**CARES Act Airport Grant**

**Closeout Report**

**Airport(s): XYZ**

**Sponsor: XYZ Airport Authority**

**Grant Number: 3-XX-XXXX-XXX-XXXX**

**Grant Amount: $XXX,XXX**

Reimbursement categories and amounts as part of this grant:

| **Type of Work** | **Amount** |
| --- | --- |
| Payroll | $50,000 |
| Utilities/Communications | $10,000 |
| Supplies and Materials |  |
| Contractual Services |  |
| Insurance |  |
| Equipment |  |
| Local Match on AIP Grant | $7,000 |
| Debt Service | $90,000 |
| Construction/Development (Addendum to the Grant) |  |
| Other (list in general terms) |  |

| Certifications | Responses |
| --- | --- |
| 1. All expenses requested for reimbursement were incurred in accordance with FAA's Revenue Use Policy, the Coronavirus Aid, Relief, and Economic Security Act, and 2 CFR part 200? | Yes  No |
| 1. Equipment and/or services were procured in a manner consistent with the terms of the grant? | Yes No |
| 1. Operational expenses reimbursed were paid on or after January 20, 2020? | Yes  No |
| 1. All debt service payments were due on or after March 27, 2020? | Yes  No |
| 1. Did you comply with all terms and conditions of the grant, including any addenda, if applicable? | Yes  No |
| 1. If expenses requested for reimbursement were included in an approved Passenger Facility Charge application, a PFC amendment was submitted to FAA and approved? | Yes ☐ No ☐ N/A ☐ |
| 1. Did any of your CARES Act payment requests include costs (e.g., payroll, utilities, rent, or support services) that were reimbursed under or included as part of an Airport Improvement Program (AIP) grant as indirect costs? | Yes ☐ No ☐ |
| 1. Did any of your CARES Act payment requests include costs (e.g., payroll, utilities, rent, or support services) that were reimbursed under or included as part of an AIP grant as administrative or force account costs? | Yes ☐ No ☐ |

Name and Title: John Q. Public, Airport Manager

John Q. Public 11/2/2022

Signature Date