CONTRACT CLOSE-OUT CHECKLIST

(To Be Prepared by the Contracts & Lease Coordinator)

ГЕ:	October 11, 2023		
:	Finance Department		
BJECT:	Contract No. C22-32	285-OMB	
	DEPARTMENT:	OMB	
NTRACT	OR'S NAME:	Okaloosa County Council of Aging/Elder Services	
DJECT TITLE:		Grant Funding Agreement	
11	ie attached has met u	he final payment contract requirement in subject contract. Yes	No
			1.0
1.	Final Invoice	Х	
2.	Close-Out Docume	Yes No	N/A
2.		ents	
2.	a. Signed Release	ents e of Lien	
2.	a. Signed Release	ents e of Lien oletion Advertisement	X
2.	a. Signed Releaseb. Proof of Compc. Certificate of I	ents e of Lien oletion Advertisement	X X
2.	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sur 	ents e of Lien pletion Advertisement nsurance	X X X X
2.	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sur e. Proof of Performed 	ents e of Lien pletion Advertisement nsurance rety to Final Payment	X X X X X
2.	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sur e. Proof of Performed 	ents e of Lien oletion Advertisement insurance rety to Final Payment rmance/Payment Bond 2 Months Following	X X X X X
2.	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sun e. Proof of Perform Continuation 1 	ents e of Lien oletion Advertisement nsurance rety to Final Payment rmance/Payment Bond 2 Months Following	X X X X X
	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sur e. Proof of Perfor Continuation 1 Final Payment f. Grants approva 	ents e of Lien oletion Advertisement nsurance rety to Final Payment rmance/Payment Bond 2 Months Following	X X X X X X
2. 3.	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sur e. Proof of Perfor Continuation 1 Final Payment f. Grants approva Remarks 	ents e of Lien oletion Advertisement nsurance rety to Final Payment rmance/Payment Bond 2 Months Following al/signature	X X X X X X
	 a. Signed Release b. Proof of Comp c. Certificate of I d. Consent of Sun e. Proof of Perform Continuation 1 Final Payment f. Grants approve Remarks Vendor # 0032 	ents e of Lien oletion Advertisement nsurance rety to Final Payment rmance/Payment Bond 2 Months Following al/signature	X X X X X X

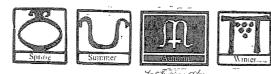
Faye Douglas Digitally signed by Faye Douglas Date: 2023.10.11 15:07:25 -05'00'

OMB DIRECTOR

×______

\$ 5,531.69 Paid W/ Check H 240048 On 10/19/23

Elder Services of Okaloosa County Okaloosa County Council on Aging



Kimberly A. Fraley **Executive** Director

CONTRACT: C23-3285-OMB **Okaloosa County Council of Aging/Elder Svs Grant Funding Assistance** EXPIRES:09/30/2023

October 11, 2023

LaKeisha Straka-Conway **Budget Analyst Okaloosa County Board of County Commissioners**

We respectfully submit our request for the balance of the 4th Qtr. Allocation of \$5,531.69 for Elder Services of Okaloosa County (Okaloosa County Council on Aging, Inc.)

Sincerely,

See m. (accister

Lee McCallister **Fiscal Manager**

Main Office 207 Hospital Drive, N.E. Ft. Walton Beach, FL 32548 Email: mail@elder-services.org (850) 833-9165 • Fax (850) 833-9174



198 S. Wilson Crestview, FL 32536 (850) 689-7807