

**Certified Local Government Grant  
Invoice**

CLG Community or Project Administrator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Coordinator: \_\_\_\_\_

Report Period: \_\_\_\_\_

**I. Grant Expenses**

A. Total Project Expenditures	\$	_____
CLG Grant Share	\$	_____
Local Matching Share	\$	_____
B. CLG Grant Award	\$	_____
C. CLG Grant funds requested on this invoice	\$	_____
D. CLG Grant funds previously invoiced	\$	_____
E. CLG Grant Remaining after this invoice	\$	_____

**II. Documentation**

Check off documents submitted to SHPO with this invoice or indicate date of previous submission

- \_\_\_\_\_ Itemization of project expenditures
- \_\_\_\_\_ Copies of invoices with canceled checks for all cash expenditures
- \_\_\_\_\_ Signed time distribution records for in-kind personnel expenses (co-signed by project coordinator)
- \_\_\_\_\_ Signed volunteer/donation forms (co-signed by project coordinator)
- \_\_\_\_\_ Procurement documentation
- \_\_\_\_\_ Signed copy of subcontract(s)
- \_\_\_\_\_ Contract Performance Report for each subcontractor
- \_\_\_\_\_ Project Completion Report

**III. Products**

Identify final CLG grant production: \_\_\_\_\_

- \_\_\_\_\_ copies of final product submitted by SHPO
- \_\_\_\_\_ Enclosed with completion report
- \_\_\_\_\_ Prior submission. Date submitted: \_\_\_\_\_

**IV Certification Statements**

I certify that all project expenditures were incurred during the approved project period, all costs claimed are for approved project work and all work was completed in accordance with policies set forth by the State Historic Preservation Office. No federal funds have been used as match for this project unless authorized under this program. Matching funds for this project have not been used as match for any other federally assisted project or program.

**V. Signature** \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

For Office Use Only
NPS#:
Sign Off:
SHPO #:
OHC PO#:
FFY Paid:
GM:
PM:
GA: