WDA EEG
CLOSING CHECKLIST

GRANTEE: _____
(IJDC # _____)
AWARD DATE:_____
CLOSING DATE: _____
TOTAL PROJECT COST:_____
BID OVERRUN AMOUNT(if any):_____

	Current Audit
	Written evidence of all other funding sources
	Current/updated post-bid project budget (Post-Bid Schedule B)
	Final Title Opinion
	Final CPA Certificate
	Certificate of insurance
	Status of PSC approval, if required
	Confirmation that all funding agencies bidding requirements were met
	Evidence that all required permits have been obtained
	Payment/Performance Bonds
	Executed Grant Agreement
	Closing Memo