**The Corporation for National Service and Community Service**

The Governor’s Office of Volunteer Services

**Certification of Subgrant Closeout**

**Enter Program Year as** 20XX-20XX**:** Enter text.

Subgrantee Name: Enter text.

Program Name: Enter text.

I certify that our agency has completed all closeout actions; accomplished all program and financial requirements; secured all reports; and reconciled all funding with respect to sub grants we have awarded under the above referenced grant.

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

Signature

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

Typed Name

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

Title

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

Date