**Community Mitigation Fund** **Close-Out Report Form**

**Please submit One Close-Out Report Form per Grant to:** [**MGCCMF@MassGaming.gov**](mailto:MGCCMF@MassGaming.gov)

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| **Grantee:** | | | **Grant Name:** |
| **Grant Year:** | | | **Review Date:** |
| **MMARS I.D.:** | | | **Contract End Date:** |
| **Total Expended:** | | | **Total Grant Cost:** |
| **Project Completed:** | | | **Final Inspection Date:** |
|  | | |  |
| |  |  |  | | --- | --- | --- | | **Municipal Grant Categories** | **Project Name:** | **Allocation** | | Choose an item. |  |  | | Choose an item. |  |  | | Choose an item. |  |  | | Choose an item. |  |  | |  |  |  | |  |  | | | | | |
| **Goals and Objectives Accomplished:** | | | |
| **Type** | **Project** |  | |
| Choose an item. |  |  | |
|  |  |  | |
|  |  |  | |
| **Please describe the mitigation achieved through this Grant program.**   Choose an item. | | | |
| **List of all studies, reports or other documents provided to the Commission:** | | | |

**Submitted by:**

|  |  |
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| **Name and Title:** | **Date:** |

***Please note:***

***Record Retention***

* Your organization generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that were required by the terms of an award, or may reasonably be considered pertinent to the award, for a period of six years from the date the final Close-Out Report is submitted.
* If an audit, litigation, or other action involving the records starts before the end of the appropriate retention period, the records should be maintained until the end of the appropriate retention period or until the audit, litigation, or other action is completed, whichever is later.

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| **Grantee:** | **Close-out Date:** |
| **Grant Name:** | **Grant Year:** |
| **MMARS I.D.:** |  |

**CERTIFICATION OF COMPLETION:**

The undersigned hereby certifies that the project contemplated by this Grant is complete and in full compliance with the scope and award as provided by the Massachusetts Gaming Commission. The undersigned acknowledges that he/she has the authorization to execute this document on behalf of the Grantee.

|  |  |
| --- | --- |
| By: | Date: |

Title: