Department of Veterans Affairs

CERTIFICATION REGARDING DOCUMENTS AND INFORMATION REQUIRED FOR STATE OR TRIBAL GOVERNMENT CEMETERY CONSTRUCTION GRANTS - POST GRANT REQUIREMENTS

STEPS TO CLOSE OUT A CONSTRUCTION GRANT PROJECT

1. Submit a written request to the Director, State Cemetery Grants Service (41E), 810 Vermont Avenue, N.W., Washington, D.C. 20420, asking the Department of Veterans Affairs to schedule a final grant program review. Include the name and telephone number of the local point of contact for the project.

2. Submit the project equipment list. If there is no equipment involved in the grant, please make a statement to that effect in the request for a final grant program review.

3. Add the following statement to the SF 271, Outlay Report and Request for Reimbursement for Construction Programs, and add the statement to the Health and Human Services final reimbursement request:

> It is hereby agreed that the monetary commitment of the Federal Government will have been met and the project will be considered terminated upon payment of this voucher.

4. Evidence that the State has complied with the Single Audit Act requirements. **NOTE:** If no more than $500,000 is reimbursed to the State within any of the fiscal years, this requirement is exempted. Exemption requests should be submitted with the other close out requirements. The Single Audit Act responsibilities can be found in Title 38 CFR Part 39.510(c). The State may provide the actual results of the audit by the State Auditing Agency or evidence that the State has reported to the State Auditing Agency that a Federal grant was awarded to the State. The letter should clearly identify the Federal Application Identifier (FAI), the date the grant was awarded, the amount of the Federal assistance, and the approximate end date of the construction.

5. Final Master Plan *(one copy for State Cemetery Grant Program and one copy for state cemetery)*, if appropriate.

6. As Built Drawings *(one copy for State Cemetery Grant Program and one copy for state cemetery)*.

7. Custody and Transfer Receipt Final Release of Claims Final Invoice *(one copy for State Cemetery Grant Program)*, if appropriate.

NOTE: *The final payment will be authorized when all closeout requirements are met. If you have questions, please contact Director, State Cemetery Grants Service (41E).*

CERTIFICATION: I certify that the information submitted to Department of Veterans Affairs is true and correct to the best of my knowledge and ability.

NAME OF AUTHORIZED STATE OR TRIBAL GOVERNMENT OFFICIAL	TITLE OF AUTHORIZED STATE OR TRIBAL GOVERNMENT OFFICIAL

PROJECT FAI *(Federal Application Identifier)* NO.	DATE GRANT AWARDED	AMOUNT OF FEDERAL ASSISTANCE

SIGNATURE	DATE *(mm/dd/yyyy)*