described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation. |
| Objective 1: | | | |
| Objective 2: | | | |
| Objective 3: | | | |
| Objective 4: | | | |

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

Section 3: Project Successes and Challenges

| PART A - Successes and Challenges | |
|---|--|
| 1. Describe what has gone well across the implementation of different aspects of the project. What best practices and/or resources have helped to facilitate these successes? | |
| 2. Describe any challenges or difficulties that you experienced across multiple aspects of the project. How did you address and/or resolve these challenges? | |
| 1. Successes: | |
| 2. Challenges: | |

| PART B - Results from Program Evaluations and/or Other Evidence-Building Activities | |
|---|--|
| If you conducted any program evaluations or other evidence-building activities to assess the design, implementation, outcomes, or impact of the project, please provide a brief summary of this work. | |
| Include the aims, questions, methods, and key results. Include a link to the full report if available. | |
| | |

Section 4: Financial Reporting

| Part A - Budget Utilization | | | | |
|--|--|---|--|--|
| A. Line Details | B. Total Approved Awarded Budget | C. Actual Expenses | D. Ending Balance | E. Program-Specific Information (Optional) |
| PLEASE REPORT ON LINE ITEMS IN THE ORDER LISTED. | Specify the total amount budgeted (across the entire project) for each financial line item category. | Specify the total expenses (across the entire project) for each financial line item category. | Running balance for each financial line item category that reflect expenses to date. NO DATA ENTRY REQUIRED | Include additional information that is requested by the program. |
| Personnel | | | \$0.00 | |
| Fringe Benefits | | | \$0.00 | |
| Travel | | | \$0.00 | |
| Equipment | | | \$0.00 | |

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

| | | | | |
|------------------|--|--|--------|--|
| Supplies | | | \$0.00 | |
| Contractual | | | \$0.00 | |
| Construction | | | \$0.00 | |
| Other | | | \$0.00 | |
| Indirect Charges | | | \$0.00 | |

| |
|---|
| Part B - Additional Information |
| Use this section to include any additional information you wish to provide about your budget and finances. This could include any financial challenges encountered and the strategies used to address them. |
| |

Section 5: Project Reflections: If you have any additional reflections that you would like to share with EPA, please include them in this section.

For example:

- **Partner Engagement:** List any coordinated activities/efforts, or events with partners. Include a brief description of the activity, date(s), and name of partner.
- **Other issues**
- **Success Stories**

Closeout Report (c)

OMB Control Number = (2035.NEW),
Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Instructions for Grantees:

- * This Closeout Form asks grantees to report a high-level summary of key activities, outputs, outcomes, and associated locations/communities across the entire project.
- * The aim is to prompt reflection on general themes across the entire projects, not to report on individual activities during specific project reporting periods.
- * If you have any specific activities, outcomes, or line item expenditures to report for the final reporting period, please put this information in the Progress Report Form.
- * This form requests performance information across five sheets: (1) Project Overview, (2) Activities + Outcomes (3) Successes + Challenges, (4) Financial Reporting, and (5) Reflections.
- * The final sheet (5. Reflections) provides an opportunity to report any additional reflections or information to your Program Officer.
- * Please refer to the supplemental instructions document for guidance on how to complete each section.
- * Please speak to your Program Officer to confirm that you understand all the reporting expectations for your program.
- * If you have any questions about how to complete this form, please contact your Program Officer.

SECTION 1: PROJECT OVERVIEW

OMB Control Number = (2035-NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Project Information

Instructions: Please complete the information below.

You can copy the information from Sheet 1 of your completed Quarterly Project Report.

| | |
|--|--|
| Project Lead Name | |
| Project Title | |
| Project Address | |
| Project Start Date | |
| Project End Date | |
| Final Performance Report Submission Date | |

SECTION 2: ACTIVITIES + OUTCOMES

OMB Control Number = (2035-NEW), Expiration Date = (dd/mm/yyyy)

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Instructions

Use this section to list your project objectives (one per row) and provide a high-level summary of the associated project activities, outputs, and outcomes that contributed to fulfilling each objective.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Program Officer.

| Part A - Project Objectives Linked to High-Level Summary of Project Activities and Outcomes | | | | | | |
|--|---|--|--|--|--|---------------------|
| A. Project Goals | B. Project Outcomes | C. High-Level Summary of Project Activities | D. High-Level Summary of Project Outcomes | E. According to the Climate and Economic Justice Screening Tool , does the location include communities that are disadvantaged, marginalized, underserved, or overburdened by pollution? | F. According to the Inflation Reduction Act Disadvantaged Communities Map , does the location include communities that are disadvantaged, marginalized, underserved, or overburdened by pollution? | G. Location Zipcode |
| <p>List the goals of the project, adding each one to a new row. These should include goals originally developed in the Work Plan, as well as any new goals that were developed during the implementation of the project.</p> | <p>List the outcomes of the project, adding each one to a new row. These should include outcomes originally developed in the Work Plan, as well as any new outcomes that were developed during the implementation of the project.</p> | <p>Provide a high-level summary of the completed project activities that contributed to fulfilling each objective. Include a summary of the locations, as appropriate. You can report the same completed activities for multiple project objectives, as needed. If the set of completed activities for each objective varied from the planned activities described in the Work Plan (either in design or implementation), please provide a high-level summary of the changes along with the reason(s) for these changes.</p> | <p>Provide a high-level summary of the measured or calculated project results that contributed to fulfilling each objective. Include a high-level summary of the communities and/or groups who were impacted by the results, as appropriate. If the set of measured or calculated results for each objective varied from the expected results described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation.</p> | <p>Select yes or no to working with communities that are disadvantaged, marginalized, underserved, or overburdened by pollution.</p> | <p>Select yes or no to working with communities that are disadvantaged, marginalized, underserved, or overburdened by pollution.</p> | |
| Goal 1: | Objective 1: | | | Yes | No | |
| | Objective 2: | | | | | |
| | Objective 3: | | | | | |
| Goal 2: | Objective 4: | | | | | |
| | Objective 5: | | | | | |
| | Objective 6: | | | | | |
| Goal 3: | Objective 7: | | | | | |
| | Objective 8: | | | | | |
| | Objective 9: | | | | | |
| Goal 4: | Objective 10: | | | | | |

SECTION 3: PROJECT SUCCESSES AND CHALLENGES

OMB Control Number = (2035-NEW), Expiration Date = (dd/mm/yyyy)

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Instructions

Use this section to reflect on the challenges and successes you have experienced during the project, as well as lessons learned.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Program Officer.

PART A - Successes and Challenges

1. Describe what has gone well across the implementation of different aspects of the project. What best practices and/or resources have helped to facilitate these successes?
2. Describe any challenges or difficulties that you experienced across multiple aspects of the project. How did you address and/or resolve these challenges?

1. Successes:

2. Challenges:

PART B - Results from Program Evaluations and/or Other Evidence-Building Activities

If you conducted any program evaluations or other evidence-building activities to assess the design, implementation, outcomes, or impact of the project, please provide a brief summary of this work.

Include the aims, questions, methods, and key results. Include a link to the full report if available.

SECTION 4: FINANCIAL REPORTING

OMB Control Number = (2035-NEW), Expiration Date = (dd/mm/yyyy)

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Instructions

Use Part A to report your budget utilization for the entire project, including how funds were allocated and spent. Report each line item in a new row.

Use the existing set of line items (Column A) in the order that is presented. Add new rows at the bottom to report any additional line items.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Grant Administrator.

| Part A - Budget Utilization | | | | | Part B - Additional Information |
|---|--|---|---|--|---|
| A. Line Details | B. Total Approved Awarded Budget | C. Actual Expenses | D. Ending Balance | E. Program-Specific Information (Optional) | |
| PLEASE REPORT ON LINE ITEMS IN THE ORDER LISTED. | Specify the total amount budgeted (across the entire project) for each financial line item category. | Specify the total expenses (across the entire project) for each financial line item category. | Running balance for each financial line item category that reflect expenses to date. NO DATA ENTRY REQUIRED | Include additional information that is requested by the program. | Use this section to include any additional information you wish to provide about your budget and finances. This could include any financial challenges encountered and the strategies used to address them. |
| Personnel | | | \$0.00 | | |
| Fringe Benefits | | | \$0.00 | | |
| Travel | | | \$0.00 | | |
| Equipment | | | \$0.00 | | |
| Supplies | | | \$0.00 | | |
| Contractual | | | \$0.00 | | |
| Construction | | | \$0.00 | | |
| Other | | | \$0.00 | | |
| Indirect Charges | | | \$0.00 | | |

SECTION 5: PROJECT REFLECTIONS

OMB Control Number = (2035-NEW), Expiration Date = (mm/dd/yyyy)

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 1-2 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions

If you have any additional reflections that you would like to share, please include them in this section.

Closeout Report (d)

OMB Control Number = (2035.NEW),
Expiration Date = (dd/mm/yyyy)

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Instructions for Grantees:

- * This Closeout Form asks grantees to report a high-level summary of key activities, outputs, outcomes, and associated locations/communities across the entire project.
- * The aim is to prompt reflection on general themes across the entire projects, not to report on individual activities during specific project reporting periods.
- * If you have any specific activities, outcomes, or line item expenditures to report for the final reporting period, please put this information in the Progress Report Form.
- * This form requests performance information across five sheets: (1) Project Overview, (2) Activities + Outputs + Outcomes (3) Successes + Challenges, (4) Financial Reporting, and (5) Reflections.
- * The final sheet (5. Reflections) provides an opportunity to report any additional reflections or information to EPA.
- * Please refer to the supplemental instructions document for guidance on how to complete each section.
- * Please speak to your EPA Project Officer to confirm that you understand all the reporting expectations for your program.
- * If you have any questions about how to complete this form, please contact your EPA Project Officer.

SECTION 1: PROJECT OVERVIEW

Project Information

Instructions: Please complete the information below.

You can copy the information from Sheet 1 of your completed Interim Performance Report.

| | |
|--|--|
| Project Lead Name | |
| Project Title | |
| Project Start Date | |
| Project End Date | |
| Final Performance Report Submission Date | |

SECTION 2: GOALS + OUTPUTS + OUTCOMES

Instructions

Use this section to list your project objectives (one per row) and provide a high-level summary of the associated project activities, outputs, and outcomes that contributed to fulfilling each objective.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your XXX Program Officer.

Part A - Project Objectives Linked to High-Level Summary of Project Activities, Outputs, and Outcomes

| A. Project Goals | B. High-Level Summary of Project Activities | C. High-Level Summary of Project Outputs | D. High-Level Summary of Project Outcomes |
|---|---|--|---|
| List the goals of the project, adding each one to a new row. These should include goals originally developed in the Work Plan, as well as any new goals that were developed during the implementation of the project. | Provide a high-level summary of the completed project activities that contributed to fulfilling each objective. Include a summary of the locations, as appropriate. You can report the same completed activities for multiple project objectives, as needed. If the set of completed activities for each objective varied from the planned activities described in the Work Plan (either in design or implementation), please provide a high-level summary of the changes along with the reason(s) for these changes. | Provide a high-level summary of the products, services, or events that were produced or delivered as part of the activities that contributed to fulfilling each objective. Include a summary of the communities and/or groups who engaged with these outputs, as appropriate. If the set of delivered outputs for each objective varied from the expected outputs described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation. | Provide a high-level summary of the measured or calculated project results that contributed to fulfilling each objective. Include a high-level summary of the communities and/or groups who were impacted by the results, as appropriate. If the set of measured or calculated results for each objective varied from the expected results described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation. |
| Objective 1: | | | |
| Objective 2: | | | |
| Objective 3: | | | |
| Objective 4: | | | |
| Objective 5: | | | |
| Objective 6: | | | |
| Objective 7: | | | |
| Objective 8: | | | |
| Objective 9: | | | |
| Objective 10: | | | |

SECTION 3: PROJECT SUCCESSES AND CHALLENGES

Instructions

Use this section to reflect on the challenges and successes you have experienced during the project, as well as lessons learned.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your XXX Project Officer.

PART A - Successes and Challenges

- 1. Describe what has gone well across the implementation of different aspects of the project. What best practices and/or resources have helped to facilitate these successes?**
- 2. Describe any challenges or difficulties that you experienced across multiple aspects of the project. How did you address and/or resolve these challenges?**

1. Successes:

2. Challenges:

PART B - Results from Program Evaluations and/or Other Evidence- Building Activities

If you conducted any research, sampling, testing, monitoring, surveying, investigations and other scientifically based activities please provide a brief summary of this work.

Include the aims, questions, methods, and key results.

Include a link to the full report if available.

SECTION 4: FINANCIAL REPORTING - OPTIONAL: IF REQUESTED BY PROGRAM

Instructions

Use Part A to report your budget utilization for the entire project, including how funds were allocated and spent. Report each line item in a new row.

Use the existing set of line items (Column A) in the order that is presented. Add new rows at the bottom to report any additional line items.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your XXX Project Officer.

| Part A - Budget Utilization | | | | | Part B - Additional Information |
|---|--|---|--|--|---|
| A. Line Details | B. Total Approved Awarded Budget | C. Actual Expenses | D. Ending Balance | E. Program-Specific Information (Optional) | |
| PLEASE REPORT ON LINE ITEMS IN THE ORDER LISTED. | Specify the total amount budgeted (across the entire project) for each financial line item category. | Specify the total expenses (across the entire project) for each financial line item category. | Running balance for each financial line item category that reflect expenses to date. | Include additional information that is requested by the program. | Use this section to include any additional information you wish to provide about your budget and finances. This could include any financial challenges encountered and the strategies used to address them. |
| Personnel | | | \$0.00 | | |
| Fringe Benefits | | | \$0.00 | | |
| Travel | | | \$0.00 | | |
| Equipment | | | \$0.00 | | |
| Supplies | | | \$0.00 | | |
| Contractual | | | \$0.00 | | |
| Construction | | | \$0.00 | | |
| Other | | | \$0.00 | | |
| Indirect Charges | | | \$0.00 | | |

SECTION 5: PROJECT REFLECTIONS

Instructions

If you have any additional reflections that you would like to share with XXX please include them in this section.

Closeout Report (e)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Congratulations on completing your project! This final report will help us understand the full scope of your achievements and any challenges you faced throughout the project. Here is what we need from you:

Summary of the Entire Project

Provide a comprehensive summary of all activities conducted from the start of the project to its completion. Highlight the most significant accomplishments and milestones achieved during the entire project.

Challenges and Solutions

Describe the major challenges or difficulties you encountered throughout the project.
Explain the solutions or actions you took to address these challenges.

Comparison to Goals

Compare the final accomplishments to the expected outputs/outcomes established in the project work plan. Did you meet the goals you set out in your project plan or application? If not, explain why. Share the best practices or lessons learned over the entire project period. How will these lessons influence future projects?

Final Financial Information

Provide a summary of total expenditures for the entire project period. Compare the final expenditures to the budget and explain any significant discrepancies.

Impact on Community

Describe the overall impact of your project on the community you worked with. How did it fulfill environmental justice goals? Provide specific examples of changes or improvements resulting from the project.

Sustainability and Future Plans

Discuss any plans for sustaining the project's benefits in the future. Are there any follow-up activities planned? Identify any additional support or resources that could help maintain or expand the project's impact.

Final Comments and Reflections

Share any additional comments or reflections about your project experience. What were the highlights? What could have been improved?

Closeout Report (f)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Congratulations on completing your project! This final report will help us understand the full scope of your achievements and any challenges you faced throughout the project. Here is what we need from you:

Summary of the Entire Project

Provide a comprehensive summary of all activities conducted from the start of the project to its completion. Highlight the most significant accomplishments and milestones achieved during the entire project.

Challenges and Solutions

Describe the major challenges or difficulties you encountered throughout the project. Explain the solutions or actions you took to address these challenges.

Comparison to Goals

Compare the final accomplishments to the expected outputs/outcomes established in the project work plan. Did you meet the goals you set out in your project plan or application? If not, explain why. Share the best practices or lessons learned over the entire project period. How will these lessons influence future projects?

Final Financial Information

Is there a balance left unspent? If so, why is there a remaining balance?

Impact on Community

Describe the overall impact of your project on the community you worked with. How did it fulfill environmental justice goals? Provide specific examples of changes or improvements resulting from the project.

Sustainability and Future Plans

Discuss any plans for sustaining the project's benefits in the future. Are there any follow-up activities planned? Identify any additional support or resources that could help maintain or expand the project's impact.

Final Comments and Reflections

Share any additional comments or reflections about your project experience. What were the highlights? What could have been improved?

Closeout Report (g)

OMB Control Number = (2035.NEW), Expiration Date = (mm/dd/yyyy)

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Instructions for Sub Awardees

As a condition for accepting grant monies, sub awardees must provide a programmatic and financial close out report detailing the use of the dollars and documenting progress, and accomplishments achieved by their use. Please provide responses to the following set of questions. This is an opportunity for you to reflect on your project/program's overall progress and accomplishments throughout the full funding period. Responses can be submitted in writing using this form or verbally via a recorded video or phone call. Responses must be received on or before [INSERT DATE AND TIME]. If you have any questions about the close out report, please contact [INSERT CONTACT INFORMATION].

For this close-out report, please refer to your progress and

accomplishments throughout the full funding period [INSERT TIMEFRAME].

Contact Information

Please enter your contact information below.

Sub-Awardee Organization Name

Name of person completing form

Phone number of person completing form

Email of person completing form

What funding tier is your organization's award a part of?

- Tiers 1-3 (Assessment Projects, Planning Projects, Implementation of Projects)
- Non-Competitive Fixed Awards

Activities

Below are the activities you have reported implementing over the course of the funding period. Did you implement any other activities that should be included here? If so, please briefly describe these additional activities. Please list one activity per row.

Additional Activity 1

Additional Activity 2

Additional Activity 3

Below are the direct results of these activities you have reported implementing over the course of the funding period. Are there any other results that should be included here? If so, please describe these additional results.

Additional Result 1

Additional Result 2

Additional Result 3

Below are the activities you have reported implementing over the course of the funding period. Did you implement any other activities that should be included here? If so, please briefly describe these additional activities. Please list one activity per row.

Additional Activity 1

Additional Activity 2

Additional Activity 3

Below are the states and zip codes where you have reported implementing your project activities over the course of the funding period. Are there any other states

and zip codes (or addresses/names of locations for areas that do not have a zip code) that should be included here?

- [REDACTED] State 1 (specify address/location/zip code below)


- [REDACTED] State 2 (specify address/location/zip code below)


- [REDACTED] State 3 (specify address/location/zip code below)


- [REDACTED] State 4 (specify address/location/zip code below)


- [REDACTED] State 5 (specify address/location/zip code below)


Successes and Challenges

Please describe the key successes that your project/program has had over the course of the funding period. What were you able to accomplish? What do you think led to these successes or accomplishments (e.g., partnerships, involving people with lived experience, political will, staffing successes, etc.)?

Please describe the primary challenges or barriers that your program/project faced over the course of the funding period.

- a. How did these challenges or barriers affect your project/program?
- b. How did you address these challenges or barriers?
- c. What additional resources, if any, would have helped you better address these challenges or barriers?

Partnerships

Below is a list of everyone you have reported partnering with over the course of the funding period. Are there any

other partners who should be included here? If so, please briefly describe how you have worked together.

Additional Partner Organization Name

Description of Additional Collaboration/Partnership

Level of Collaboration (Please refer to the Partnership of Collaboration framework)

Have you developed any new partnerships and/or strengthened existing partnerships as part of this program? If so, please briefly describe these partnerships.

//

Reflecting on the partnerships you developed and/or strengthened over the course of the funding period, what do you think these partnerships allowed you to do or accomplish that you would not have been able to do otherwise?

How, if at all, do you think these partnerships will help you grow or sustain your work after this program ends?

Community Engagement

Below is a list of ways in which you have engaged community members and/or people with lived experiences in the design and/or implementation of your program/project. Are there any other ways in which you have engaged community members and/or people with lived experiences that should be included here? If so, please briefly describe.

Please briefly describe how you engaged community members and/or people with lived experiences in the design and/or implementation of your program/project.

Reflecting on the entire funding period, where on the community engagement spectrum would you place your project? Please refer to our Community Engagement Spectrum framework.

- Inform
- Consult
- Involve
- Collaborate
- Delegate
- Community Driven/-Led

Have there been any changes in how you engage community members and/or people with lived experiences over the course of the funding period?

- Yes
- No

If so, what do you think contributed to these changes?

- Click to write Choice 1
- Click to write Choice 2
- Click to write Choice 3

Overall Impact

The next two questions are an opportunity for you to think about the “big picture” impact of your project. Don’t worry about repeating specific successes that you’ve already described above. Instead, we encourage you to use this space to reflect on the broad, long-term effects and future impacts of your project.

When you began your project, you listed the following primary outcomes/goals. In your opinion, how effective was your program at achieving these outcomes/goals?

How would you describe your program's key impacts on your community? Change takes time and we encourage you to think about small steps along the way to achieving your long-term goals (e.g., capacity building, power building, acquiring resources, food access, climate and project planning, etc.).

Looking Forward

How do you plan to sustain or build on the successes and progress that your project has made over the funding period?

How, if at all, do you think this grant will support you in obtaining future funding for your projects/programs?

What specific capacities, skills, connections, or other resources have you gained that will facilitate the sustainability of this work past the grant closeout period?

Additional Information and Supplemental Materials

Is there anything else you'd like to share about your progress or accomplishments over the course of the funding period?

Supplemental Materials

Partnerships: Level of Collaboration
Continuum of Community Engagement

Closeout Report (h)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Completion: One-time at end of grant period

Mechanism: Email to grantees with direct link to survey

Short Term Outcomes: (1-3)

- Summary of outcome:
- Description of outcome:
- Measurement:
- Supporting output:
- Supporting output:
- Supporting output:
- Describe any changes in plans/activities influencing output and outcomes
- What enabled progress towards these outputs and outcomes?
- What inhibited progress towards these outputs and outcomes?

Intermediate Term Outcomes: (1-3)

- Summary of outcome:
- Description of outcome:
- Measurement
- Supporting output:
- Supporting output:
- Supporting output:
- Describe any changes in activities influencing output and outcomes
- What enabled progress towards these outputs and outcomes?
- What inhibited progress towards these outputs and outcomes?

Long Term Outcomes: (1-3)

- Summary of outcome:
- Description of outcome:
- Measurement
- Supporting output:
- Supporting output:
- Supporting output:
- Describe any changes in activities influencing output and outcomes
- What enabled progress towards these outputs and outcomes?
- What inhibited progress towards these outputs and outcomes?

Open-Ended, Required Questions

Do you have any stories that capture the aspiration or impact of this project that you want to share?

Were there products or tools developed during this period (e.g., tip sheets, “how-to” sheets, communication materials, outreach materials, web tools) that you would like to share with the Thriving Communities team and other grantees?

For this project, has your organization received funding from other foundations, corporations, or government bodies?

Did the Thriving Communities team assist or hinder your work in any way during this period?

Is there anything else you want to share?

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

Closeout Report (i)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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SUBAWARD NAME

FINAL REPORT AND PAYMENT REQUEST

From Start Date through End Date

Submitted: Date, Year

Instructions for Grantees:

- This form should be submitted at the end of the grant period.
- Please speak to your [Redacted] Manager to confirm that you understand all the reporting expectations for your program.
- The information you report should represent the actual implementation of the project activities.
- If you have any questions about how to complete this form, please contact your [Redacted] Project Grants Manager.

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

Section 1: Project Overview

1. Project information:

Project Lead Name:

Project Title:

TCGM Grant #:

Project Start Date:

Expected Project End Date:

2. Significant Accomplishments: Briefly describe any highlights/accomplishments that took place during the reporting period.

3. Significant Challenges: Please describe any challenges or risks you are facing that impacted project milestones/deliverables, timeline, or successful completion.

Section 2: Activities & Locations

1. Milestones, Deliverables, and Payment Schedule Progress To-Date:

Instructions: Please use the template below to report on completed activities, milestones, and deliverables for your project. This section should align with the Milestones, Deliverables, and Payment Schedule in your grant award.

| Activity | Milestone | Deliverable # | Deliverable |
|-------------------------------|--|----------------------|---------------------------|
| Activity #1: [Description] | Milestone 1a: [Description] Milestone 1b: [Description] | 1a. 1b. | [Deliverable Description] |
| Activity #2: [Description] | Milestone 2a: [Description] Milestone 2b: [Description] | 2a. 2b. | [Deliverable Description] |
| Activity #3: [Description] | Milestone 3a: [Description] Milestone 3b: [Description] | 3a. 3b. | [Deliverable Description] |

2. Were the beneficiaries of the activities part of the Community(ies) of focus identified in your grant award? [y/n]

3. If no, who benefitted from these activities? Please describe for each activity.

4. Payment Schedule: if you are requesting payment based on the completion of milestones and deliverables according to your payment schedule, please indicate here.

Payment Requested: _____

Note: this Closeout Report is in word format for the purposes of the ICR review. The actual progress report will be in excel format.

Section 3: Results of the Activities

Describe the outcomes produced during this reporting period and their alignment with your Logic Model and Performance Measurement Plan.

1. Outcome Reporting

- A. Describe the outcomes that have been achieved from your Logic Model.
- B. Did the measured or calculated results impact any communities categorized as disadvantaged, marginalized, underserved, or overburdened (e.g. your Community(ies) of Focus)? If yes, list the affected communities and specify the screening tool or source used to determine this impact.

2. Supplemental information: Provide any relevant information or updates about the outcomes that have not already been captured in the standard reporting sections. This may include unexpected challenges, additional benefits realized, innovative measurement of outcomes, or any other pertinent developments.

GRANTEE Authorized Signatory:

Name [Printed]

Signature

Date

[Redacted] Authorized Signatory:

Signature

Date

Name [Printed]

Closeout Report (j) - Competitive

OMB Control Number = (2035.NEW)
Expiration Date = (dd/mm/yyyy)

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Instructions for Grantees:

- * This Closeout Form asks grantees to report a high-level summary of key activities, outputs, outcomes, and associated locations/communities across the entire project.
- * The aim of this Closeout report is to prompt reflection on general themes across the entire project. We are asking you to list the high-level key activities, outputs, and outcomes. Consider what are the most significant activities that you accomplished that give a bigger picture of the project. Avoid listing granular activities as those can be included in your progress reports.
- * If you have any specific activities, outcomes, or line item expenditures to report for the final reporting period, please put this information in the final Progress Report. If you have any questions about these instructions, reach out to your Grantmaker A Program Officer.
- * This form contains five sheets: (1) Project Overview, (2) Activities + Outputs + Outcomes (3) Successes + Challenges, (4) Financial Reporting, and (5) Reflections. Please review all the sheets, gather any information that will help you to answer these questions.
- * The final sheet (5. Reflections) provides an opportunity to report any additional reflections or information to Grantmaker A.
- * Please speak to your Grantmaker A Program Officer to confirm that you understand all the reporting expectations for this project.
- * If you have any questions about how to complete this form, please contact your Grantmaker A Program Officer.

SECTION 1: PROJECT OVERVIEW

OMB Control Number = (2035-NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Project Information

Instructions: Please complete the information below.

| | |
|-----------------------------------|-------------------------|
| Project Title | |
| Award # | |
| Award Program Officer | |
| Project Funding Award Date | MM/DD/YYYY |
| Project Start Date | MM/DD/YYYY |
| Expected Project End Date | MM/DD/YYYY |
| Awardee Zip Code | 5-digit postal zip code |

Project Objectives

Instructions: List the specific overall project objectives as outlined in your award scope of work (SoW). Add as many as needed.

- 1.
- 2.
- etc.

| A. Reach | B. EPA's IRA Designation | C. Description of Beneficiary |
|---|---|---|
| <p>Provide a physical address or location that is clearly within the community or communities that this project is meant to benefit. If you have more than one community that will benefit from this EJ project, please use a new row. If you do not have an exact address, you may add in the zip code to note location. To enter multiple zip codes for an activity please use additional rows.</p> | <p><u>Using the EPA's IRA Disadvantaged Communities data in this LINK, is the community in this zip code labeled as YES, disadvantaged according to this tool? Y/N. If you want to add multiple locations for an activity, use additional rows.</u></p> | <p>Community/Communities List the relevant communities in this column.</p> |
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Organization Descriptive Information

Instructions for completing each column are provided below.

SECTION 2: ACTIVITIES + OUTPUTS + OUTCOMES

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Instructions

Use this section to list your project objectives (one per row) and provide a high-level summary of the associated project activities, outputs, and outcomes that contributed to fulfilling each objective.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please reach out to your Grantmaker A Program Officer.

Part A - Project Objectives Linked to High-Level Summary of Project Activities, Outputs, and Outcomes

| A. Project Objectives | B. High-Level Summary of Project Activities | C. High-Level Summary of Project Outputs | D. High-Level Summary of Project Outcomes |
|--|---|--|--|
| <p>A. Project Objectives</p> <p>List the objectives of the project, adding each one to a new row. These should include objectives originally developed in the Work Plan, as well as any new objectives that were developed during the implementation of the project. Add one objective per row. Use as many rows as needed.</p> | <p>B. High-Level Summary of Project Activities</p> <p>Provide a high-level summary of the completed project activities that contributed to fulfilling each objective. You can report the same completed activities for multiple project objectives, as needed. If the set of completed activities for each objective varied from the planned activities described in the Work Plan, please provide a high-level summary of the changes along with the reason(s) for these changes.</p> | <p>C. High-Level Summary of Project Outputs</p> <p>Provide a high-level summary of the products, services, or events that were produced or delivered as part of the activities that contributed to fulfilling each objective. Include a summary of the communities and/or groups who engaged with these outputs, as appropriate. If the set of delivered outputs for each objective varied from the expected outputs described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation.</p> | <p>D. High-Level Summary of Project Outcomes</p> <p>Provide a high-level summary of the measured or calculated project results that contributed to fulfilling each objective. Include a high-level summary of the communities and/or groups who were impacted by the results, as appropriate. If the set of measured or calculated results for each objective varied from the expected results described in the Work Plan, please provide a high-level summary of the changes</p> |

| | | | |
|---------------|--|--|--|
| | | | along with a brief explanation. |
| Objective 1: | | | |
| Objective 2: | | | |
| Objective 3: | | | |
| Objective 4: | | | |
| Objective 5: | | | |
| Objective 6: | | | |
| Objective 7: | | | |
| Objective 8: | | | |
| Objective 9: | | | |
| Objective 10: | | | |

SECTION 3: PROJECT SUCCESSES AND CHALLENGES

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: **2035-NEW**. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be **4 hours** per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions

Use this section to reflect on the challenges and successes you have experienced during the project, as well as lessons learned.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Grantmaker A Program Officer.

PART A - Successes and Challenges

1. Describe what has gone well across the implementation of different aspects of the project. What best practices and/or resources have helped to facilitate these successes?
2. Describe any challenges or difficulties that you experienced across multiple aspects of the project. How did you address and/or resolve these challenges?

1. Successes:

2. Challenges:

PART B - Results from Program Evaluations and/or Other Evidence-Building Activities

If you conducted any program evaluations or other evidence-building activities to assess the design, implementation, outcomes, or impact of the project, please provide a brief summary of this work.

Include the aims, questions, methods, and key results. Include a link to the full report if available.

SECTION 4: FINANCIAL REPORTING

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Instructions

Use Part A to report your budget utilization for the entire project, including how funds were allocated and spent. Report each line item in a new row.

Use the existing set of line items (Column A) in the order that is presented. Add new rows at the bottom to report any additional line items.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Grantmaker A Project Officer.

Part A - Budget Utilization

SECTION 5: PROJECT REFLECTIONS

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Instructions

If you have any additional reflections that you would like to share with Grantmaker A, please include them in this section.

PART A - Capacity to address environment or health related issues.

Describe how this award has increased your organization's capacity to address environment or health related issues.

PART B - Capacity to apply for public funding (i.e., federal/state/municipal funds).

Describe how this award has increased your organizational knowledge and experience needed to apply for public funding.

PART C - Open Reflections

If you have any additional reflections that you would like to share with Grantmaker A, please include them below.

SECTION 5: PROJECT REFLECTIONS

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be **4 hours** per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions

If you have any additional reflections that you would like to share with Grantmaker A, please include them in this section.

PART A - Capacity to address environment or health related issues.

Describe how this award has increased your organization's capacity to address environment or health related issues.

PART B - Capacity to apply for public funding (i.e., federal/state/municipal funds).

Describe how this award has increased your organizational knowledge and experience needed to apply for public funding.

PART C - Open Reflections

If you have any additional reflections that you would like to share with Grantmaker A, please include them below.

Closeout Report (k) - Competitive Tier 1 Awards

OMB Control Number – 2035. NEW, Expiration date = mm/dd/yyyy

OMB Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 2-4 hours per reporting period. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions for Grantees:

- * Please submit information across the following 5 tabs, as applicable to your project: (2) Project Details and Financial Reporting, (3) Milestones; (4) Quarterly Reporting Narrative; and (5) Closeout Report Narrative.
- * Tabs (2) Project Details and Financial Reporting, and (3) Approved Milestones should be filled out at the start of your grant with guidance from your Program Officer.
- * Tab (4) Quarterly Reporting should be updated for each quarterly reporting period up to the end of the project as well as the quarterly financial reporting section in tab (2) Project Details and Financial Reporting. After the last quarter of your project, the Closeout Report in tab (5) must also be completed.
- * The information you report should represent the actual implementation of the project activities.
- * If you have any questions about how to complete this form, please contact your TCGM Project Officer.

SECTION 5: Closeout Report

Date of Closeout Report Submission: (m/d/yyyy)

1/1/2001

Enter response here.

Project Outcomes

| Project Outcomes | Primary Impact Area | Secondary Impact Area | Summary of Progress |
|---|--|--|---|
| Choose the Outcome you are reporting on, per the Project Details in tab (2): Outcome 1 Outcome 2 Outcome 3 | Choose a primary impact area: Organizational capacity Air pollution Clean energy access Drinking water access Emergency preparedness and disaster resilience Environmental health and safety (asthma, exposure to toxics, etc.) Environmental job training Healthy food access Healthy and efficient homes Soil quality or land clean-ups/restoration Stormwater and flooding Water pollution Other | Choose a secondary impact area: Organizational capacity Air pollution Clean energy access Drinking water access Emergency preparedness and disaster resilience Environmental health and safety (asthma, exposure to toxics, etc.) Environmental job training Healthy food access Healthy and efficient homes Soil quality or land clean-ups/restoration Stormwater and flooding Water pollution Other | In 5-8 sentences, summarize key progress related to this outcome. As applicable, describe: What organizational capacity was developed? What community health, environment, or climate benefits were achieved? You may attach separate reports, blog posts, or other documents related to your milestones, including media coverage and summaries of data collected. |
| | | | |
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| Data Collection | Media & Storytelling | Optional: Lessons, challenges, and shifts | Optional: Feedback for the [REDACTED] TCGM |
|--|--|--|--|
| As applicable, explain what data has been collected as part of this outcome. (You may attach separate reports, blog posts, or other documents that summarize your data.) | Note any media coverage that this outcome has received by providing website links or attaching PDFs to this report. Are there any stories you'd like to share with us? If so, please attach. | Briefly share the lessons learned, challenges faced, or unexpected shifts related to this outcome. Explain how you addressed challenges and unexpected shifts. | What feedback do you have regarding the [REDACTED] TCGM grant program? What did we do well? What can we do better in the future? |
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Closeout Report (I) - Competitive Tier 2 & 3 Awards

OMB Control Number – 2035. NEW, Expiration date = mm/dd/yyyy

OMB Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 6-8 hours per reporting period. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions for Grantees:

- * Please submit information across the following six tabs, as applicable to your project: (2) Project Details, (3) Milestones; (4) Quarterly Reporting Narrative; (5) Closeout Report Narrative; and (6-7) Financial Reporting.
- * Tabs (2) Project Details and (3) Approved Milestones will be filled out at the start of your grant with guidance from your Program Officer.
- * Tab (4) Quarterly Reporting should be updated for each quarterly reporting period up to the end of the project. After the last quarter of your project, the Closeout Report in Tab 5 must also be completed.
- * The information you report should represent the actual implementation of the project activities.
- * If you have any questions about how to complete this form, please contact your TCGM Project Officer.

SECTION 5: Closeout Report

Date of Closeout Report Submission: (m/d/yyyy)

1/1/2001

Enter response here.

Project Outcomes

| Project Outcomes | Primary Impact Area | Secondary Impact Area | Summary of Progress |
|---|--|--|---|
| Choose the Outcome you are reporting on, per the Project Details in tab (2): Outcome 1 Outcome 2 Outcome 3 | Choose a primary impact area: Organizational capacity Air pollution Clean energy access Drinking water access Emergency preparedness and disaster resilience Environmental health and safety (asthma, exposure to toxics, etc.) Environmental job training Healthy food access Healthy and efficient homes Soil quality or land clean-ups/restoration Stormwater and flooding Water pollution Other | Choose a secondary impact area: Organizational capacity Air pollution Clean energy access Drinking water access Emergency preparedness and disaster resilience Environmental health and safety (asthma, exposure to toxics, etc.) Environmental job training Healthy food access Healthy and efficient homes Soil quality or land clean-ups/restoration Stormwater and flooding Water pollution Other | In 5-8 sentences, summarize key progress related to this outcome. As applicable, describe: What organizational capacity was developed? What community health, environment, or climate benefits were achieved? You may attach separate reports, blog posts, or other documents related to your milestones, including media coverage and summaries of data collected. |
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| Data Collection As applicable, explain what data has been collected as part of this outcome. (You may attach separate reports, blog posts, or other documents that summarize your data.) | Media & Storytelling Note any media coverage that this outcome has received by providing website links or attaching PDFs to this report. Are there any stories you'd like to share with us? If so, please attach. | Lessons, Challenges, and Shifts Briefly share the lessons learned, challenges faced, or unexpected shifts related to this outcome. Explain how you addressed challenges and unexpected shifts. | Optional: Feedback for the [REDACTED] TCGM What feedback do you have regarding the [REDACTED] TCGM grant program? What did we do well? What can we do better in the future? |
|--|---|--|---|
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SECTION 6. Year 1 Financial Reporting

Insert Year 1 approved budget into Columns A and B. Please add rows as needed and ignore the ones that do not apply. Insert the actuals spent on each line item for the corresponding quarter for the corresponding quarter.

| Budget Category | Year 1 Approved Totals | Q1 Actuals | Q2 Actuals | Q3 Actuals | Q4 Actuals | Actuals Total |
|---|------------------------------|---------------|---------------|---------------|---------------|------------------|
| Personnel | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$ - |
| Fringe Benefits | \$ - | | | | | \$ - |
| Travel | | | | | | |
| Hotel | | | | | | \$ - |
| Airfare | | | | | | \$ - |
| Trains/Public Transportation | | | | | | \$ - |
| Mileage expense (total # of miles x .67) | | | | | | \$ - |
| Per Diem (daily travel expenses) | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$ - |
| Supplies (<=\$4999.99 per unit) | | | | | | |
| Office hardware: Computers, printers, etc. | | | | | | \$ - |
| Furniture (e.g. tables, chairs, cabinets, etc.) | | | | | | \$ - |
| Off-site Printing | | | | | | \$ - |
| Office Supplies | | | | | | \$ - |
| Program Supplies | | | | | | \$ - |
| Other | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Contractual | | | | | | |
| Financial/accounting services | | | | | | \$ - |
| Catered light refreshments | | | | | | \$ - |
| Meeting space rental | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$ - |
| Construction | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Partner Subawards | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Max Indirect Charges Allowed | | | | | | |

| Indirect Charges Taken | | | | | | |
|--|------------------------------|---------------|---------------|---------------|---------------|------------------|
| Budget Category | Year 1 Approved Totals | Q1 Actuals | Q2 Actuals | Q3 Actuals | Q4 Actuals | Actuals Total |
| Other | | | | | | \$ - |
| Land purchase | | | | | | \$ - |
| Total rental costs (equipment, office space leases, program space leases, etc. but excluding limited-time venue rental, which falls into contractual.) | | | | | | \$ - |
| Light refreshments purchased directly | | | | | | \$ - |
| Subscriptions (e.g., Microsoft Office, MailChimp, QuickBooks) | | | | | | \$ - |
| Other | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Equipment (>=\$5000 per unit) | | | | | | |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| % of Total Spent | | | | | | |

SECTION 6. Year 2 Financial Reporting

Insert Year 2 approved budget into Columns A and B. Please add rows as needed and ignore the ones that do not apply. Insert the actuals spent on each line item for the corresponding quarter.

| Budget Category | Year 2 Approved Totals | Q5 Actuals | Q6 Actuals | Q7 Actuals | Q8 Actuals | Actuals Total |
|---|------------------------|---------------|---------------|---------------|---------------|---------------|
| Personnel | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$ - |
| Fringe Benefits | \$ - | | | | | \$ - |
| Travel | | | | | | |
| Hotel | | | | | | \$ - |
| Airfare | | | | | | \$ - |
| Trains/Public Transportation | | | | | | \$ - |
| Mileage expense (total # of miles x .67) | | | | | | \$ - |
| Per Diem (daily travel expenses) | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$ - |
| Supplies (<=\$4999.99 per unit) | | | | | | |
| Office hardware: Computers, printers, etc. | | | | | | \$ - |
| Furniture (e.g. tables, chairs, cabinets, etc.) | | | | | | \$ - |
| Off-site Printing | | | | | | \$ - |
| Office Supplies | | | | | | \$ - |
| Program Supplies | | | | | | \$ - |
| Other | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Contractual | | | | | | |
| Financial/accounting services | | | | | | \$ - |
| Catered light refreshments | | | | | | \$ - |
| Meeting space rental | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$ - |
| Construction | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Partner Subawards | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Max Indirect Charges Allowed | | | | | | |

| Indirect Charges Taken | | | | | | |
|--|------------------------------|---------------|---------------|---------------|---------------|------------------|
| Budget Category | Year 1 Approved Totals | Q1 Actuals | Q2 Actuals | Q3 Actuals | Q4 Actuals | Actuals Total |
| Other | | | | | | \$ - |
| Land purchase | | | | | | \$ - |
| Total rental costs (equipment, office space leases, program space leases, etc. but excluding limited-time venue rental, which falls into contractual.) | | | | | | \$ - |
| Light refreshments purchased directly | | | | | | \$ - |
| Subscriptions (e.g., Microsoft Office, MailChimp, QuickBooks) | | | | | | \$ - |
| Other | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Equipment (>=\$5000 per unit) | | | | | | |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| % of Total Spent | | | | | | |

Closeout Report (m) - Noncompetitive

OMB Control Number = (2035.NEW),
Expiration Date = (dd/mm/yyyy)

OMB Burden

Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: **2035-NEW**. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be **4 hours** per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions for

Grantees:

- * This Closeout Form asks grantees to report a high-level summary of key activities, outputs, outcomes, and associated locations/communities across the entire project.
- * The aim of this Closeout report is to prompt reflection on general themes across the entire project. We are asking you to list the high-level key activities, outputs, and outcomes. Consider what are the most significant activities that you accomplished that give a bigger picture of the project. Avoid listing granular activities as those can be included in your progress reports.
- * If you have any specific activities, outcomes, or line item expenditures to report for the final reporting period, please put this information in the final Progress Report. If you have any questions about these instructions, reach out to your Grantmaker A Program Officer.
- * This form contains five sheets: (1) Project Overview, (2) Activities + Outputs + Outcomes (3) Successes + Challenges, (4) Financial Reporting, and (5) Reflections. Please review all the sheets, gather any information that will help you to answer these questions.
- * The final sheet (5. Reflections) provides an opportunity to report any additional reflections or information to Grantmaker A.
- * Please speak to your Grantmaker A Program Officer to confirm that you understand all the reporting expectations for this project.
- * If you have any questions about how to complete this form, please contact your Grantmaker A Program Officer.

SECTION 1: PROJECT OVERVIEW

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Project Information

Instructions: Please complete the information below.

| | |
|-------------------------------------|-------------------------|
| Project Title | |
| Awardee Award # | |
| Grantmaker A Program Officer | |
| Project Funding Award Date | MM/DD/YYYY |
| Project Start Date | MM/DD/YYYY |
| Expected Project End Date | MM/DD/YYYY |
| Awardee Zip Code | 5-digit postal zip code |

Project Objectives

Instructions: List the specific overall project objectives as outlined in your award scope of work (SoW). Add as many as needed.

- 1.
- 2.
- etc.

| A. Reach | B. EPA's IRA Designation | C. Description of Beneficiary Community/Communities |
|---|--|--|
| <p>Provide a physical address or location that is clearly within the community or communities that this project is meant to benefit. If you have more than one community that will benefit from this EJ project, please use a new row. If you do not have an exact address, you may add in the zip code to note location. To enter multiple zip codes for an activity please use additional rows.</p> | <p>Using the EPA's IRA Disadvantaged Communities data in this LINK, is the community in this zip code labeled as YES, disadvantaged according to this tool? Y/N. If you want to add multiple locations for an activity, use additional rows.</p> | <p>List the relevant communities in this column.</p> |
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Organization Descriptive Information

Instructions for completing each column are provided below.

| A. Organization Size | | | | B. Staff Demographics | | | |
|---|---|---|--|---|---|---|---|
| Organizational Budget | Race and Ethnicity | Staff Classification | Race and Ethnicity by Staff Classification | Race and Ethnicity by Staff Classification | Race and Ethnicity by Staff Classification | Race and Ethnicity by Staff Classification | Race and Ethnicity by Staff Classification |
| Select the category that best describes your current organizational budget: | <p>Please report the percentage of staff that fall into each category: <i>Select all that apply.</i></p> <p><input type="checkbox"/> American Indian or Alaska Native <i>For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i></p> <p><input type="checkbox"/> Asian <i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.</i></p> <p><input type="checkbox"/> Black or African American <i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino <i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African <i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander <i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i></p> | <p>Please report the percentage of staff that fall into each category below:</p> <p>Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Administrative Support</p> | <p>Please report the staff percentage by race and ethnicity and staff classification</p> | | | | |

| | | | |
|--|---|--|--|
| | <input type="checkbox"/> White <i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i> <input type="checkbox"/> Another race, ethnicity, or origin not on this list (please describe if desired) _____ <input type="checkbox"/> Prefer not to provide this information | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 2: ACTIVITIES + OUTPUTS + OUTCOMES

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: **2035-NEW**.

Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be **4 hours** per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions

Use this section to list your project objectives (one per row) and provide a high-level summary of the associated project activities, outputs, and outcomes that contributed to fulfilling each objective.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please reach out to your Grantmaker A Program Officer.

Part A - Project Objectives Linked to High-Level Summary of Project Activities, Outputs, and Outcomes

| A. Project Objectives | B. High-Level Summary of Project Activities | C. High-Level Summary of Project Outputs | D. High-Level Summary of Project Outcomes |
|--|---|---|--|
| <p>List the objectives of the project, adding each one to a new row. These should include objectives originally developed in the Work Plan, as well as any new objectives that were developed during the implementation of the project. Add one objective per row. Use as many rows as needed.</p> | <p>Provide a high-level summary of the completed project activities that contributed to fulfilling each objective. You can report the same completed activities for multiple project objectives, as needed. If the set of completed activities for each objective varied from the planned activities described in the Work Plan, please provide a high-level summary of the changes along with the reason(s) for these changes.</p> | <p>Provide a high-level summary of the products, services, or events that were produced or delivered as part of the activities that contributed to fulfilling each objective. Include a summary of the communities and/or groups who engaged with these outputs, as appropriate. If the set of delivered outputs for each objective varied from the expected outputs described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation.</p> | <p>Provide a high-level summary of the measured or calculated project results that contributed to fulfilling each objective. Include a high-level summary of the communities and/or groups who were impacted by the results, as appropriate. If the set of measured or calculated results for each objective varied from the expected results described in the Work Plan, please provide a high-level summary of the changes along with a brief explanation.</p> |
| Objective 1: | | | |
| Objective 2: | | | |
| Objective 3: | | | |
| Objective 4: | | | |
| Objective 5: | | | |
| Objective 6: | | | |
| Objective 7: | | | |
| Objective 8: | | | |
| Objective 9: | | | |
| Objective 10: | | | |

SECTION 3: PROJECT SUCCESSES AND CHALLENGES

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Instructions

Use this section to reflect on the challenges and successes you have experienced during the project, as well as lessons learned.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Grantmaker A Program Officer.

PART A - Successes and Challenges

- 1. Describe what has gone well across the implementation of different aspects of the project. What best practices and/or resources have helped to facilitate these successes?**
- 2. Describe any challenges or difficulties that you experienced across multiple aspects of the project. How did you address and/or resolve these challenges?**

1. Successes:

2. Challenges:

PART B - Results from Program Evaluations and/or Other Evidence-Building Activities

If you conducted any program evaluations or other evidence-building activities to assess the design, implementation, outcomes, or impact of the project, please provide a brief summary of this work.

Include the aims, questions, methods, and key results. Include a link to the full report if available.

SECTION 4: FINANCIAL REPORTING

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

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Instructions

Use Part A to report your budget utilization for the entire project, including how funds were allocated and spent. Report each line item in a new row.

Use the existing set of line items (Column A) in the order that is presented. Add new rows at the bottom to report any additional line items.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental instructions for this form, and then speak to your Grantmaker A Project Officer.

Part A - Budget Utilization

Part B - Additional Information

Use this section to include any additional information you wish to provide about your budget and finances. This could include any changes to the budget or challenges encountered and the strategies used to address them. Any desired changes to your budget need to be discussed with and submitted for approval by your Grantmaker A Program Officer.

SECTION 5: PROJECT REFLECTIONS

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

OMB Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: **2090-NEW**. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be **4 hours** per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions

If you have any additional reflections that you would like to share with Grantmaker A, please include them in this section.

PART A - Capacity to address environment or health related issues.

Describe how this award has increased your organization's capacity to address environment or health related issues.

PART B - Capacity to apply for public funding (i.e., federal/state/municipal funds).

Describe how this award has increased your organizational knowledge and experience needed to apply for public funding.

PART C - Open Reflections

If you have any additional reflections that you would like to share with Grantmaker A, please include them below.

Project Closeout Check List and Release Form (a) - Competitive

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 5-10 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions:

This Project Closeout Check List and Release form contains information about what awardees need to do in order to officially close out your grant award with Grantmaker [Redacted]. The term subagreement refers to your TCGM grant award. As such, the term subagreement is being used interchangeably with 'grant award.' The term "supplier" refers to the organization that received the grant. As such, 'supplier' is being used interchangeably with "grantee."

Section 1: Closeout Check List

The following is a list of the Closeout activities that have to be completed to closeout your grant award with Grantmaker [Redacted]. Check off each item to certify that you have completed the activity.

- Complete all work in your Work Plan
- Submit your final invoice submitted to [Grantmaker [Redacted] system]
- Signed release and assignment form
- Complete certification form

Section 2: Release and Assignment

A. Release

Pursuant to the terms of Subagreement No. _____ and in consideration of the sum of _____ which has been or is to be paid to «AwardeeOrganization_Name» or its assignees, the Supplier, upon payment of the said sum by Grantmaker [Redacted] does remise, release, and discharge Grantmaker [Redacted] and the United States Government from all liabilities, obligations, claims and demands whatsoever under or arising from the said Subagreement except:

- Specific claims, in stated amounts or in estimated amounts when the exact amounts are not known, as follows:
- Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Supplier to third parties arising out of the performance of this Subagreement, which are not known to the Supplier on the date of the execution of this release, and of which the Supplier gives notice in writing to Grantmaker A within three (3) years following the release date or notice of final payment date, whichever is earlier.
- Claims for reimbursement of costs (other than expenses of the Supplier by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Supplier under the clauses of this Subagreement relating to patents.

B. Assignment

The Supplier does hereby:

- Assign, transfer, and release to the UNITED STATES OF AMERICA (hereinbefore called the United States Government), all right, title and interest to all refunds, rebates, credits and other amounts (including any interest thereon), arising out of the performance of the said Subagreement, together with all rights of action accrued or which may hereafter accrue under the said Subagreement.
- Agree to take whatever action may be necessary to effect prompt execution of any refunds, rebates, credits or other amounts (including any interest thereon) due or which may become due, and promptly to forward to the contracting officer of the applicable prime contract a check (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable profits of any such action to effect collection shall constitute allowable costs when approved by the government contracting officer as stated in the prime contract and may be applied to reduce any amounts otherwise payable to the government under the terms thereof.
- Agree to cooperate fully with the government as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the government to represent it at any hearing, trial, or other proceeding arising out of such claim or suit.

C. Certification

The Supplier does hereby:

1. Certify that:
 there was no property purchased under this Subagreement.
 property was purchased under this Subagreement and a final property report is attached.
2. Certify that:
 there were no potentially patentable inventions under this Subagreement.
 there were potentially patentable inventions under this Subagreement and a final invention disclosure report is attached.
3. Certify that all deliverables specified in said Subagreement:
 were previously submitted.
 are attached.
4. Certify that the number of Labor Hours provided totaled _____.
(Completion of this item is required only if Subagreement is Level of Effort or Time and Materials)

D. Quick Closeout (Applicable to Cost Reimbursement and Cost Plus Fixed Fee Subcontracts)

Determination and acceptance of final indirect costs under the quick closeout procedure shall be final for this Subcontract only and no adjustment shall be made to other subcontracts for over- or under-recoveries of costs allocated or allocable to this Subcontract. Indirect cost rates used in the quick closeout of this Subcontract shall not be considered a binding precedent when establishing the final indirect cost rates for other subcontracts.

IN WITNESS WHEREOF, this Supplier's Release and Assignment has been executed by an authorized official.

«AwardeeOrganization_Name»

«Division»

«Add1»

«Add2»

«City», «State» «Zip»

«Country»

Signature: _____

Name: _____

Title: _____

Date: [OB]

Project Closeout Check List and Release Form (b) - Noncompetitive

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Instructions:

This Closeout Check List and Release form contains information about what awardees need to do in order to officially closeout your grant award with Grantmaker [Redacted]. The term subagreement refers to your TCGM grant award. As such, the term subagreement is being used interchangeably with 'grant award.' The term "supplier" refers to the organization that received the grant. As such, 'supplier' is being used interchangeably with "grantee."

Section 1: Closeout Check List

The following is a list of the Closeout activities that have to be completed to closeout your grant award with Grantmaker [Redacted]. Check off each item to certify that you have completed the activity.

- Complete all work in your Work Plan
- Submit your final invoice submitted to [Grantmaker [Redacted] system]
- Signed release and assignment form
- Complete certification form

Section 2: Release and Assignment

A. Release

Pursuant to the terms of Subagreement No. _____ and in consideration of the sum of _____ which has been or is to be paid to «AwardeeOrganization_Name» or its assignees, the Supplier, upon payment of the said sum by Grantmaker [Redacted] does remise, release, and discharge Grantmaker [Redacted] and the United States Government from all liabilities, obligations, claims and demands whatsoever under or arising from the said Subagreement except:

- Specific claims, in stated amounts or in estimated amounts when the exact amounts are not known, as follows:
- Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Supplier to third parties arising out of the performance of this Subagreement, which are not known to the Supplier on the date of the execution of this release, and of which the Supplier gives notice in writing to Grantmaker [Redacted] within three (3) years following the release date or notice of final payment date, whichever is earlier.
- Claims for reimbursement of costs (other than expenses of the Supplier by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Supplier under the clauses of this Subagreement relating to patents.

B. Assignment

The Supplier does hereby:

- Assign, transfer, and release to the UNITED STATES OF AMERICA (hereinbefore called the United States Government), all right, title and interest to all refunds, rebates, credits and other amounts (including any interest thereon), arising out of the performance of the said Subagreement, together with all rights of action accrued or which may hereafter accrue under the said Subagreement.
- Agree to take whatever action may be necessary to effect prompt execution of any refunds, rebates, credits or other amounts (including any interest thereon) due or which may become due, and promptly to forward to the contracting officer of the applicable prime contract a check (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable profits of any such action to effect collection shall constitute allowable costs when approved by the government contracting officer as stated in the prime contract and may be applied to reduce any amounts otherwise payable to the government under the terms thereof.

- Agree to cooperate fully with the government as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the government to represent it at any hearing, trial, or other proceeding arising out of such claim or suit.

C. Certification

The Supplier does hereby:

1. Certify that:
 - () there was no property purchased under this Subagreement.
 - () property was purchased under this Subagreement and a final property report is attached.
2. Certify that:
 - () there were no potentially patentable inventions under this Subagreement.
 - () there were potentially patentable inventions under this Subagreement and a final invention disclosure report is attached.
3. Certify that all deliverables specified in said Subagreement:
 - () were previously submitted.
 - () are attached.
4. Certify that the number of Labor Hours provided totaled _____.
(Completion of this item is required only if Subagreement is Level of Effort or Time and Materials)

D. Quick Closeout (Applicable to Cost Reimbursement and Cost Plus Fixed Fee Subcontracts)

Determination and acceptance of final indirect costs under the quick closeout procedure shall be final for this Subcontract only and no adjustment shall be made to other subcontracts for over- or under-recoveries of costs allocated or allocable to this Subcontract. Indirect cost rates used in the quick closeout of this Subcontract shall not be considered a binding precedent when establishing the final indirect cost rates for other subcontracts.

IN WITNESS WHEREOF, this Supplier's Release and Assignment has been executed by an authorized official.

«AwardeeOrganization_Name»
 «Division»
 «Add1»
 «Add2»
 «City», «State» «Zip»

«Country»

Signature: _____

Name: _____

Title: _____

Date: _____