

**Southern Ohio Agricultural and Community Development Foundation
FY22
Youth Development Project
Completion & Inspection Request Form**

IMPORTANT: To qualify for reimbursement, **approved applicant** must comply with **all** of the following:
1) Have project **delivered** and **functional** at time completion form is submitted. 2) Send Project Completion form and **COPIES** of all receipts and cancelled checks to the address listed below by the postmark deadline as set forth by grant agreement. Appointments will be made prior to inspection, time permitting. If you have any questions call 937-402-6451.

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ FIN: _____

Contact Person: _____

Phone: (_____) _____ Work or Cell: (_____) _____

Address where project is located if different from above: _____

County where project is located: _____ Township where project is located: _____

Date project completed: _____

Will you be receiving cost share from another agency? ___ Yes ___ No If yes, identify agency _____

Project Description: _____

TOTAL COST OF PROJECT INCLUDING MATERIAL AND LABOR \$ _____

I hereby authorize SOACDF employees or agents to enter my property for the purpose of inspecting or to spot check the above grant project funded by SOACDF. The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

MAIL/EMAIL TO:

**SOACDF
PO Box 47
Hillsboro, OH 45133
sam@soacdf.net**