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| **Appalachian Trail Conservancy (ATC)****South Mountain Mini-Grants**  |
| PROJECT CLOSEOUT |
| INSTRUCTIONS |
| **1.** | **Complete Sections I, II, III, and IV. Review Sections V-IX and complete all sections that relate to your project. Please ensure that all project costs are reported on the attached sheets.** |
| **2.** | **Local Project Coordinator must sign and date this form in Section II – Certification; *Original Signature, required.*** |
| **3.** | **Provide the Consultant’s Certification Letter, as required in Section IV, with this completed form (if applicable).** |
| **4.** | **Send final invoice with project closeout form. Please refer to your original award letter for information that must be included in your invoice. Project will be paid in full when it is determined that you have satisfied the agreement.** |
| **5.** | **Submit the complete form and attachments to the South Mountain Partnership, Appalachian Trail Conservancy at the following address:****Julia Chain****jchain@appalachiantrail.org** |
| **6.** | **Keep a copy of the submission for your files.** |
| **7.** | **Contact Julia Chain at 717-794-6071 should you require assistance with completion of this form.** |
| **SECTION I – GRANTEE AND PROJECT IDENTIFICATION** |
| Payee/Grantee:       | Grant #:       |
| County:       | Purchase Order #:        |
| Address:       | Project Title:       |
| **SECTION II – CERTIFICATION** |
| *I certify to the best of my knowledge that the above information provided on this form and related attachments is true, correct and that:* |
|  | 1. The project was completed in accordance with the Grant Agreement and is acceptable to the grantee. |
|  | 2. All project expenditures have been paid and were made in accordance with the Grant Agreement. |
|  | 3. All project documentation will be kept on file for future auditing purposes in accordance with the Grant Agreement. Copies of invoices/certificates for payment, cancelled checks, change orders, timesheets, etc. will be furnished for review upon request. |
| Signature of Local Project Coordinator: | Title:      | Date:      |
| **APPALACHIAN TRAIL CONSERVANCY – PROJECT MANAGEMENT USE ONLY** |
| Date Received: | Date Processed: |
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| SECTION III – SUMMARY OF FINAL PROJECT COSTS |
| **Project Costs** | Amount Paid/Value | ATC Use Only |
| CONSULTANT/PROFESSIONAL SERVICES COSTS - (from Section V) | $      | $ |
| IN-HOUSE PROFESSIONAL COSTS – (from Section VI) | $      | $ |
| VOLUNTEER SERVICES – (from Section VII) | $      | $ |
| DONATED PROFESSIONAL SERVICES – (from Section VIII) | $      | $ |
| DIRECT COSTS: CASH – (from Section IX) | $      | $ |
| DIRECT COSTS: DONATED – (from Section IX) | $      | $ |
| **TOTAL PROJECT COST** | $      | $ |
| **Appalachian Trail Conservancy – PROJECT MANAGEMENT USE ONLY** |
|  | Total Cash Costs | $ |
| Total Non-Cash Costs | $ |
| Total Eligible Costs | $ |
| Eligible Grant Amount | $ |
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| **SECTION IV – CONSULTANT CERTIFICATION LETTER (if applicable)** |
| A letter from your consultant/partners stating that the contract/professional services agreement has been paid in full. |

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| **Grantee:**  | **Agreement #:**  |
| **Project Title:**  |

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| **SECTION V – TABULATION OF CONSULTANT/PROFESSIONAL SERVICES COSTS** |
| List all invoice numbers, invoice dates, invoice amounts, name of firm or individual, check number, date issued and amount paid for consultant/professional services provided under contract/professional services agreement with the grantee to perform all or part of the approved project scope of work. All costs must be incurred during the grant agreement period. Copies of invoices, cancelled checks, and additional documentation are not required to be submitted, but must be furnished for review upon request. |
| **Invoice Number** | **Invoice Date** | **Invoice****Amount** | **Name of Firm or Individual** | **Check Number** | **Date****Issued** | **Amount****Paid** |
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| **Project Title:** |

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| **SECTION VI – IN-HOUSE PROFESSIONAL COSTS (Grantee’s Paid Staff)** |
| This section summarizes personnel costs of the grantee’s staff for services and labor to perform all or part of the approved Project Scope of Work as stated in Grant Agreement. Personnel costs are recorded as “billable rate” which is equal to the employee’s established hourly wage rate as set by the organization’s governing body or the employee’s hourly rate plus fringe benefits and operational overhead costs. Fringe benefits and overhead costs include but are not limited to employee insurance, retirement benefits and paid time off. Should the billable rate for a particular staff person change during the course of the project, please list each rate change as a new entry in the table below. Travel costs incurred in the performance of the grant project should be documented in Section IX. All project costs must be incurred during the Grant Agreement period. |
| **EMPLOYEE PROVIDING SERVICE**(Name & Job Title) | **SUMMARY DESCRIPTION OF TASKS PROVIDED** | **DATE OR DATE RANGE** | **NUMBER OF HOURS** | **BILLABLE RATE** | **TOTAL****IN-HOUSE VALUE** (Dollars)(Hours X Rate) |
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| **Grantee:** | **Agreement #:** |
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| **SECTION VII – VOLUNTEER Services** |
| This section summarizes the sources of Volunteer Services. Volunteer services are those services not paid for by the grantee to perform all or part of the project scope of work. Volunteer services (non-skilled labor) are updated yearly. [Click here to find the current rate](https://independentsector.org/value-of-volunteer-time-2021/). Work performed by individuals under the age of 18 will be valued at theCommonwealth’s minimum wage rate. All volunteer services must occur during the Grant Agreement period. |
| **NAME OF PERSON OR ORGANIZATION VOLUNTEERING SERVICE** | **SUMMARY DESCRIPTION OF TASKS PROVIDED** | **DATE OR DATE RANGE** | **NUMBER OF VOLUNTEER HOURS** | **COMMONWEALTH’S MINIMUM WAGE RATE** | **TOTAL DONATED VALUE** (Dollars)(Hours X Rate) |
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| **Grantee:** | **Agreement #:** |
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| **SECTION VIII – DONATED PROFESSIONAL SERVICES** |
| This section summarizes the sources of donated professional services. Donated professional services are defined as services provided at no cost to the grantee by firms or individuals possessing specialized or expert skills and knowledge to perform professional services related to all or part of the approved scope of work as stated in the Grant Agreement. The Appalachian Trail Conservancy may request written documentation in support of the listed professional services. All donated professional services must occur during the Grant Agreement period. |
| **PROFESSIONAL PROVIDING SERVICE**(Name & Job Title) | **SUMMARY DESCRIPTION OF TASKS PROVIDED** | **DATE OR DATE RANGE** | **NUMBER OF HOURS** | **NORMAL BILLABLE RATE** | **TOTAL DONATED VALUE** (Dollars)(Hours X Rate) |
|       |       |       |       |       |       |
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| **Grantee:** | **Agreement #:** |
| **Project Title:** |

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| **SECTION IX – DIRECT COSTS** |
| This section summarizes the costs directly related to the completion of the approved project scope of work such as advertisements, meeting room rentals, map reproduction, printing, postage, travel, meals and lodging. The last two columns are provided to record the value of direct costs as either **cash** (costs incurred/paid by the grantee) or **donated**. All project costs must be incurred during the Grant Agreement period.  |
| **DESCRIPTION OF COSTS** | **DATE OR DATE RANGE** | **NUMBER OF UNITS, if applicable** | **CASH COSTS**  | **DONATED VALUE** |
|       |       |       |       |       |
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| **TOTAL** | $      | $      |