



County Planning

2079 EAST 9TH ST, 5-300
CLEVELAND, OH 44115
216.443.3700

2021 HEALTHY URBAN TREE CANOPY GRANT PROGRAM

PY 2021 HEALTHY URBAN TREE CANOPY PROJECT CLOSE OUT

Grant Project Title: _____

GRANTEE NAME & ADDRESS: Used for issuing payment.

PROJECT ID:

PROJECT TYPE:

This Form indicates there are no more project costs, and the project can be closed out.

FINANCIALS:

Grant

a. Original Grant Award Amount	\$
b. Reimbursement Amount Received to Complete Project	\$
c. Any Outstanding Grant Funds	\$

Match

d. Original Match Pledged	\$
e. Match Amount Utilized to Complete Project	\$
f. Does percentage of Match Utilized match the percent Pledged	

SUPPORTING DOCUMENTATION

Include the Following Attachments:

- _____ Final Quarterly Report and Reimbursement Forms
- _____ Summary report that includes a narrative that describes the project highlights.
- _____ Plan of post grant activities to ensure the health of newly planted trees.

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____