# **ATTACHMENT 3C – CERTIFICATE OF COMPLETION**

|  |
| --- |
| **CERTIFICATE OF COMPLETION** |
| **A separate certificate must be used for each Road Project or State/Australian Black Spot Project.** |

A logo with blue and yellow triangles

AI-generated content may be incorrect.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Road Project Grant | (Please tick appropriate box) |  |  |  |
|  |  | Black Spot Program (State and Australian Government) |  |  |  |  |
|  |  | Commodity Routes |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Details** | | | |
|  |  |  |  |
| Local Government: |  | Financial Year: |  |
|  |  |  |  |
| Road Name: |  | Proposal / Job No.: |  |
|  |  |  |  |
| Description of completed works: |  | Section (Slks): | to |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Approved Project Allocations** | | |  | **Final Project Cost** | | |
| Total Project Allocation | State Contribution (2/3) | LG Contribution (1/3) |  | Final Total Project Cost | State Contribution (max 2/3) | LG Contribution (min 1/3) |
| $ | $ | $ |  | $ | $ | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Claimed State Contributions** | | | | | * Actual State Contribution cannot exceed the Approved State Contribution. | |
| Claim No. 1 – 1st 40% | Claim No. 2 – 2nd 40% | Claim No. 3 – Final Claim |  | **Total Funds Claimed** |  | |
| $ | $ | $ |  | $ |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I certify that the works have been completed by the Council and that the total funds claimed for the project have been fully expended on this project. | | |  | I declare that the details provided within this Certificate of Completion are correct, that the Council has contributed a minimum of one third of the total project cost (excluding Direct Grants and Australian Government Black Spot projects) and acknowledge that Main Roads Western Australia can access the Council’s financial records to verify this claim. | | |
|  |  |  |  |  |  |  |
| Signature |  | Name |  | Signature |  | Name |
|  |  |  |  |  |  |  |
| **Works Supervisor/Engineer** |  | Date |  | **Chief Executive Officer** |  | Date |