

WEATHERIZATION ASSISTANCE PROGRAM CLOSEOUT FORM

Agency Name:

Contract Number:

Line Item	Budget		Expenditures
Administration			
Health & Safety			
Support			
Labor			
Materials			
Liability Insurance			
Other: (please list)			
Total Budget			
Expenditures to Date			
Payments Received to Date			
Payment Requested not Received			
Funds Returned/Funds Requested			

Preparer Name :

Preparer Title:

Executive Director:

Executive Director Signature: _____

Date:

Submit of this form with the corresponding Summary Report (101)
Closeout is due 45 days after end of contract.