**FINANCIAL CERTIFICATION OF COMPLETION**

**Wisconsin Department of Administration (DOA) Flexible Facilities Program**

***Submit this form to DEHCR within 30 days after receiving the final grant payment from DEHCR.***

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| **A.** | **NAME OF GRANTEE:** |   |
| **B.** | **FFP GRANT AGREEMENT/CONTRACT #:** |   |
| **C.** | **NAME OF SUBRECIPIENT ORGANIZATION:** |   |

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| **D. DOCUMENTS ATTACHED TO THIS FINANCIAL CERTIFICATION OF COMPLETION** |
| **Documents:** | **Attached:** | **N/A:** | **Separate Submission:** | **Date(s) of Separate Submission:** |
| 1. Final Cash Control Register *(required)*
 |[ ]   |[ ]    |
| 1. Final FFP Disbursements Journal *(required)*
 |[ ]   |[ ]    |
| 1. Final Matching Funds Journal *(if Match was contributed to project)*
 |[ ] [ ] [ ]    |
| 1. Check/Payment Records for Disbursement of Final Grant Payment *(if applicable)*
 |[ ] [ ] [ ]    |
| 1. Check/Payment Records for Any Match/Other Funds Used to Pay Invoices That Remained Unpaid/Outstanding at the Time of Submission of the Final FFP Payment Request *(if applicable)*
 |[ ] [ ] [ ]    |
| 1. Final Bank Statement(s)/Check Register Document(s) Showing the Deposit and Disbursement of the Final Grant Payment *(required)*
 |[ ] [ ] [ ]    |
| 1. Payment Records Showing Return of Grant Funds to DEHCR *(if applicable)*
 |[ ] [ ] [ ]    |

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| **E. FINAL FINANCIAL STATEMENT OF COSTS & GRANT DISBURSEMENT** |
| (1) **DEHCR FFP-Funded Activity** | (2) **FFP Grant Funds Budgeted** | (3) **FFP Grant Funds Drawn** | (4) **FFP Grant Funds Disbursed** | (5) **FFP Grant Funds To Be Canceled** |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
|   |  $0.00  |  $0.00  |  $0.00  |  $0.00  |
| (6) **TOTALS:** |  **$0.00**  |  **$0.00**  |  **$0.00**  |  **$0.00**  |
| *FOR DEHCR USE ONLY:*  *Enter Totals Based on DEHCR Records.* |  $ |  $ | $ | $ |

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| **F. FINANCIAL CERTIFICATION OF COMPLETION BY GRANTEE**  |
| *As the Chief Elected Official (CEO) of the grantee, I approve the submission of this Financial Certification of Completion to DEHCR and certify that, to the best of my knowledge, the activities undertaken using the grant funds from DEHCR as listed in section E. above have been carried out in accordance with the grant agreement; and the amounts entered in section E. above are correct.* |
| (1) Date Certified / Signed  | (2) Typed/Printed Name & Title of Chief Elected Official (CEO)CEO Name: CEO Title:  | (3) Signature of Chief Elected Official (CEO)  |

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| **G. FINANCIAL CERTIFICATION OF COMPLETION BY DEHCR** |
| (1) Date Certified / Signed | (2) Name and Title of Authorized DEHCR RepresentativeDivision of Energy, Housing and Community Resources | (3) Signature of Authorized DEHCR Rep. |

#### FINANCIAL CERTIFICATION OF COMPLETION (INSTRUCTIONS)

*Refer to Chapter 10: Project Completion in the* [*FFP Implementation Handbook*](https://energyandhousing.wi.gov/Pages/AgencyResources/FFP-Implementation-Resources.aspx) *for guidance.*

1. Enter the name of the grantee (local or tribal government) as listed in the grant agreement, e.g., Village of Yourtown.
2. Enter the FFP grant agreement/contract number, e.g., FFP 24-40.
3. Enter the name of subrecipient organization, if applicable, or enter “N/A” if there is no subrecipient for the project.
4. Make entries in the check boxes for items (1) – (5) listed in section D. to indicate the documents that are attached (i.e., are being submitted with the Financial Certification of Completion), submitted separately, or not applicable. Enter the date of submission if the item was submitted separately.
5. Final Financial Statement of Costs & Grant Funds Disbursement:
6. For item (1), list project activities as shown on the DEHCR *FFP* *Payment Request* *Form* (most recent version, as submitted with the final grant payment request). Activities may be construction, digital connectivity/computer equipment, grant administration, architectural/engineering services, other professional services, acquisition/relocation, furnishings, etc.
7. For item (2), enter the budgeted amounts for each project activity, as shown on the DEHCR *FFP Payment Request* *Form* (most recent version, as submitted with the final grant payment request).
8. For item (3), enter the amount of FFP grant funds drawn (received by the grantee), by budget item and in total. **The total should agree with the** “Cumulative Receipts to Date” **on the final** Cash Control Register **and** “**Total Payments To Date” recorded on the final *FFP Disbursements Journal.***
9. For item (4), enter the amount of FFP grant funds disbursed (received by the grantee and paid out for project invoices/costs), by budget item and in total. **The total should agree with the “Cumulative Disbursements To Date” recorded on the final *Cash Control Register, and*** “**Total Payments To Date” recorded on the final *FFP* *Disbursements Journal.***
10. Calculate the item (5) “FFP Grant Funds to be Canceled” Totals by subtracting the item (4) Total “FFP Grant Funds Disbursed” value from the item (2) Total “FFP Grant Funds Budgeted” value for each row in the table. This amount represents both funds not drawn and funds drawn but not disbursed/not used. **Any funds drawn but not disbursed or that were used for costs deemed ineligible must be returned** to DEHCR by mailing a check, **payable to the Wisconsin Department of Administration,** to the following address:

Attn: FISCAL

Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

P.O. Box 7970

Madison, WI 53707-7970

The grant agreement number should be shown on the check and documentation identifying the DEHCR grant funded project budget activity to which the funds are being returned must accompany the check.

1. Calculate the item (6) “TOTALS” values and enter them in the columns provided in the table.
2. Enter the date certified/signed and the typed name and title of the grantee’s Chief Elected Official (CEO). The CEO must sign the document (either a handwritten signature or electronic using DocuSign or similar software).

**SUBMISSION:**  Email a copy of the signed *Financial Certification of Completion* and accompanying attachments to the assigned DEHCR FFP Project Representative or to *FlexibleFacilitesProgram@wisconsin.gov* **within 30 days** of receiving the final grant payment from DEHCR.

1. DEHCR will complete section G. upon approval of all Project Completion documents and this Financial Certification of Completion. A copy of this certification signed by DEHCR will be emailed to the grantee with the Project Completion letter and signed Project Completion Certification. Retain the documents in the FFP project file.