**DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**ACTIVITY COMPLETION REPORT**

**CONTENTS**

1. Final Activity Performance Report
2. Progress Report / Final Status Report
3. Beneficiary Forms
   1. Activity Beneficiary Form
   2. Final Beneficiary Report – Job Creation (Economic Development)
   3. Final Beneficiary Report – Job Retention (Economic Development)
   4. Final Applicant/Beneficiary Data Form (Housing)
4. Civil Rights Compliance Report - Displacement of Low and Moderate Income Households
5. Miscellaneous Information Form
6. Section 3: Summary Report
7. Certificate of Completion - Final Statement of Cost/Activity Funds Balance
8. Final Wage Compliance Report
9. CDBG Equipment Inventory Form

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| **DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  **FINAL ACTIVITY PERFORMANCE REPORT** | |
| 1. **Grantee**  **Subrecipient** | 1. **CEA or Loan Number:** |
|  |  |
| 1. **Activity Name:** | 1. **Activity ID:** |
|  |  |
| 1. **Report Prepared By:** | 1. **Phone Number:** |
|  |  |
|  | 1. **Email Address:** |
|  |  |
| 1. **What is the eligible activity?** | |
|  | |
| 1. **What is the National Objective that has been met with the completion of this activity?** | |
| Benefitted low and moderate income persons:  Area Limited Clientele Housing Job Creation/Retention  Aided in the prevention or elimination of slums and blight  Met other community development needs having a particular urgency (Urgent Need)  N/A (use for Planning only or Cancelled project) | |
| 1. **Activity Narrative** [Must include a description of the activities completed and any additional contract reporting requirements, if applicable. Attach a separate sheet if necessary.]: | |
|  | |
| **We certify that to the best of our knowledge and belief the information provided on all forms included in this Activity Completion Report are accurate.** | |
| 1. **Typed or Printed Name of Responsible Party:** | 1. **Title:** |
|  |  |
| 1. **Signature of Responsible Party:** | 1. **Date:** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OCD-DRU APPROVAL** | | | | |
| 1. **Performance Measures (**OCD-DRU Use Only) | | | | |
| **Activity Type:** | | **Measure Type:** | **Projected Outcome:** | **Actual Outcome:** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| 1. **Typed or Printed Name of OCD-DRU Authorized Representative** | 1. **Title:** | | | |
|  |  | | | |
| 1. **Signature of OCD-DRU Authorized Representative** | 1. **Date:** | | | |
|  |  | | | |

**INSTRUCTIONS FOR FINAL ACTIVITY PERFORMANCE REPORT**

ITEM NUMBER

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient. [Grantee is the parish or municipality that has a binding agreement with OCD-DRU. Subrecipient is a public or private nonprofit agency or organization that is provided CDBG funds through a State or local grantee.]
2. Enter the CEA or loan number for the Disaster Recovery CDBG activity that is being closed out.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/Project ID assigned by OCD-DRU for the activity 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 eligible activity from the approved application.
9. Check the box for the national objective met for this activity, if applicable.
10. Provide a narrative description of the activity that is being closed out. Include any changes or amendments to the approved description. Identify the specific activities accomplished for this activity. Refer to Section 2, 7.0 Reporting of the Grantee Administrative Manual for a list of the type of information that may be required. Also refer to CEA for specific required activities for the activity.

| Examples of Activities by Activity Type  *(not all-inclusive)* |
| --- |
| Housing:   * Homeowner Rehabilitation   + Rehab of 24 houses   + Replacement of 50 roofs * Homeowner Financing   + Closed on 15 awards * Relocation   + Demolition of 3 houses * Rental Rehabilitation   + Completed construction/rehab of 100 rental units   + Acquired property * Homelessness Prevention   + Provided 45 shelter beds   + 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 * Construction of 5000 SF community center |
| Economic Development:   * Grant and Loan   + Created 3 LMI jobs   + Completed construction of a building * Workforce   + Selected 3 grantees   + Provided GED training for 35 participants   + Conducted 3 interviewing workshops |
| Planning:   * Community Resiliency/Planning   + Completed development of plan * Public Service Code Enforcement   + Hired 3 building code inspectors |

1. Type in the name of the responsible official, e.g., the Mayor/President.
2. Type in the title of the responsible official.
3. 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 Activity files are being maintained in the local governing body's offices.
4. Type in the date of the responsible official signature.
5. – 19. This section to be completed by OCD-DRU staff.

Performance Measures: OCD-DRU will enter performance measure information as identified within the CEA, activity application and/or activity completion report.

**DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT**

**PROGRESS REPORT**  **FINAL STATUS REPORT**

**REPORT DATE:       Initial  Revision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Grantee  Subrecipient** | | | | 1. **CEA or Loan Number:** | |
|  | | | |  | |
| 1. **Activity Name:** | | | | 1. **Activity ID:** | |
|  | | | |  | |
| **5.** | **6.** | **7.** | **8.\*** | **9.\*** | **10\*** |
| **National**  **Objective**  **Addressed** | **Activities**  **Accomplished** | **Activities Remaining**  **& Anticipated**  **Completion Date** | **Current**  **Disaster Recovery CDBG Budget** | **Disaster Recovery CDBG Funds**  **Obligated** | **Disaster Recovery CDBG Funds**  **Expended** |
|  |  |  |  |  |  |
|  |  | 1. **TOTAL** | $ | $ | $ |

\*If other funds were injected into the activity, identify the amount of, source and status of other funds on Exhibit 13-1g. This is required for all economic development activities; however, it may also pertain to housing, public facilities, demonstrated needs, or other types of activities. 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 or loan number for the Disaster Recovery CDBG activity that is being closed out.
3. Enter the Activity/Project Name for the activity that is being closed out. List the name of the activity exactly as it is shown in the CEA or as established by any activity application; for example, “sewer system improvements along Highway 1”, “Parish Courthouse Improvements”, etc.
4. Enter the Activity/Project ID assigned by OCD-DRU for the activity 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 “activity 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. Please refer to the instructions for 13-1a, item #10 for examples.
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.
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.

|  |  |  |  |
| --- | --- | --- | --- |
| **LOUISIANA DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT**  **ACTIVITY BENEFICIARY FORM** | | | |
| **1.** | **Grantee**  **Subrecipient** | **2.** | **CEA or Loan Number:** |
|  | |  | |
| **3.** | **Activity Name:** | **4.** | **Activity ID:** |
|  | |  | |
| **Part I – BENEFICIARY Income INFORMATION** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Income Levels** | **Total** | **Percentage** |  |
| 1. Total Number of Persons Less than or equal to 30% Area Median Income (Extremely Low Income) |  |  |  |
| 1. Total Number Persons Over 30% not greater than 50% Area Median Income (Low Income) |  |  |  |
| 1. Total Number of Persons Over 50% not greater than 80% Area Median Income (Moderate Income) |  |  |  |
| 1. Total Number of Persons Over 80% Area Median Income (non-LMI) |  |  |  |
| Total Population |  |  |  |

|  |  |
| --- | --- |
| **B.** | **Source(s) for Determining Beneficiary Data:** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part II – Area Information *(Skip Part II if this is a direct benefit project)*** | | | | | |
|  | | | | | |
| **A.** | **Indicate whether the completed project was target area(s) specific or community-wide** | | | | |
|  |  |  | | | |
|  | Target Area(s)Community-Wide  List Census Tract(s) and/or Block Group(s): | | | | |
|  |  | |  | | |
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| **B.** | **Provide Latitude/Longitude for the project location at or near geographical center:** | | | | |
|  |  |  |  |  | |
|  | Latitude: |  | Longitude: |  |  | |
|  |  |  |  |  | |

**PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION *(Skip Part III if this is an area wide benefit project.)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Race and Ethnicity** | **Total** | | **Hispanic/Latino** | | |
| **LMI** | **Non-LMI** | **LMI** | | **Non-LMI** |
| 1. White |  |  |  | |  |
| 1. Black/African American |  |  |  | |  |
| 1. Asian |  |  |  | |  |
| 1. American Indian/Alaskan Native |  |  |  | |  |
| 1. Native Hawaiian/Other Pacific Islander |  |  |  | |  |
| 1. American Indian/Alaskan Native and White |  |  |  | |  |
| 1. Asian and White |  |  |  | |  |
| 1. Black/African American and White |  |  |  | |  |
| 1. American Indian/Alaskan Native and Black/African American |  |  |  | |  |
| 1. Other multi-racial |  |  |  | |  |
| 1. Unknown |  |  |  | |  |
| ***Total Persons*** |  |  |  | |  |
|  |  | | |  | | |
| **B. Head of Household** | **LMI** | | **Non-LMI** | | |  |
| 1. **Female-Headed Households** |  | |  | | |  |

**INSTRUCTIONS FOR ACTIVITY BENEFICIARY FORM**

*Note: Grantee Beneficiary Reports may be substituted if they contain the same information as 13-1c(i)*

**Objective:** The Activity Beneficiary Form reports information for actual beneficiaries for completed Disaster Recovery CDBG activities.

ITEM

NUMBER

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| --- | --- |
| 1. | Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient. |
| 2. | Enter the CEA or loan number for the Disaster Recovery CDBG activity. |
| 3. | Enter Activity/Project Name assigned by OCD-DRU. |
| 4.  Part I - | Enter the Activity/Project ID for the activity that is being closed out  BENEFICIARY INCOME INFORMATION |
| A. | Enter the number and percentage of individuals benefiting by income level. |
|  |  |
| B. | Enter the data source(s) (e.g. HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined. |
| Part II - | AREA INFORMATION *(if the activity being closed is a direct benefit activity, leave this Part II area blank)* |
| A. | Indicate whether the project is target area or community-wide and the census tracts or block groups of the project area. This information was initially reported on the supplemental information page in the approved project application. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “;”. Please continue on another page, if necessary. |
| B. | Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application. |
|  |  |
| Part III - | DIRECT BENEFIT DEMOGRAPHIC INFORMATION  *(if the activity being closed is an area wide benefit, leave this Part III area blank)* |
| A. | Enter the total individuals benefiting by racial and ethnicity and by income level. This total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I, A.  Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”. |
| B. | Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income). |
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| --- | --- |
| **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:** |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*\*\* *Economic Development Only* \*\*\***  **FINAL BENEFICIARY REPORT- JOB CREATION** | | | | | | | |
| 1. **Grantee  Subrecipient  Private Business  Nonprofit Business** | | | | | 1. **CEA or Loan Number:** | | |
|  | | | | |  | | |
| 1. **Activity Name:** | | | | | 1. **Activity 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 | |
|  |  |  |  |  | |  |  |
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|  |  |  |  |  | |  |  |
| 1. **Total** |  |  |  |  | |  |  |
| **6. Employment by Race and Ethnicity (Complete Table Below for Positions Reflected in #5.)** | | | | | | | |
| **Race and Ethnicity** | | | Total | | | Hispanic/Latino | |
| LMI | Non-LMI | | LMI | Non-LMI |
| a. White | | |  |  | |  |  |
| b. Black/African American | | |  |  | |  |  |
| c. Asian | | |  |  | |  |  |
| d. American Indian/Alaskan Native | | |  |  | |  |  |
| e. Native Hawaiian/Other Pacific Islander | | |  |  | |  |  |
| f. American Indian/Alaskan Native and White | | |  |  | |  |  |
| g. Asian and White | | |  |  | |  |  |
| h. Black/African American and White | | |  |  | |  |  |
| I. American Indian/Alaskan Native and Black/African American | | |  |  | |  |  |
| j. Other multi-racial | | |  |  | |  |  |
| k. Unknown | | |  |  | |  |  |
| Total Persons | | |  |  | |  |  |

**INSTRUCTIONS FOR FINAL BENEFICIARY REPORT- JOB CREATION**

*This form is intended for economic development activities that resulted in job creation.*

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 or loan number for the Disaster Recovery CDBG activity.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/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).

1. **a-k:** Based on the positions created (5p), enter the total number of employees and the total number of Hispanic origin by racial group.

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.

1. If employment levels are less than initially proposed, explain the reductions or indicate when proposed staffing goals will be met.
2. Enter the date of submission and indicate whether or not this form is the original submission or has been revised.
3. Enter the name of the person who prepared the report.
4. Enter the telephone number of the person who prepared the report.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*\*\* *Economic Development Only* \*\*\***  **FINAL BENEFICIARY REPORT- JOB RETENTION** | | | | | | | |
| 1. **Grantee  Subrecipient  Private Business  Nonprofit Business** | | | | | 1. **CEA or Loan Number:** | | |
|  | | | | |  | | |
| 1. **Activity Name:** | | | | | 1. **Activity ID:** | | |
|  | | | | |  | | |
| **5. Indicate in the table below, the number of jobs retained 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 | |
|  |  |  |  |  | |  |  |
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|  |  |  |  |  | |  |  |
| 1. **Total** |  |  |  |  | |  |  |
| **6. Employment by Race and Ethnicity (Complete Table Below for Positions Reflected in #5.)** | | | | | | | |
| **Race and Ethnicity** | | | Total | | | Hispanic/Latino | |
| LMI | Non-LMI | | LMI | Non-LMI |
| a. White | | |  |  | |  |  |
| b. Black/African American | | |  |  | |  |  |
| c. Asian | | |  |  | |  |  |
| d. American Indian/Alaskan Native | | |  |  | |  |  |
| e. Native Hawaiian/Other Pacific Islander | | |  |  | |  |  |
| f. American Indian/Alaskan Native and White | | |  |  | |  |  |
| g. Asian and White | | |  |  | |  |  |
| h. Black/African American and White | | |  |  | |  |  |
| i. American Indian/Alaskan Native and Black/African American | | |  |  | |  |  |
| j. Other multi-racial | | |  |  | |  |  |
| k. Unknown | | |  |  | |  |  |
| Total Persons | | |  |  | |  |  |

|  |  |
| --- | --- |
| **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 activities that resulted in job retention.*

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 or loan number for the Disaster Recovery CDBG activity.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/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).

1. **a-k:** Based on the positions retained (5p), enter the total number of employees and the total number of Hispanic origin by racial group.

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.

1. If employment levels are less than initially proposed, explain the reductions or indicate when proposed staffing goals will be met.
2. Enter the date of submission and indicate whether or not this form is the original submission or has been revised.
3. Enter the name of the person who prepared the report.
4. Enter the telephone number of the person who prepared the report.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOUISIANA DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT**  **FINAL APPLICANT/BENEFICIARY DATA FORM** | | | | |
| **1** | **Grantee** **Subrecipient** | | **2 CEA or Loan Number:** | |
| **3** | **Activity Name:** | | **4 Activity 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** | | | | |
| Race and Ethnicity | | | Total | Hispanic |
| **8-A** | White | |  |  |
| **8-B** | Black/African American | |  |  |
| **8-C** | Asian | |  |  |
| **8-D** | American Indian/Alaskan Native | |  |  |
| **8-E** | Native Hawaiian/Other Pacific Islander | |  |  |
| **8-F** | American Indian/Alaskan Native and White | |  |  |
| **8-G** | Asian and White | |  |  |
| **8-H** | Black/African American and White | |  |  |
| **8-I** | American Indian/Alaskan Native and Black/African American | |  |  |
| **8-J** | Other multi-racial | |  |  |
| **8-K** | Undisclosed | |  |  |
| **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 activities.*

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 or loan number for the Disaster Recovery CDBG activity. 3. Enter the Activity/Project Name for the activity 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 Activity/Project ID assigned by OCD-DRU.   ***Persons in Applicant Households:***   1. 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. 2. Moderate, Low, and Extremely Low Income: Enter the total number and percent of moderate, low, and extremely low income persons in the applicant households. 3. 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, 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.***   1. 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 (8-A-8-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-K by racial/ethnic characteristics should equal the number of persons listed in row 5. 2. Household Characteristics: Item 9 pertains to all households/persons who applied for assistance regardless of income level.    1. In 9-A, enter the number of disabled persons who reside in households which applied for assistance.    2. In 9-B, enter the number of applicant households which were headed by disabled persons.    3. In 9-C, enter the number of applicant households which were headed by disabled females.    4. In 9-D, enter the total number of applicant households. 3. Source for determining applicant data: State the source/methodology used for determining the applicant data. 4. 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** | 1. **CEA or Loan Number:** | | 1. **Date: Initial** **Revision** | |
| 1. **Activity Name:** | 1. **Activity ID:** | |  | |
| 1. **Attach Narrative Description of Actions Taken to Mitigate Adverse Effects.** | | | | |
| 1. **Community or Activity Area** (indicate if activity is parish-wide or is in a designated target area. If a target area, indicate location) | | | | |
| 1. **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** | |  | |  |
| 1. **Low and Moderate Income Households Relocating Out of the Community/Activity Area During the Completed Program** | | | | |
| 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** | |  | |  |
| 1. **Low and Moderate Income Households Remaining in the Community/Activity Area During the Completed Program** | | | | |
| 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 activities that involve displacement of low and moderate income households.*

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 or loan number for the Disaster Recovery CDBG activity.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. Activity/Project Name: Enter the Activity Description for the activity that is being closed out.
5. Activity/Project ID: Enter the activity 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 Activity 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 activity 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 activity 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DISASTER RECOVERY**  **COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  **MISCELLANEOUS INFORMATION FORM** | | | | | | | |
| 1. **Grantee  Subrecipient** | | 1. **CEA or Loan Number:** | | 1. **Date: Initial  Revision** | | | |
|  | |  | |  | | | |
| 1. **Activity Name:** | | 1. **Activity ID:** | | | | | |
|  | |  | | | | | |
| 1. Did you receive any program income during the course of this grant?   (See the instructions on the back of this form.) | | | | | | Yes  No | |
| 1. If yes, Enter the sum of program income and interest received during this program:   Program Income: $      Interest: $ | | | | | | | |
| 1. 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 | | | |
| 1. 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. | | | | | | | |
| 1. If motor vehicles were purchased, a copy of the title for each vehicle must be submitted with the close-out documents | | | | | | | |
| 1. Was any land acquired/donated in order to complete the activity? | | | | | Yes  No | | |
| If yes, identify the number of parcels donated:       and acquired     .  (number) (number) | | | | | | | |
| 1. 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. | | | | | | | |
| 1. If your activity involved construction which was subject to Davis Bacon and Related Acts, a Final Wage Compliance Report (Exhibit 13-1h) must be completed and 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. Enter the CEA or loan number for the Disaster Recovery CDBG activity.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. Activity/Project Name: Enter the Activity Description for the activity that is being closed out.
5. Activity/Project ID: Enter the activity 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 activity. The program income, however, may have been received as a result of another allocation. Please refer to Section 5 Financial Management, Part 9.11 Program Income in the CDBG Grantee Administrative Manual before completing this section.

*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.*

1. Enter the total amount of program income and interest received during the life of the activity being closed out, if applicable.
2. 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.
3. 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 on 13-1i.

|  |  |
| --- | --- |
| **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/gasb34/01-31%20guide%20for%20capitalization%20and%20depreciation%20of%20capital%E2%80%A6.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 |

1. If a motor vehicle was purchased with Disaster Recovery CDBG funds, a copy of the title for each vehicle must be submitted.
2. If any land was acquired or donated in order to complete the activity, please identify the number of parcels acquired and/or donated.
3. For all activities 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.
4. Attach a Final Wage Compliance Report (Exhibit 13-1h) for those activities which were subject to Davis Bacon and Related Acts.

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**SECTION 3 SUMMARY REPORT**

Economic Opportunities for Office of Fair Housing

Low – and Very Low-Income Persons And Equal Opportunity

|  |
| --- |
| HUD Field Office: |

See next page for Public Reporting Burden statement

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Recipient Name & Address: (street, city, state, zip) | | 2. Federal Identification: (grant no.) | | | | 3. Total Amount of CDBG-DR 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  Aggregate Number  of Staff Hours of New Hires that are Sec. 3 Residents | | | E  Total Staff Hours for Section 3 Employees  and Trainees | F  Number of Section 3 Trainees |
| Administrative |  | |  |  | | |  |  |
| Carpentry |  | |  |  | | |  |  |
| Case Management |  | |  |  | | |  |  |
| Clerical |  | |  |  | | |  |  |
| Electrical |  | |  |  | | |  |  |
| Facilities/Maintenance |  | |  |  | | |  |  |
| Masonry |  | |  |  | | |  |  |
| Plumbing |  | |  |  | | |  |  |
| Professional |  | |  |  | | |  |  |
| Technical (Bookkeeping, IT, etc) |  | |  |  | | |  |  |
| 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 |

Page 1 of 2 form HUD 60002 (SPEARS) Ref 24 CFR 135

# Part II: Contracts Awarded

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Construction Contracts:     |  | | --- | | A. Total CDBG-DR dollar amount of all contracts awarded on the activity $ | | B. Total CDBG-DR 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 CDBG-DR dollar amount all non-construction contracts awarded on the activity/activity $ | | B. Total CDBG-DR 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 activity 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 activity 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 Youth build Programs administered in the metropolitan area in which the Section 3 covered activity 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.

|  |
| --- |
|  |

Page 2 of 2 form HUD 60002 (SPEARS) Ref 24 CFR 135

**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 or loan with the OCD-DRU. This number should be similar to “B-08-DI-22-0001” (which is for Gustav/Ike). This is not a project number, but the grant number assigned to the State by HUD as the funding source. If you are unsure, please confirm with OCD-DRU staff.
3. Total Amount of Award: Enter the total Disaster Recovery CDBG funds received for this activity, 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.

1. Length of Grant/Activity: Refer to contract/agreement effective date and end date/termination
2. Reporting Period: Indicate the time period that this report covers (months and years, such as 8/16-7/19). Enter the application approval date and the date that activity was completed, for example.
3. Date Report Submitted: Enter the appropriate date.
4. Program Code: Enter number 8.
5. 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 activity. 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 activity. 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 activity 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 activity 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 aggregate number of staff hours of new hires (Section 3 residents) in connection with this activity. New Hires include full-time positions (permanent, temporary and seasonal).

**Column E**: Enter the total staff hours worked for Section 3 employees and trainees (including new hires) connected with this activity. 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 activity.

**Part II: Contract Opportunities**

Block 1: Construction Contracts

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

Item B: Enter the total dollar amount of construction contracts connected with this activity 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 activity 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 activity. (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 activity 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 activity 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CERTIFICATE OF COMPLETION - FINAL STATEMENT OF COST/ACTIVITY FUNDS BALANCE** | | | | | | | | | | | | |
| 1. **Grantee**  **Subrecipient** | 1. **Date: Initial**  **Revision** | | | | | | 1. **CEA or Loan Number:** | | | | | |
|  |  | | | | | |  | | | | | |
| 1. **Activity Name:** | 1. **Activity ID:** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **6. Source and Status of Funds** | **FEMA / Other Federal Funds** | | **Local Funds** | | **Other State Funds** | | | | **NFIP/ Private Insurance** | | **CDBG-DR** | |
| **A. Source of Funds** |  | |  | |  | | | |  | | OCD-DRU | |
| **B. Status of Funds** |  | |  | |  | | | |  | | expended | |
| **7. Activity Categories** | **Final Cost** | **FEMA/Other Federal Funds** | | **Local Funds** | | **Other State Funds** | | **NFIP/ Private Insurance** | | **CDBG-DR** | | OCD-DRU Use Only |
| **A. Acquisition of Real Property** |  |  | |  | |  | |  | |  | |  |
| **B. Public Works, Facilities, Site Imp.** |  |  | |  | |  | |  | |  | |  |
| 1. Transportation |  |  | |  | |  | |  | |  | |  |
| 1. Water and Sewage |  |  | |  | |  | |  | |  | |  |
| 1. Health and Hospitals |  |  | |  | |  | |  | |  | |  |
| 1. Police and Sheriff |  |  | |  | |  | |  | |  | |  |
| 1. Fire and EMS |  |  | |  | |  | |  | |  | |  |
| 1. Education |  |  | |  | |  | |  | |  | |  |
| 1. Other Public Buildings |  |  | |  | |  | |  | |  | |  |
| 1. Hurricane Protection and Coastal Res. |  |  | |  | |  | |  | |  | |  |
| 1. Drainage |  |  | |  | |  | |  | |  | |  |
| 1. Fisheries |  |  | |  | |  | |  | |  | |  |
| 1. Parks and Recreation |  |  | |  | |  | |  | |  | |  |
| 1. Utilities |  |  | |  | |  | |  | |  | |  |
| 1. Community Resiliency/Planning |  |  | |  | |  | |  | |  | |  |
| 1. Public Services Program |  |  | |  | |  | |  | |  | |  |
| 1. Other |  |  | |  | |  | |  | |  | |  |
| **C. Housing and Community Development** |  |  | |  | |  | |  | |  | |  |
| 1. Homeowner Rehabilitation |  |  | |  | |  | |  | |  | |  |
| 1. Homeownership Financing |  |  | |  | |  | |  | |  | |  |
| 1. Homeowner Compensation/Incentive |  |  | |  | |  | |  | |  | |  |
| 1. Housing Relocation Program |  |  | |  | |  | |  | |  | |  |
| 1. Rental Rehabilitation/New Construction |  |  | |  | |  | |  | |  | |  |
| 1. Homelessness Prevention |  |  | |  | |  | |  | |  | |  |
| 1. Neighborhood Redevelopment |  |  | |  | |  | |  | |  | |  |
| 1. Other |  |  | |  | |  | |  | |  | |  |
| **D. Code Enforcement** |  |  | |  | |  | |  | |  | |  |
| **E. Clearance, Demolition** |  |  | |  | |  | |  | |  | |  |
| **F. Rehabilitation Loans and Grants** |  |  | |  | |  | |  | |  | |  |
| 1. Housing |  |  | |  | |  | |  | |  | |  |
| 1. Public Facilities |  |  | |  | |  | |  | |  | |  |
| 1. Other |  |  | |  | |  | |  | |  | |  |
| **G. Provision of Public Services** |  |  | |  | |  | |  | |  | |  |
| **H. Relocation Payments and Assistance** |  |  | |  | |  | |  | |  | |  |
| **I. Economic Development** |  |  | |  | |  | |  | |  | |  |
| 1. Grant |  |  | |  | |  | |  | |  | |  |
| 1. Loan |  |  | |  | |  | |  | |  | |  |
| 1. Workforce |  |  | |  | |  | |  | |  | |  |
| 1. Other |  |  | |  | |  | |  | |  | |  |
| **J. Administration** |  |  | |  | |  | |  | |  | |  |
| **K. Activity/Project Delivery** |  |  | |  | |  | |  | |  | |  |
| **L. Program Income Applied** |  |  | |  | |  | |  | |  | |  |
| **8. Total Activity Cost** |  |  | |  | |  | |  | |  | |  |

|  |  |  |
| --- | --- | --- |
| **9. COMPUTATION OF CDBG ACTIVITY FUNDS BALANCE**  Description  *<Reference items from previous page>* | Grantee/Recipient/Subrecipient | OCD-DRU Use Only |
| (a) Amount | (b) Approved Amount |
| 1. Total **CDBG-DR** Activity Costs *<8 >* | $ | $ |
| 1. Unsettled Third Party Claims | $ | $ |
| 1. Subtotal *<A + B>* | $ | $ |
| 1. Current Approved Activity Budget (including amendments) | $ | $ |
| 1. Unutilized Funds *<D – C>* | $ | $ |
| 1. Funds Received | $ | $ |
| 1. Balance of Funds Payable *<C – F>* | $ | $ |

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

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

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Check if continued on additional sheet and attach

11. If other funds were included in project, please attach supporting documents showing the items paid and final payment statements.

|  |  |
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| **CERTIFICATION OF RECIPIENT** | |
| It is hereby certified that all activities undertaken by the grantee/recipient/subrecipient with funds provided in the approved activity application identified hereof, have, to the best of my knowledge, been carried out in accordance with the activity 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. All proceeds and all other funds available from, received by or to be received from governmental agencies as compensation for damages resulting from the declared disaster have been disclosed. It is further acknowledged that false, misleading or incomplete documents may result in prosecution to the fullest extent by federal, state or local authorities and/or repayment of all disaster recovery funds. Every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date. | |
| 12. Typed Name and Title of Responsible Official: | |
|  | |
| 13. Signature of Responsible Official: | 14. 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 or loan number for the Disaster Recovery CDBG activity.
4. Enter the Activity/Project Name for the activity that is being closed out.
5. Enter the Activity/Project ID assigned by OCD-DRU.
6. Column 6 identifies Activity Categories to be reported.

Identifies Source of Funds categories to be reported.

A. Enter the source of funds for the categories listed above.

B. Enter the Status of funds as N/A, Received or Pending.

1. Complete as follows:

A-I: Choose the appropriate Activity category.

* + Enter the total activity cost in the Final Cost column.
  + Enter the amount paid under each funding source. When added together, these amounts should equal the Final Cost.

J: Enter the total amount for all activity Administrative costs.

* + Enter the amount paid under each funding source.
  + Enter the total paid from all funding sources in the Final Cost column.

K: Enter the total Amount for Activity/Project Delivery costs.

* Enter the amount paid under each funding source.
* Enter the total paid from all funding sources in the Final Cost column.

L: Enter program income received that was applied to the activity cost.

1. Enter total for Final Costs for each funding source.
2. Complete as follows:

Column (a) Amount

* + 1. Total CDBG-DR Activity Cost: Enter amount shown on line 8.
    2. Unsettled Third Party Claims: Enter estimated amount of any unsettled third-party claims; do not enter unpaid costs on this line.
    3. Subtotal: Add 9.A. and 9.B. and enter the total.
    4. Current Approved Activity Budget: Enter total activity budget amount, per CEA (Including any amendments).
    5. Unutilized Funds: Subtract 9.C. from 9.D. and enter difference.
    6. Funds Received: Enter Disaster Recovery funds actually received.
    7. 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).

Leave Column (b) Approved Amount blank for OCD-DRU use.

1. List any unpaid costs and unsettled third-party claims against the Disaster Recovery CDBG Activity. Describe circumstances and dollar amounts involved.
2. Attach documents (i.e. FEMA project worksheet, cost certification, etc.) to support funding provided by other sources for the activity/project.
3. Type in the name and title of the chief elected official.
4. Have the chief elected/responsible official sign in the space provided.
5. Enter date in the space provide.

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| **DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  **FINAL WAGE COMPLIANCE REPORT** | | | | | | | | | | |
| 1. **Grantee** **Subrecipient** | | | | 2. **CEA or Loan Number:** | | | | 3. **Date**: **Initial**  **Revision** | | |
|  | | | |  | | | |  | | |
| 4. **Activity ID**: | | | | | | | | | | |
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| 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) | | | |
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| 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** | |
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**INSTRUCTIONS FOR THE FINAL WAGE COMPLIANCE REPORT**

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| **Item # and Description** | **Instructions** |
| 1-4. Name, CEA or Loan#, Date, ID | Mark the appropriate checkbox that applies (Grantee or Subrecipient) and enter the name of the Grantee or Subrecipient; the CEA or loan number; enter the date and indicate whether or not this form is the original submission or has been revised, and the Activity/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 activity 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 activity. 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. |
| 1. 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. All liquidated damages collected are to be submitted to OCD-DRU. |

**DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**CDBG EQUIPMENT INVENTORY**

**REPORT DATE:**       **Initial  Revision**

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| 1. **Grantee**  **Subrecipient** | | | | 1. **CEA or Loan Number:** | | | | 1. **Activity Name:** | | | | | | 1. **Activity ID:** | |
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| **5. Identification** | **6. Property Description** | | **7. Funding Source**  **(Grant #)** | | **8. Title Holder** | **9. Acquisition Date and Cost** | | | **10. Federal Share of Cost** | | **11. Location of Property** | **12. Use of Property** | **13. Condition of Property** | | **14. Disposition Date** |
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| 15. Date of Inventory: | |  | | | | | 16. 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 or loan number for the Disaster Recovery CDBG activity that is being closed out.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/Project ID assigned by OCD-DRU for the activity that is being closed out.

**Items 5-14:** Enter information on a separate line for each piece of equipment purchased with CDBG Disaster Recovery funds:

1. Enter the identification number of the property or equipment (i.e. serial number, model number, and manufacturer).
2. Enter the description of the property or equipment.
3. Enter the funding source/grant number.
4. Enter the title holder if applicable.
5. Enter the date property or equipment was purchased and the total cost of the purchase.
6. Enter the Federal share of costs of the property or equipment.
7. Enter the location where the property or equipment is stored or utilized.
8. Enter the intended use of the property or equipment.
9. Enter the condition of the property or equipment (e.g. excellent, good, fair, poor).
10. Enter the date the property or equipment was disposed of to another party or entity, if applicable.
11. Enter the Date of Inventory.
12. Enter the name of the individual(s) taking inventory.

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