



Kentucky Transportation Cabinet
Office of Local Programs
Project Closure

Date: Prepared By: Telephone: E-mail:

Program: Choose an item.

Contract Number:

Federal Program Number:

Project Title:

Project Sponsor:

Project County:

Project Completion Date:

Please attach photos of the completed project.

Sponsor Certification:

As the sponsor of the above Office of Local Programs project, I hereby certify that:

- ❖ The project has been completed consistent with the contract executed by and between the Kentucky Transportation Cabinet and the sponsor.
- ❖ The final reimbursement request has been submitted and the project may be closed.
- ❖ All construction is complete, and approved plans and specifications were followed during this project.
- ❖ A long-term maintenance plan has been prepared and implemented.

Signature of Sponsor

Title

Date

For KYTC Personnel
The project above has been reviewed and an on-site inspection has been completed. I have determined the project was completed consistent with the project contract and recommend closure of the project. The final invoice for expenditures has been reimbursed and all matching funds have been documented.

Signature of KYTC Representative & Title

Date