

THDA EMERGENCY REPAIR PROGRAM – GRANT CLOSE-OUT FORM

Administering Agency Name:

Contract Number: ERP-19-_____

Contract Term:

Grant Amount: \$

Grant Amount Expended: \$

Unexpended Grant Balance: \$

This is to confirm that the *(enter Administering Agency Name)* _____
has completed all home repair contracts under the THDA Emergency Repair Program contract # ERP-19-
_____, and this grant is now considered closed.

Date: _____

Signature: _____

Title: _____