



District Project Funds Close-Out Form

Recipient Organization: _____

Requested Amount: _____

RECIPIENT CONTACT FOR AUDIT PURPOSES:

Name: _____

Address: _____

Contact Number & Email: _____

Project Description (Describe how funds were used): _____

Total Project Expenditure: \$ _____

Balance Remaining: \$ _____

CERTIFICATION:

I hereby certify that all funds were expended for the purpose approved by the Board of Supervisors and that the Project is complete and we have made final payment for all work done. Any un-used portion will be returned to the County upon completion of closeout.

Recipient Name
(Printed or Typed name)

Recipient Name
(Signature)

Date

**Please return completed forms to the Merced County Department of Public Works:
715 Martin Luther King Jr. Way, Merced, CA 95341**

Board of Supervisors

Rodrigo Espinoza
Supervisor, District One

Lee Lor
Supervisor, District Two

Daron McDaniel
Supervisor, District Three

Lloyd Pareira
Supervisor, District Four

Jerry O'Banion
Supervisor, District Five

James L. Brown
County Executive Officer

Merced County
Administration Building
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