DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PROJECT COMPLETION REPORT

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DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FINAL PROJECT PERFORMANCE REPORT

1. Grantee ☐ **Subrecipient** ☐	**2. CEA Number:**
3. Project Name:	**4. Project ID:**
5. Report Prepared By:	**6. Phone Number:**
	7. Email Address:

8. Project Narrative[Must include any changes (amendments) to the originally approved description]:

9. Performance Measures *(If Applicable)*

Activity:	Projected Outcome	Actual Outcome:	Date Completed:

10. Did Displacement Occur With This Project?

☐ Yes ☐ No If yes, complete the Civil Rights Compliance Form, Exhibit 13-1d

11. Additional CEA Reporting Requirements *(If Applicable. Attach a separate sheet if needed)*

12. Typed or Printed Name of Responsible Party:	**13. Title:**

We certify that to the best of our knowledge and belief the information provided on all forms included in this Project Completion Report are accurate.

14. Signature of Responsible Party:	**15. Title:**

OCD/DRU APPROVAL

16. Typed or Printed Name of OCD/DRU Authorized Representative:

17. Title:

18. OCD/DRU Authorized Signature:	**19. Date:**

INSTRUCTIONS FOR FINAL PROJECT PERFORMANCE REPORT

ITEM NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. Enter the CEA number for the Disaster Recovery CDBG project that is being closed out.
3. Enter the Project Name for the project that is being closed out.
4. Enter the Project ID assigned by OCD/DRU for the project that is being closed out.
5. Enter the name of the person preparing the Final Performance Report and close-out documents.
6. Enter the phone number of the person preparing the Final Performance Report and close-out documents.
7. Enter the email address of the person preparing the Final Performance Report and close-out documents.
8. Provide a narrative description of the project that is being closed out. Include any changes or amendments to the approved description.
9. Performance Measures (If Applicable): Enter performance measure information as directed in CEA. Include the name of the activity, projected outcome, actual outcome, and the date completed.
10. Check the appropriate Yes/No box to indicate whether residents were displaced as a result of this project. Note: If the answer is Yes, then you must complete the Civil Rights Compliance Form, Exhibit 13-1d
11. Provide any additional reporting information required by the CEA. Attach a separate sheet of paper if necessary.
12. Type in the name of the responsible official, e.g., the Mayor/President.
13. Type in the title of the responsible official.
14. The responsible official should sign in this box, verifying the information in the Final Performance Report is complete and accurate, and confirming that Disaster Recovery CDBG Project files are being maintained in the local governing body's offices.
15. Type in the title of the responsible official.
16. Type in the name of the OCD/DRU Authorized Representative in this box.
17. The OCD/DRU Authorized Representative should sign in this box, indicating approval of the information in the Final Performance Report.
18. Type in the title of the OCD/DRU Authorized Representative.
19. Enter the date the form was submitted, and indicate whether or not this form is the original submission or has been revised.

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRESS REPORT ☐ FINAL STATUS REPORT ☐
REPORT DATE: _____Initial ☐ Revision ☐

1. Grantee ☐ Subrecipient ☐				**2. CEA:**	
3. Project Name:				**4. Project ID:**	
5. National Objective Addressed	**6. Activities Accomplished**	**7. Activities Remaining & Anticipated Completion Date**	**8.* Current Disaster Recovery CDBG Budget**	**9.* Disaster Recovery CDBG Funds Obligated**	**10* Disaster Recovery CDBG Funds Expended**
		11. TOTAL	$	$	$

*If other funds were injected into the project, complete Exhibit 13-1j identifying the amount of, source and status of other funds. This is required for all economic development projects; however, it may also pertain to housing, public facilities, demonstrated needs, or other types of projects. The amounts shown in columns 8, 9, and 10 should involve only Disaster Recovery CDBG funds.

INSTRUCTIONS FOR THE PROGRESS REPORT AND FINAL STATUS REPORT

Note: Check the appropriate box located at the top of the page to indicate if you are submitting a Progress Report, or a Final Status Report, along with the date and indicate whether or not this form is original or has since been modified.

ITEM
NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. Enter the CEA number for the Disaster Recovery CDBG project that is being closed out.
3. Enter the Project Name for the project that is being closed out. List the name of the activity exactly as it is shown in the CEA or as established by any project amendments; for example, sewer system improvements, housing rehabilitation, demolition, etc. Acquisition will not be shown as a separate activity. If acquisition of land was necessary to complete a sewer project, the funds for acquisition will be included with the funds for sewer.
4. Enter the Project ID assigned by OCD/DRU for the project that is being closed out.
5. Note the national objective served by each activity, e.g., "benefit to low moderate income persons or households", “urgent need”, and/or "prevention/elimination of slums and blight.” Although “administration” and “project delivery” may be identified as an activity, do not identify that a national objective has been addressed by this activity; instead note “not subject to national objective.”
6. Identify the specific activities accomplished for this project. (Refer to Section 2, 7.0 Reporting for a list of the type of information that may be required; Also refer to CEA for specific required activities for the project)

Examples of Activities by Project Type *(not all-inclusive)*

Housing:
• Homeowner Rehabilitation
  o Rehab of 24 houses
  o Replacement of 50 roofs
• Homeowner Financing
  o Closed on 15 awards
• Relocation
  o Demolition of 3 houses
• Rental Rehabilitation
  o Completed construction/rehab of 100 rental units
  o Acquired property

Examples of Activities by Project Type *(not all-inclusive)*

• Homelessness Prevention
  o Provided 45 shelter beds
  o Provided temporary housing for 100 people

Infrastructure: • Replacement of 750 linear ft of sewer line • Purchased and installed 2 new generators • Purchased land to build Hwy 101 • Demolition of existing building

Economic Development:
• Grant and Loan
  o Created 3 LMI jobs
  o Completed construction of a building
• Workforce
  o Selected 3 grantees
  o Provided GED training for 35 participants
  o Conducted 3 interviewing workshops

Planning:
• Community Resiliency/Planning
  o Completed development of plan
• Public Service Code Enforcement
  o Hired 3 building code inspectors

7. List the actions remaining to complete the activity and anticipated completion date, e.g., "finishing, inspection, and acceptance (5/03)" or identify the activity as "completed". In most instances, all of the activities will be completed when this form is prepared.

8. Show the current approved Disaster Recovery CDBG amount budgeted for each activity.

9. List the total amount of Disaster Recovery CDBG funds obligated for each activity as of the date of the report. The amount obligated generally means the amount under CEA or for which expenses have been incurred. If other funds (state, local, or federal) were injected into the project, attach a separate sheet identifying the source of funds and use of funds for each activity. . Other funds may also have been used in conjunction with a housing or infrastructure project.

10. Show the total Disaster Recovery CDBG funds expended for each activity as of the date of the report.

11. Enter the total amounts under columns 8, 9, and 10.

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LOUISIANA DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT
PROJECT BENEFICIARY FORM

1	**Grantee** ☐ **Subrecipient** ☐			2	**CEA:**		3	**Project ID:**
4	**Project Name:**				***New Construction, Rehabilitation Loans & Grants***			
					Persons		**Households**	
	Income Levels	**LMI Persons**	**Non-LMI Persons**		**Owner**	**Renter**	**Owner**	**Renter**
5	LMI Percentage							
6	Extremely Low Income (0-30%)			28				
7	Low Income (31-50%)			29				
8	Moderate Income (51~~0~~-80%			30				
9	Above Income (above 80%)			31				
10	Total-All Income Levels			32				
	Racial Groups							
11	American Indian or Alaskan Native — Total			33				
	Hispanic							
12	Asian — Total			34				
	Hispanic							
13	Black or African American — Total			35				
	Hispanic							
14	Native Hawaiian or Pacific Islander — Total			36				
	Hispanic							
15	White — Total			37				
	Hispanic							
16	American Indian and White — Total			38				
	Hispanic							
17	Asian and White — Total			39				
	Hispanic							
18	Black and White — Total			40				
	Hispanic							
19	American Indian and Black — Total			41				
	Hispanic							
20	Other Multi-racial — Total			42				
	Hispanic							
21	Undisclosed — Total			43				
	Hispanic							
22	Total—All Racial Groups — Total			44				
	Hispanic							
23	Disabled Persons			45				
24	Disabled Head of HH			46	Disabled Head of HH			
25	Female-Headed HH			47	Female Headed O/R HH			
26	Elderly-Occupied HH			48	Elderly-Occupied HH			
27	Total Occupied HH			49	Total HH			

50	**Source(s) for Determining Beneficiary Data:**
51	**Date:** **Initial** ☐ **Revision** ☐

INSTRUCTIONS FOR PROJECT BENEFICIARY FORM

Objective: The Project Beneficiary Form reports information for actual beneficiaries for Disaster Recovery CDBG Projects that have been completed.

ITEM NUMBER	
1.	Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2.	Enter the CEA number for the Disaster Recovery CDBG project.
3.	Enter Project ID assigned by OCD/DRU.
4.	Enter the Project Name for the project that is being closed out
5-27.	*Note: The left column, (Items 5-27) is used to report on non-housing activities. (The right column, rows 28-49 will be used for Housing projects) For non-housing examples:* • *Use the left column only to report on a public facilities sewer project with no utility line connection work on private property.* • *Use both the left and right column to report on a public facilities sewer project with utility line connection work on private property if paid for with DR CDBG funds.* • *Use the left column for Economic Development projects*
5.	Enter the LMI percentage (may be transferred from the original application if no changes have been made). If there were changes then this formula may be used (rows 6+7+8) divided by row 10 equals the LMI percentage. Round the LMI percentage to two decimal places. Example: 63.94%
6-8.	Enter the number of LMI persons benefiting according to their income level as determined by HUD.
9.	Enter the number of Non-LMI persons benefiting.
10.	Enter the total number of all income levels (Rows 6-9)
11-21.	Enter beneficiary data by racial groups. The definitions of each racial group remain the same as defined in the original application package. Note that "Hispanic" is not considered a race, but rather as an "ethnicity". Of each racial group having beneficiaries, enter the number of persons of that racial group who also consider themselves as being of Hispanic ethnicity. The number entered for "Hispanic" will be a subset of the "Total" for each racial group.
22.	Total: Enter the sum of all racial group totals in the "Total" box. This must equal the number of persons listed in item 10, Total –All Income Levels. If these do not agree, then there is an error that must be corrected. Hispanic: Enter the sum of all persons of Hispanic ethnicity in the "Hispanic" box.
23-27.	Enter data for the indicated beneficiary categories. An elderly-occupied household, row 26, means a household that has at least one elderly person, of age 62 and up, who lives in the household – regardless of whether any elderly person is the head of the household.
28-49.	*Note: The right column, (Items 28-49) is used to report on housing and any other rehabilitation loan or grant projects. Enter "N/A" in the first cell for these type of projects.* The income levels listed in rows 6-10 will also be applied to rows 28-32 respectively. The "Racial Groups" listed in rows 11-22 will also be applied to rows 33-44, respectively. Additionally, beneficiary data for the right column must also include the reporting of categories based on number of households and owner/renter status with such data to be entered according to the manner in which the column headings are labeled.
45.	Enter only disabled persons. The box for disabled households is grayed out, so leave these fields blank.
46.	Enter the number of disabled heads of household without regard to owner/renter status.
47.	Enter female headed households by owner/renter status without regard to owner/renter status.
48.	Enter elderly-occupied households without regard to owner/renter status.
49.	Enter total households without regard to owner/renter status. Make sure that total Households, as entered on row 49 agrees with total "Racial" household information from the "Total" in row 44 and with total "income" household information from the row 27. If the figures do not agree then there is an error that must be corrected.
50.	Enter the data source(s) (e.g. Census report for a specific year) and any additional information describing how the beneficiaries were determined.
51.	Enter the date the form was submitted, and indicate whether or not this form is the original submission or has been revised.

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****** Economic Development Only ******

LOUISIANA DISASTER RECOVERY
COMMUNITY DEVELOPMENT BLOCK GRANT
FINAL BENEFICIARY REPORT- JOB CREATION

1. Grantee ☐ Subrecipient ☐ Private Business ☐ Nonprofit Business ☐	**2. CEA:**
3. Project Name:	**4. Project ID:**

5. Indicate in the table below, the number of jobs created as a result of CDBG assistance (Attach separate sheet if necessary)

Position	Total Number of LMI Jobs Created		Total Number of Non-LMI Jobs Created		Total Number of Jobs Created	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
k.						
l.						
m.						
n.						
o.						
p. **Total**						

6. Employment by Race and Ethnicity (Complete Table Below for Positions Reflected in #5.)

	Total Number	Number of Hispanic Origin
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
k. Undisclosed		
l. Total		

7. If employment levels are less than initially proposed, explain reductions or indicate when proposed staffing goals will be met.

8. Date: **Initial ☐ Revision ☐**

9. Report Prepared By:	**10. Telephone Number:**

INSTRUCTIONS FOR FINAL BENEFICIARY REPORT- JOB CREATION

This form is intended for economic development projects that resulted in job creation. If this form is not applicable to activities associated with this project, please enter "N/A" in the first cell of items 5-7.

ITEM NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.

2. Enter the CEA number for the Disaster Recovery CDBG project.

3. Enter the Project Name for the project that is being closed out.

4. Enter the Project ID assigned by OCD/DRU.

5. **a-o**: Enter the Position name, number of LMI jobs created (full-time & part-time), number of Non-LMI jobs Created, and total number of jobs created (full-time & part-time) for each position.
   p: Enter the sum of jobs created (rows a-o).

6. **a-k**: Based on the positions created (6a-, enter the total number of employees and the total number of Hispanic origin by racial group.
   l: Enter the sum of all racial group totals and the sum of all racial groups and the total of all racial groups that are of Hispanic origin.

7. If **employment** levels are less than initially proposed, explain the reductions or indicate when proposed staffing goals will be met.

8. Enter the date of submission and indicate whether or not this form is the original submission or has been revised.

9. Enter the name of the person who prepared the report.

10. Enter the telephone number of the person who prepared the report.

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****** Economic Development Only ******

LOUISIANA DISASTER RECOVERY
COMMUNITY DEVELOPMENT BLOCK GRANT
FINAL BENEFICIARY REPORT- JOB RETENTION

1. Grantee ☐ Subrecipient ☐ Private Business ☐ Nonprofit Business ☐	**2. CEA:**
3. Project Name:	**4. Project ID:**

5. Indicate in the table below, the number of jobs created as a result of CDBG assistance (Attach separate sheet if necessary)

Position	Total Number of LMI Jobs Retained at Time of Close-out		Total Number of Non-LMI Jobs Retained		Total Number of Jobs Retained at Time of Close-out	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
k.						
l.						
m.						
n.						
o.						
p. **Total**						

6. Employment by Race and Ethnicity (Complete Table Below for Positions Reflected in #5.)

	Total Number	Number of Hispanic Origin
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
l. Undisclosed		
l. Total		

7. If employment levels are less than initially proposed, explain reductions or indicate when proposed staffing goals will be met.

8. Date: **Initial ☐ Revision ☐**	
9. Report Prepared By:	**10. Telephone Number:**

INSTRUCTIONS FOR FINAL BENEFICIARY REPORT- JOB RETENTION

This form is intended for economic development projects that resulted in job retention. If this form is not applicable to activities associated with this project, please enter "N/A" in the first call of items 5-7.

ITEM
NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.

2. Enter the CEA number for the Disaster Recovery CDBG project.

3. Enter the Project Name for the project that is being closed out.

4. Enter the Project ID assigned by OCD/DRU.

5. a-o: Enter the Position name, number of LMI jobs retained (full-time & part-time), number of Non-LMI jobs retained, and total number of jobs retained (full-time & part-time) for each position.
   p: Enter the sum of jobs created (rows a-o).

6. a-k: Based on the positions retained (6a-, enter the total number of employees and the total number of Hispanic origin by racial group.

   l: Enter the sum of all racial group totals and the sum of all racial groups and the total of all racial groups that are of Hispanic origin.

7. If employment levels are less than initially proposed, explain the reductions or indicate when proposed staffing goals will be met.

8. Enter the date of submission and indicate whether or not this form is the original submission or has been revised.

9. Enter the name of the person who prepared the report.

10. Enter the telephone number of the person who prepared the report.

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*** *Only Use For:* ☐ **Housing and** ☐ **Relocation** ***

LOUISIANA DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT FINAL APPLICANT/BENEFICIARY DATA FORM			
1	**Grantee** ☐ **Subrecipient** ☐	**2 CEA:**	
3	**Project Name:**	**4 Project ID:**	
Persons in Applicant Households			
5	All Income Levels	#	
6	Moderate, Low, & Extremely Low Income Levels	#	
		%	
7-A	Moderate Income Level (51-80%)	#	
		%	
		Own	
		Rent	
7-B	Low Income Level (31-50%)	#	
		%	
		Own	
		Rent	
7-C	Extremely Low Income Level (0-30%)	#	
		%	
		Own	
		Rent	

Items 8 & 9 will be based on all persons in Applicant Households regardless of income level				
8-A	American Indian or Alaskan Native	Total	#	
		Hispanic	#	
8-B	Asian	Total	#	
		Hispanic	#	
8-C	Black or African American	Total	#	
		Hispanic	#	
8-D	Native Hawaiian or Other Pacific Islander	Total	#	
		Hispanic	#	
8-E	White	Total	#	
		Hispanic	#	
8-F	American Indian and White	Total	#	
		Hispanic	#	
8-G	Asian and White	Total	#	
		Hispanic	#	
8-H	Black and White	Total	#	
		Hispanic	#	
8-I	American Indian and Black	Total	#	
		Hispanic	#	
8-J	Other Multi-Racial	Total	#	
		Hispanic	#	
8-K	Undisclosed	Total	#	
		Hispanic	#	
9-A	Disabled Persons		#	
9-B	Disabled Households		#	
9-C	Female-headed Households		#	
9-D	Total Households		#	

10 Source for determining applicant data:	**11** Date: **Initial** ☐ **Revision** ☐

INSTRUCTIONS FOR APPLICANT BENEFICIARY DATA FORM

This form is intended for housing and relocation projects. If this form is not applicable to activities associated with this project, please enter "N/A" in the first cell of items 5-10.

In accordance with the federal regulations governing the Community Development Block Grant Program, the Applicant Data Form must be completed by all CDBG Disaster Recovery recipients who utilized the funds for a housing program or for a public facilities program which included the activity of rehabilitation loans and grants. The information reported on this form must include the data for all persons applying for financial assistance for housing rehabilitation or replacement housing and all persons applying for financial assistance for the installation and/or repair of water and/or sewer service lines on private property. The numbers on this form will include all persons applying for financial assistance, including those who received the assistance and those who did not receive the assistance. Often, the number of persons applying for assistance will exceed the number of beneficiaries since all who apply do not necessarily receive the assistance.

Any time an activity is included on this form, the same activity must also be listed on the Program Beneficiary Form. Whereas the Applicant Data form identifies all applicants, the Program Beneficiary Form identifies only those applicants who received assistance (beneficiaries).

ITEM NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.

2. Enter the CEA number for the Disaster Recovery CDBG project.

3. Enter the Project Name for the project that is being closed out. The only activities applicable to this form are housing rehabilitation loans and grants, public facilities rehabilitation loans and grants (hook-ups), and relocation payments and assistance. If your program did not have monies budgeted for any of these activities, do not complete this form.

4. Enter the Project ID assigned by OCD/DRU

Persons in Applicant Households:

5. All Income Levels: For the activity shown in row 3, provide the total number of persons in applicant households for "All Income Levels". "All Income Levels" includes the following four income levels: High, Moderate, Low, and Extremely Low. This means that all persons in the households applying for assistance, regardless of income level, must be shown.

6. Moderate, Low, and Extremely Low Income: Enter the total number and percent of moderate, low, and extremely low income persons in the applicant households.

7. Enter the number and percent of persons in applicant households according to the following income level components: 7A – Moderate, 7B – Low, and 7C – Extremely Low. This data can be obtained from the applications for assistance which were completed by the applicants. The numbers in these three categories, when combined,

ITEM NUMBER

should equal the number on row 5.

For housing rehabilitation, relocation, and public facilities rehabilitation activities which take place on private property, the number of owners and renters must also be identified by each income category.

8. Racial/Ethnic Origin: Item 8 pertains to all persons in applicant households regardless of income level. Enter the number of persons in the applicant households by their racial origin (7-A-7-K); then enter the number of persons in that racial origin that are of Hispanic or Latino ethnicity. All persons who applied for assistance will be included whether they received assistance or not. The total number of persons listed in rows 8-A through 8-J by racial/ethnic characteristics should equal the number of persons listed in row 4.

9. Household Characteristics: Item 9 pertains to all households/persons who applied for assistance regardless of income level.
    a. In 9-A, enter the number of disabled persons who reside in households which applied for assistance.
    b. In 9-B, enter the number of applicant households which were headed by disabled persons.
    c. In 9-C, enter the number of applicant households which were headed by disabled females.
    d. In 9-D, enter the total number of applicant households.

10. Source for determining applicant data: State the source/methodology used for determining the applicant data.

    Definitions: *Refer to the back of the "Project Beneficiary Form" for definitions on race, ethnicity, disabled and the elderly.*

11. Enter the date, and indicate whether or not this form is the original submission or has been revised.

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DISASTER RECOVERY CDBG CIVIL RIGHTS COMPLIANCE REPORT DISPLACEMENT OF LOW AND MODERATE INCOME HOUSEHOLDS		
1. Grantee ☐ Subrecipient ☐	**2. CEA:**	**3. Date: Initial ☐Revision☐**
4. Project Name:	**5. Project ID:**	
6. Attach Narrative Description of Actions Taken to Mitigate Adverse Effects.		
7. Community or Project Area (indicate if activity is parish-wide or is in a designated target area. If a target area, indicate location)		

8. Low and Moderate Income Households Displaced During the Program

Racial Category	Total	Hispanic Origin
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
k.Undisclosed		
Total		

9. Low and Moderate Income Households Relocating Out of the Community/Project Area During the Completed Program

Racial Category	Total	Hispanic Origin
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
k.Undisclosed		
Total		

10. Low and Moderate Income Households Remaining in the Community/Project Area During the Completed Program

Racial Category	All	Hispanic Origin
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial (20)		
k.Undisclosed		
Total		

INSTRUCTIONS FOR COMPLETING CIVIL RIGHTS COMPLIANCE REPORT (DISPLACEMENT OF LOW AND MODERATE INCOME HOUSEHOLDS)

This form is intended for projects that involve displacement of low and moderate income households. If this form is not applicable to activities associated with this project, please enter "N/A" in the first cell of items 6-10.

ITEM NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. CEA: Enter the CEA number for the Disaster Recovery CDBG project.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. Project Name: Enter the Project Description for the project that is being closed out.
5. Project ID: Enter the project id assigned by OCD/DRU.
6. Narrative: Describe actions to assist displaced persons to remain in neighborhood when they prefer, and to mitigate adverse effects resulting from displacement.
7. Community or Project Area: Indicate if activity is city-wide or is in a designated target area. If in a target area, indicate location.
8. Low and Moderate Income Households Displaced: Enter amount for each category (a-k) in the Total Number column. Enter the sum of all categories on the Total row of the Total column. Enter amount for each category (a-k) with Hispanic origin in total Hispanic column. Enter the sum of all categories in the Total row. Enter the sum of all categories with Hispanic origin on the Total row of the Hispanic column.
9. Low and Moderate Income Households Relocated: Enter the number of displaced households relocating out of the community or project area for each category (a-k) in Total Number column. Enter the sum of all categories on the Total row of the Total Number column. Enter the amount for each category (a-k) with Hispanic origin in total Hispanic column. Enter the sum of all categories with Hispanic origin on the Total row of the Hispanic column.
10. Low and Moderate Income Households Remaining: Enter the number of displaced households remaining in the community or project area for each category (a-k) in the Total Number column. Enter the sum of all categories on the Total row of the Total Number Column. Enter the amount for each category (a-k) with Hispanic origin in total Hispanic column. Enter the sum of all categories with Hispanic origin on the Total row of the Hispanic column.

13-1e

DISASTER REOCVERY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
MISCELLANEOUS INFORMATION FORM

1. Grantee ☐ **Subrecipient** ☐	**2. CEA:**	**3. Date: Initial** ☐ **Revision** ☐

4. Project Name:	**5. Project ID:**

6. Did you receive any program income during the course of this grant? (See the instructions on the back of this form.)	Yes ☐ No ☐
7. If yes, Enter the sum of program income and interest received during this program: Program Income: $ Interest: $	

8. For all program income received, list separately the source and original Disaster Recovery CDBG allocation which generated the program income and the amount received.

SOURCE	ORIGINAL ALLOCATION DATE	AMOUNT	Retained by Grantee/Subrecipient Yes ☐ No ☐
			Returned to State Yes ☐ No ☐

9. Was any property or equipment (property having a useful life of more than one year) purchased with Disaster Recovery CDBG funds?	Yes ☐ No ☐
If yes, provide a description and dollar amount paid for such purchases in Exhibit 13-1i.	

Disposition of property acquired with federal funds must be in compliance with OMB Circular A-87. You will be notified of the proper procedures for disposition of the property described above.

10. If motor vehicles were purchased, a copy of the title for each vehicle must be submitted with the close-out documents

11. Was any land acquired/donated in order to complete the project? Yes ☐ No ☐

If yes, identify the number of parcels donated: ____ and acquired____.
(number) (number)

12. Has or will the local governing body transfer ownership of the system/asset to another entity? Yes ☐ No ☐

If yes, a copy of the executed intergovernmental cooperative agreement must be attached to the closeout documents.

13. If your project involved construction which was subject to Davis Bacon and Related Acts, a Final Wage Compliance Report must be submitted.

INSTRUCTIONS FOR THE MISCELLANEOUS INFORMATION FORM

ITEM
NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. CEA: Enter the CEA number for the Disaster Recovery CDBG project.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. Project Name: Enter the Project Description for the project that is being closed out.
5. Project ID: Enter the project id assigned by OCD/DRU.
6. Program Income: Check the appropriate box, Yes or No, to indicate if any program income was received during this project. The program income, however, may have been received as a result of another allocation.

   Note: The CDBG program requires that Economic Development loan repayments be submitted to the OCD/DRU as program income. The rules governing Program Income requirements are explained in Section IV (J) of the Financial Management Manual. There are some situations which may arise whereby the OCD/DRU will allow a unit of local government to keep program income; this does not include ED loan repayments. If you have received our permission to earn and retain program income, the following information is needed.

7. Enter the total amount of program income and interest received during the life of the project being closed out, if applicable.
8. Identify the source, original allocation date and dollar amount of all program income received. If applicable, distinguish between principal and interest. Also, indicate whether the program income is on hand or has been returned to the State by checking the appropriate Yes/No boxes.
9. Check the appropriate box, Yes or No, to indicate if any property or equipment was purchased with Disaster Recovery CDBG funds and, if applicable, provide a description and cost.

Capital Asset	Useful Life
Movable Property (not including computer software) Examples: • Office furniture and Fixtures • Computers and peripheral equipment • Office machinery and equipment (not computers)	Varies – see http://www.doa.la.gov/osrap/library/memos/09/OSRAP0934.pdf
Computer Software Purchased or Developed for Internal Use	3 years
Buildings & Improvements	40 Years
Leasehold Improvements	< of 20 or 40 years or lease term
Land and Non-depreciable Land Improvements	No useful life assigned for inexhaustible assets
Depreciable Land Improvements	20 Years
Infrastructure	40 Years (preliminary)
Historical Treasures & Works of Art	No useful life – inexhaustible

10. If a motor vehicle was purchased with Disaster Recovery CDBG funds, a copy of the title for each vehicle must be submitted.

11. If any land was acquired or donated in order to complete the project, please identify the number of parcels acquired and/or donated.

12. For all projects which involve the transfer of ownership of the system or asset purchased, improved, or constructed with Disaster Recovery CDBG funds, a copy of the executed intergovernmental cooperative agreement must be attached to the closeout documents.

13. Attach a Final Wage Compliance Report for those projects which were subject to Davis Bacon and Related Acts.

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13-1f

SECTION 3 SUMMARY REPORT
Economic Opportunities for
Low – and Very Low-Income Persons

U.S. Department of Housing
and Urban Development
Office of Fair Housing
And Equal Opportunity

OMB Approval
No: 2529-0043
(exp. 11/30/2010)

HUD Field Office:

Section back of page for Public Reporting Burden statement

1. Recipient Name & Address: (street, city, state, zip)	2. Federal Identification: (grant no.)	3. Total Amount of Award:
	4. Contact Person	5. Phone: (Include area code)
	6. Length of Grant:	7. Reporting Period:
8. Date Report Submitted:	9. *Program Code: (Use separate sheet for each program code)	10. Program Name:

Part I: Employment and Training

(** Columns B, C and F are mandatory fields. Include New Hires in E &F)

A Job Category	B Number of New Hires	C Number of New Hires that are Sec. 3 Residents	D % of Aggregate Number of Staff Hours of New Hires that are Sec. 3 Residents	E % of Total Staff Hours for Section 3 Employees and Trainees	F Number of Section 3Trainees
Professionals					
Technicians					
Office and Clerical					
Officials and Managers					
Sales					
Craft Workers (skilled)					
Operatives (semi-skilled)					
Laborers (unskilled)					
Service Workers					
Other (List)					
Total					

* **Program Codes:**
1 = Flexible Subsidy
2 = Section 202/811
3A = Public/Indian Housing Development
3B=Public/Indian Housing Operation
3C=Public Indian Housing C = Modernization
4 = Homeless Assistance
5 = HOME Assistance
6 = HOME State Administered
7 = CDBG Entitlement
8 = CDBG State Administered
9 = Other CD Programs
10 = Other Housing Programs

form HUD 60002 (11/2010)
Ref 24 CFR 135

Part II: Contracts Awarded

1. Construction Contracts:

A. Total dollar amount of all contracts awarded on the project	$	
B. Total dollar amount of contracts awarded to Section 3 businesses	$	
C. Percentage of the total dollar amount that was awarded to Section 3 businesses		%
D. Total number of Section 3 businesses receiving contracts		

2. Non-Construction Contracts:

A. Total dollar amount all non-construction contracts awarded on the project/activity	$	
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses	$	
C. Percentage of the total dollar amount that was awarded to Section 3 businesses		%
D. Total number of Section 3 businesses receiving non-construction contracts		

Part III: Summary

Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low-and very low-income persons, particularly those who are recipients of government assistance for housing. (Check all that apply.)

_____ Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contracts with the community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or similar methods.

_____ Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.

_____ Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.

_____ Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.

_____ Other; describe below.

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB number.

Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u, mandates that the Department ensures that employment and other economic opportunities generated by its housing and community development assistance programs are directed toward low- and very-low income persons, particularly those who are recipients of government assistance housing. The regulations are found at 24 CFR Part 135. The information will be used by the Department to monitor program recipients' compliance with Section 3, to assess the results of the Department's efforts to meet the statutory objectives of Section 3, to prepare reports to Congress, and by recipients as self-monitoring tool. The data is entered into a database and will be analyzed and distributed. The collection of information involves recipients receiving Federal financial assistance for housing and community development programs covered by Section 3. The information will be collected annually to assist HUD in meeting its reporting requirements under Section 808(e)(6) of the Fair Housing Act and Section 916 of the HCDA of 1992. An assurance of confidentiality is not applicable to this form. The Privacy Act of 1974 and OMB Circular A-108 are not applicable. The reporting requirements do not contain sensitive questions. Data is cumulative; personal identifying information is not included.

INSTRUCTIONS FOR COMPLETING SECTION 3 SUMMARY REPORT

1. Recipient: Enter the name and address of the Grantee or Subrecipient submitting this report.

2. Federal Identification (grant no.): Enter the number that appears on the CEA with the OCD/DRU.

3. Total Amount of Project: Enter the total Disaster Recovery CDBG funds received for this project, rounded to the nearest dollar. (This may not necessarily be the original amount identified in the CEA).

4.&5. Contact Person/Phone: Enter the name and telephone number of the person with knowledge of the CEA and the recipient's implementation of Section 3.

6. Length of Project: Indicate the time period for the project.

7. Reporting Period: Indicate the time period that this report covers (months and years, such as 8/04-7/07).

8. Date Report Submitted: Enter the appropriate date.

9. Program Code: Enter number 8.

10. Program Name: Enter DR CDBG State Administered.

Part I: Employment and Training Opportunities

Column A: Contains various job categories. Professionals are defined as people who have special knowledge of an occupation (i.e., architects, engineers, administrative consultant, attorneys, appraisers, and accountants). Include any City/Parish persons hired by the grantee/recipient/subrecipient to work on project. For construction positions, list each trade and provide data in columns B through F for each trade where persons were employed. The category "Other" includes occupations such as service workers and supervisors.

Column B: Enter the number of new hires for each category of workers identified in Column A in connection with this project. New Hire refers to a person who is not on the contractor's or recipient's payroll for employment at the time of selection for the Section 3 covered project or at the time of receipt of Section 3 covered assistance.

Column C: Enter the number of Section 3 new hires for each category of workers identified in Column A in connection with this project Section 3 new hire refers to a Section 3 resident who is not on the contractor's or recipient's payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

Column D: Enter the percentage of all the staff hours of new hires (Section 3 residents) in connection with this project. New Hires include full-time positions (permanent, temporary and seasonal).

Column E: Enter the percentage of the total staff hours worked for Section 3 employees and trainees (including new hires) connected with this project Include staff hours for part-time and full-time positions.

Column F: Enter the number of Section 3 residents that were employed and trained (including new hires) in connection with this project.

Part II: Contract Opportunities

Block 1: Construction Contracts

Item A: Enter the total dollar amount of all construction contracts awarded on the project. **(Disaster Recovery CDBG dollars only)**

Item B: Enter the total dollar amount of construction contracts connected with this project awarded to Section 3 businesses. **(Disaster Recovery CDBG dollars only)**

Item C: Enter the percentage of the total dollar amount of construction contracts connected with this project awarded to Section 3 businesses.

Item D: Enter the number of Section 3 businesses receiving construction contracts.

Block 2: Non-Construction Contracts

Item A: Enter the total dollar amount of all non-construction contracts awarded on the project. (This will be professional service contracts such as those with architects, engineers, administrative consultant, attorneys, appraisers, and accountants). **(Disaster Recovery CDBG dollars only)**

Item B: Enter the total dollar amount of non-construction contracts connected with this project awarded to Section 3 businesses. **(Disaster Recovery CDBG dollars only)**

Item C: Enter the percentage of the total dollar amount of non-construction contracts connected with this project awarded to Section 3 businesses.

Item D: Enter the number of Section 3 businesses receiving non-construction contracts.

Part III: Summary of Efforts - Self-explanatory.

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
CERTIFICATE OF COMPLETION FINAL STATEMENT OF COST

1. Grantee ☐ Subrecipient ☐	**2. Date: Initial ☐ Revision ☐**	**3. CEA**
4. Project Name:	**5. Project ID:**	
6. Project Activity Categories	**7. Total CDBG Costs Paid**	**8. OCD/DRU Use Only**
A. Acquisition of Real Property	$	
B. Public Works, Facilities, Site Imp.		
1. Transportation		
2. Water and Sewage		
3. Health and Hospitals		
4. Police and Sheriff		
5. Fire and EMS		
6. Education		
7. Other Public Buildings		
8. Hurricane Protection and Coastal Res.		
9. Drainage		
10. Fisheries		
11. Parks, Recreation, Landscaping and Other		
12. Utilities		
13. Community Resiliency/Planning		
14. Public Services Program		
15. Other		
C. Housing and Community Development		
1. Homeowner Rehabilitation		
2. Homeownership Financing		
3. Homeowner Compensation/Incentive		
4. Housing Relocation Program		
5. Rental Rehabilitation/New Construction		
6. Homelessness Prevention		
7. Neighborhood Redevelopment		
8. Other		
D. Code Enforcement		
E. Clearance, Demolition		
F. Rehabilitation Loans and Grants		
1. Housing		
2. Public Facilities		
3. Other		
G. Provision of Public Services		
H. Relocation Payments and Assistance		
I. Economic Development		
1. Grant		
2. Loan		
3. Workforce		
4. Other		
J. Administration (TOTAL)		
K. Project Delivery		
L. Other Funding		
M. TOTAL CDBG PROJECT COST		
N. Program Income Applied to Project Cost		

9. COMPUTATION OF CDBG PROJECT FUNDS BALANCE

Description <*Reference items from previous page*>	Grantee/Recipient/Subrecipient	OCD/DRU Use Only
	(a) Amount	(b). Approved Amount
A. Total CDBG Project Costs <*6M* >	$	$
B. Unsettled Third Party Claims	$	$
C. Subtotal <*A + B*>	$	$
D. Current Approved Project Budget (including amendments)	$	$
E. Unutilized Funds <*D – C*>	$	$
F. Funds Received	$	$
G. Balance of Funds Payable <*C – F*>	$	$

Note: If there are any unutilized funds (E from table above), complete a Request for Project Amendment (Ex.2-1) to reallocate funds.

10. List any unpaid costs and unsettled third-party claims against the Disaster Recovery CDBG Project. Describe circumstances and dollar amounts involved.

☐ Check if continued on additional sheet and attach

CERTIFICATION OF RECIPIENT	
It is hereby certified that all activities undertaken by the grantee/recipient/subrecipient with funds provided in the approved project application identified hereof, have, to the best of my knowledge, been carried out in accordance with the project application; that proper provision has been made by the recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof; that the State of Louisiana is under no obligation to make any further payment to the recipient under the contract in excess of the amount identified in line 9.D. hereof, and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.	
11. Typed Name and Title of Responsible Official:	
12. Signature of Responsible Official:	13. Date:

INSTRUCTIONS FOR THE CERTIFICATE OF COMPLETION FINAL STATEMENT OF COST FORM

Item Number

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. Enter the date, and indicate whether or not this form is the original submission or has been revised.
3. Enter the CEA number for the Disaster Recovery CDBG project.
4. Enter the Project Name for the project that is being closed out.
5. Enter the Project ID assigned by OCD/DRU.
6. Column 6 identifies Project Activity Categories to be reported.
7. Complete as follows:
   - A-I: List the costs paid as of the date of the report for all project activity categories shown. **Identify CDBG funds only**.
   - J Enter the total amount for all project Administrative costs
   - K Enter the total Amount for Project Delivery costs
   - L Enter the total amount for Other project funding
   - M: Enter the total of all CDBG project costs (A-J).
   - N: Enter program income received that was applied to the project cost.
8. Leave column 8 blank for OCD/DRU review notes.
9. (a) Complete as follows:
   - A. Total CDBG Project Cost: Enter amount shown on line 6.M.
   - B. Unsettled Third Party Claims: Enter estimated amount of any unsettled third-party claims; do <u>not</u> enter unpaid costs on this line.
   - C. Subtotal: Add 9.A. and 9.B. and enter the total.
   - D. Current Approved Project Budget: Enter total project budget amount, per CEA (Including any amendments).
   - E. Unutilized Funds: Subtract 9.C. from 9.D. and enter difference.
   - F. Funds Received: Enter Disaster Recovery funds actually received.
   - G. Balance of Funds Payable: Subtract 9.F. from 9.C. and enter amount (if 9.F. exceeds 9.C. enter amount of the excess in 9.G. as a negative amount; this amount must be repaid to the OCD/DRU by check made payable to the Division of Administration).

   (b) Leave column 9 (b) blank for OCD/DRU use.
10. List any unpaid costs and unsettled third-party claims against the Disaster Recovery Disaster Recovery CDBG Project. Describe circumstances and dollar amounts involved.
11. Type in the name and title of the chief elected official.
12. Have the Mayor/President sign in the space provided.
13. Enter date the signed in the space provided.

13-1h

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FINAL WAGE COMPLIANCE REPORT		
1. **Grantee** ☐ **Subrecipient** ☐	2. **CEA #**	3. **Date**: **Initial** ☐ **Revision** ☐
4. **Project ID**:		
5. **Report Prepared By**:		
6. Was there any wage underpayment(s)? Yes ☐ No ☐		
7. Listing of any contractors associated with underpayment(s):		
Prime contractor (**above**) Sub(s) to this prime (below)	*Prime contractor* (**above**) Sub(s) to this prime (below)	*Prime contractor* (**above**) Sub(s) to this prime (below)
8. Are any labor issues unresolved? Yes ☐ No ☐ If yes, explain on line below:		
9. Provide enforcement activity information for each contractor who had underpayment(s) using the format provided in 10-15.		

10. Contractor (prime or sub)	**11. Type of work**	**12. # of workers underpaid**	**13. Restitution under Davis-Bacon**	**14. Restitution under CWHSSA**	**15. Liquidated Damages collected**

INSTRUCTIONS FOR THE FINAL WAGE COMPLIANCE REPORT

Item # and Description	Instructions
1-4. Name, CEA, Date, ID	Mark the appropriate checkbox that applies (Grantee or Subrecipient) and enter the name of the Grantee or Subrecipient; the CEA #; enter the date and indicate whether or not this form is the original submission or has been revised, and the Project ID.
5. Prepared by	Usually the name of the grantee's Labor Compliance Officer (LCO).
6. Wage underpayment(s)?	Answer "Yes" or "No" based on the duration of the project from start to finish.
7. Listing of contractors	If the underpayment was to an employee of the prime contractor then list the prime contractor on the "above" line. If the underpayment was to an employee of a subcontractor(s), list both the name of the prime contractor on the "above" line and the name of the subcontractor(s) on the "below" line. If there were no underpayments enter "N/A" in the first cell.
8. Issues unresolved?	Possible issues: An employee due restitution has not yet been located. An ongoing dispute may be in litigation. Some issues must be resolved prior to grant closeout while others can be resolved after closeout. If there is an unresolved issue, provide enough information for the Office of Community Development to understand the situation. Attach a supplementary page if necessary.
9. Enforcement activity	Include enforcement activity from the start to finish of the project. Some activity may have been previously reported in a Labor Standards Enforcement Report but that does not matter—it must be reported again along with any previously unreported activity.
10. Contractor	List the name of any contractor who underpaid the employee(s) regardless of their status as prime or sub. If there were no underpayment(s) then enter "N/A" in the first cell.
11. Type of work	Use one or two words to describe the work that most accurately describes what was constructed by the contractor. Examples: water lines, fire station, sewer lines, sewer plant, fence, elevated tank, water well, painting, street reconstruction, etc.
12. Number of workers Underpaid	Number of workers, per contractor, for whom wage restitution was disbursed or at least collected and put in escrow (in the event the worker could not be located).
13. Restitution, Davis-Bacon	Total amount of Davis-Bacon restitution per contractor.
14. Restitution, Contract Work Hours and Safety Standards Act (CWHSSA)	Total amount of CWHSSA overtime restitution per contractor.
15. Liquidated Damages	Total amount of liquidated damages per contractor collected for CWHSSA overtime violations.

13-1i

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
CDBG EQUIPMENT INVENTORY
REPORT DATE: ____ Initial ☐ Revision ☐

1. Grantee ☐ Subrecipient ☐	2. CEA:	3. Project Name:	4. Project ID:

Identification	Property Description	Funding Source (Grant #)	Title Holder	Acquisition Date and Cost	Federal Share of Cost	Location of Property	Use of Property	Condition of Property	Disposition Date

Date of Inventory:		Inventory Taken By:	

INSTRUCTIONS FOR CDBG EQUIPMENT INVENTORY

Enter the Report date, and indicate whether or not this form is the original submission or has been revised.
Note: Grantee Inventory Reports may be substituted if they contain the same information as 13-1i

ITEM
NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. Enter the CEA number for the Disaster Recovery CDBG project that is being closed out.
3. Enter the Project Description for the project that is being closed out.
4. Enter the Project ID assigned by OCD/DRU for the project that is being closed out.
5. Enter the Date of Inventory
6. Enter the name of the individual(s) taking inventory

Items 7-16: Enter information on a separate line for each piece of equipment purchased with CDBG Disaster Recovery funds.

7. Enter the identification number of the property or equipment (i.e. serial number, model number, and manufacturer).
8. Enter the description of the property or equipment.
9. Enter the funding source/grant number.
10. Enter the title holder if applicable.
11. Enter the date property or equipment was purchased and the total cost of the purchase.
12. Enter the Federal share of costs of the property or equipment.
13. Enter the location where the property or equipment is stored or utilized.
14. Enter the intended use of the property or equipment.
15. Enter the condition of the property or equipment (e.g. excellent, good, fair, poor).
16. Enter the date the property or equipment was disposed of to another party or entity.

13-1j

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM PROJECT SOURCE OF FUNDS	
1. Grantee ☐ Subrecipient ☐	2. CEA Number:
3. Project Name:	4. Project ID:
5. Report Prepared By:	6. Phone Number:
	7. Email Address:

Project Funds	Amount		Source and Status of Funds	
CDBG	8.	$	9.	
Local Funds	10.	$	11.	
Private Funds	12.	$	13.	
Other State Funds	14.	$	15.	
Federal Funds	16.	$	17.	
Other Funds	18.	$	19.	
Total Project Funds	20.	$		N/A

INSTRUCTIONS FOR TOTAL PROJECT SOURCE OF FUNDS

ITEM NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. Enter the CEA number for the Disaster Recovery CDBG project that is being closed out.
3. Enter the Project Name for the project that is being closed out.
4. Enter the Project ID assigned by OCD/DRU for the project that is being closed out.
5. Enter the name of the person preparing the Final Performance Report and close-out documents.
6. Enter the phone number of the person preparing the Final Performance Report and close-out documents.
7. Enter the email address of the person preparing the Final Performance Report and close-out documents.
8. Enter the dollar amount for the total CDBG funds utilized on this project.
9. Enter the Source and Status of CDBG funds
10. Enter the dollar amount for the total Local funds utilized on this project.
11. Enter the Source and Status of the Local funds.
12. Enter the dollar amount for the total Private funds utilized on this project.
13. Enter the Source and Status of the Private funds.
14. Enter the dollar amount for any Other State funds utilized on this project.
15. Enter the Source and Status of the Other State funds.
16. Enter the dollar amount for any non-CDBG Federal funds utilized on this project.
17. Enter the Source and Status of the non-CDBG Federal funds.
18. Enter the dollar amount for any Other funds utilized on this project.
19. Enter the Source and Status of the Other funds.
20. Add the amounts in 8-18 and enter the Total of all Funds utilized on this project.

SAMPLE AUDIT REPORT EXCERPTS

Honorable Mayor
City of Good Hope

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR 133

We have audited the compliance of the City with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2008. The City's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the City's management. Our responsibility is to express an opinion on the City's compliance based on our audit.

As described in item 200X-03 in the accompanying schedule of findings and questioned costs, the City did not comply with the requirements regarding documentation of related expenses.

Section – Federal Awards Findings and Questioned Costs

Finding 200X-3

Statement of Condition. During our review of required documentation supporting requested reimbursements we noted the following two items lacked sufficient documentation:

1. An expenditure of $145.92 to Xerox is unsupported by documentation indicating it was an Disaster Recovery CDBG expense as opposed to a general City administrative cost.

2. The $4,700.00 expended for the salary of Ellen Smith, City Clerk, is unsupported by payroll records documenting the hours spent on Disaster Recovery CDBG activities as opposed to general City administration.

Criteria. The 2008 CDBG Grantee Handbook states:

1. Office equipment may be purchased or leased with Disaster Recovery CDBG funds when it is needed to carry out the Disaster Recovery CDBG Program. … any Disaster Recovery CDBG funds expended to lease or purchase equipment will result in disallowed costs unless the grantee can establish - and has fully documented in the grant files - that the expenditure(s) was reasonable, necessary, and allowable to the grant, and was not a general expense required to carry out the overall responsibilities of local government as required by OMB Circular A-87 Cost Principles for State and Local Governments.

2. All employees paid in whole or in part from Disaster Recovery CDBG funds should prepare a timesheet indicating the hours worked and detailed duties performed on Disaster Recovery CDBG projects for each pay period.

13-2

Effect of Condition:	Potential misuse of federal funds.
Cause of condition:	Not following standard booking procedures and recording keeping.
Recommendation:	Accounting department should conduct a review of procedures.
Questioned Costs:	$4,845.92

SAMPLE RESPONSE TO AUDIT LETTER

Dear Ms. State Director:

In response to the Audit Report by John Sean and Associates of the City's Disaster Recovery CDBG Program:

1. The $145.92 Xerox bill was paid with Disaster Recovery CDBG funds based upon a six-cent/unit page cost for 2,432 units of copying recorded for the Disaster Recovery CDBG Program over the year (2,432 x $0.06 = $145.92). Our Xerox machine is equipped with a counter and all charges made to #4 are Disaster Recovery CDBG costs. We paid the $145.92 invoice in lieu of transferring funds from one account to another. A copy of the record is enclosed for your review.

2. Journal entries in Capital Project Fund show a Due from Intergovernmental Grant accounts for a total of 423 hours at $8.05 per hour. A copy is attached. However the General Ledger did not report the entries in the regular payroll account. This accounts for $3,405.15 of the disallowed $4,700.00, leaving $1,294.85 as an ineligible cost. It will be paid out of the City's General Fund. We have instituted a time sheet procedure to avoid a recurrence of this problem.

We look forward to your response.

Sincerely,

Mayor

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DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

GRANTEE/CEA FINAL PERFORMANCE REPORT

CONTENTS

a. Grantee/CEA Final Performance Report

b. Housing Opportunities Form

13-4a

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

GRANTEE/CEA FINAL PERFORMANCE REPORT

1. Grantee/Recipient/Subrecipient:	2. CEA Number:	3. CEA Expiration Date:
4. Report Prepared By:	**5. Phone Number:**	**6. Email Address**
7. Projects Completed Under this CEA: ***(Attach separate page if additional space is needed)***		
a. Project ID:	**b. Project Name:**	**c. Date Project Closeout Approved:**

8. FINAL COMPUTATION OF CEA FUNDS BALANCE

Description	Grantee/Recipient/Subrecipient	OCD/DRU Use Only
	Amount	Approved Amount
a. Total Budget <*including amendments*>	$	$
b. Total Funds Received	$	$
c. Unutilized Funds <a-b> (Amount to be de-obligated)	$	$

9. Typed or Printed Name of Responsible Party:	
10. Title:	
11. Signature:	**12. Date:**

OCD/DRU APPROVAL	
13. Typed or Printed Name of OCD/DRU Authorized Representative:	
14. Title:	
15. OCD/DRU Authorized Signature:	**16. Date:**

INSTRUCTIONS FOR GRANTEE FINAL PERFORMANCE REPORT

ITEM NUMBER

1. Enter the name of the Grantee, Recipient or Subrecipient.

2. Enter the CEA number that is being closed out.

3. Enter the CEA expiration date.

4. Enter the name of the person preparing the Final Performance Report and close-out documents.

5. Enter the phone number of the person preparing the Final Performance Report and close-out documents.

6. Enter the email address of the person preparing the Final Performance Report and close-out documents.

7. Use a separate line for each project that was completed under this CEA.

   a. List the project ID for each project
   b. Enter the name of each project
   c. Enter the date the Project Close-out was approved (date of approval letter)

8. Complete the items in the table to indicate the final computation of CEA funds balance.
   a. Enter the total budget from the CEA (including amendments)
   b. Enter the combined total amount of funds received under this CEA (total for all projects).
   c. Subtract b-a, and enter the amount in Unutilized funds. This is the amount that will be de-obligated.

9. Type in the name of the responsible official, e.g., the Mayor/President.

10. Type in the title of the responsible official.

11. The responsible official should sign in this box, verifying the information iin the Final Performance Report is complete and accurate, and confirming that Disaster Recovery CDBG Project files are being maintained in the local governing body's offices.

12. Enter the date the Responsible Official signed the Final Performance Report.

13-16. For OCD/DRU use only.

DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM HOUSING OPPORTUNITIES FORM	
1. Grantee ☐ Subrecipient ☐	
2. CEA:	**3. Date:** **Initial ☐ Revision ☐**
4. Actions taken to affirmatively further fair housing in your community: Actions Taken	Results
5. Actions taken to increase housing opportunities for lower income: Actions Taken	Results

INSTRUCTIONS FOR THE HOUSING OPPORTUNITIES FORM

ITEM
NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient.
2. CEA: Enter the CEA number for the Disaster Recovery CDBG project.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. List all actions taken to affirmatively further fair housing in your community and the results of those actions.
5. Identify all actions taken to increase housing opportunities for lower income households in your community and the results of those actions.