

## MT 9-1-1 PROGRAM GRANT CONTRACT CLOSEOUT FORM

**A contract closeout form must be completed for all State of Montana 9-1-1 Program grants.**  
 Email completed form to [rsullivan@mt.gov](mailto:rsullivan@mt.gov) Rhonda Sullivan

*This form provides a checklist of the most common items and issues that need to be completed before formally closing a contract and provides an auditable record showing each item/action was completed.*

<b>GRANT ID:</b> MT9-1-1 GRANT-20__ - 0__ (EX: MT9-1-1 GRANT-2020-011)	<b>SCOPE OF GRANT:</b>		
<b>GRANTEE NAME:</b>	<b>GRANT AWARD: \$</b>		
<b>Provide the applicable Yes, No, or N/A answer for the following statements.</b>			
<b>GRANT PROGRAM REQUIREMENTS:</b> <i>Grant has been completed in accordance with all applicable Department of Administration guidelines as well as all applicable local, state, and federal laws?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>SERVICES PROVIDED ACCORDING TO GRANT TERMS AND CONDITIONS:</b> <i>Were all services and/or supplies provided according to established grant contract terms and conditions.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>OUTSTANDING ISSUES:</b> <i>Has grant manager settled any/all outstanding issues/disputes with contractor prior to contract end?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>EXPENDED FUNDS:</b> <i>Were grant/project funds expended in accordance with the existing requirement of State laws &amp; regulations? MCA 10-4-306. 9-1-1 Grants</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>FINAL PAYMENT MADE:</b> <i>All payments to contractor should be completed prior to contract close out.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>RECORDS RETENTION ADDRESSED:</b> <i>Grant records must be retained for five (5) years per contract agreement, (Sect. 8).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>GRANT/PROJECT CLOSED:</b> <i>Has grant/project reports, invoices &amp; documentation been submitted to 911 Program?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>TOTAL AMOUNT REQUESTED TO DATE:</b> <i>Provide the total amount of grant funds requested to date.</i>	\$		<input type="checkbox"/> N/A
<b>DECLINE GRANT AWARD</b> <i>PSAP/Provider is unable to utilize grant award, please explain in below report section.</i>	<input type="checkbox"/> Yes		
<b>COMPLETION REPORT:</b> <i>Required per executed contract (Sect. 12), attach additional pages if needed.</i>			
<b>GRANT MANAGER'S NAME PRINTED:</b>	<b>PHONE NO:</b>	<b>DATE:</b>	
<b>GRANT MANAGER'S SIGNATURE:</b>	<b>EMAIL ADDRESS:</b>		

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