

Kentucky Community Development Block Grant Project Completion Report Documents and Certification

Grantee _____ Project Name _____ Grant Number _____

Public Hearing

Please provide evidence of project performance public hearing

- a) tearsheet of public hearing notice
- b) a copy of the public hearing minutes
- c) a list of attendees

Citizens Written Comments

Submit with this report a copy of the following documents

- a) a copy of each written comment on the grantee's community development performance under this grant which was received during the period since the grant was approved
- b) the grantee's assessment of the comment
- c) a description of any action taken or to be taken in response to the comment

Program Income Report

For all projects that have generated or will generate program income, attach a current Program Income/Miscellaneous Revenue Report

Housing One for One Replacement

For all housing projects that require a one-for-one replacement of bedroom units, complete and attach an updated HUD form # 4949.4 (see CDBG Handbook)

Public Facilities Detail Description

Provide detailed description for all public facilities activities.

Certification of Recipient

It is hereby certified that all activities undertaken by the Recipient with funds provided under the Grant Agreement identified herein, have been carried out in accordance with the Grant Agreement; that proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third party claims identified herein; that the Commonwealth of Kentucky is under no obligation to make any further payment to the Recipient under the Grant Agreement in excess of the amount identified on page 2 hereof; and that every statement and amount set forth in the instrument is true and correct as of this date.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provisions of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Section 3729-3730 and 3801-3812" Applies to all tiers of subrecipients. I also agree to comply with requirements of 24 CFR Part 58.

Signature _____

Chief Executive Officer

Title _____

Date _____

Department for Local Government Approval

This Certification of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized CDBG grant and related funds reservation and obligation.

Signature _____

Title _____

Date _____

Kentucky Community Development Block Grant Project Completion Report Financial Summary

Grantee _____

Grant Number _____

1	2	3	4	5	6	7	8
Activity Number	Activity Name	Activity Accomplishments	Funding Source	Current Budget	Expenditures to Date	Unpaid Obligations	National Objective
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
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			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			Total CDBG				
Other Funding Sources							
			Total Other				
			TOTAL				
					Unutilized CDBG Grant		

Kentucky Community Development Block Grant

Project Benefit Profile by Person

Total Beneficiaries _____

Project # _____

Grantee										
Racial Category	Activity		Activity		Activity		Activity		Activity	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White										
Black/African American										
Asian										
American Indian/Alaskan Native										
Native Hawaiian/Other Pacific Islander										
American Indian/Alaskan Native & White										
Asian & White										
Black/African American & White										
American Indian/Alaskan Native & Black/African American										
Other Multi-Racial										
Total Beneficiaries										
Female Head of Household										
Low to Moderate Income Breakdown	Number	%	Number	%	Number	%	Number	%	Number	%
Extremely Low Income (0 - 30%)										
Very Low Income (31 - 50 %)										
Low Income (51 - 80%)										
Total LMI										
Not LMI (81% and above)										
Total Beneficiaries										
Source of Funds										
CDBG										
HOME										
ESG										
HOPWA										
Appalachian Regional Commission (ARC)										
Other Federal Funds										
State/Local Funds										
Private										
Other										
Total Cost of Activity	\$	-	\$	-	\$	-	\$	-	\$	-

Kentucky Community Development Block Grant

Project Benefit Profile by Household

Total Households _____

Project # _____

Grantee _____										
Racial Category	Activity		Activity		Activity		Activity		Activity	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White										
Black/African American										
Asian										
American Indian/Alaskan Native										
Native Hawaiian/Other Pacific Islander										
American Indian/Alaskan Native & White										
Asian & White										
Black/African American & White										
American Indian/Alaskan Native & Black/African American										
Other Multi-Racial										
Total Beneficiaries										
Female Head of Household										
Number of Disabled Persons										
	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter
Low to Moderate Income Breakdown	Number	%	Number	%	Number	%	Number	%	Number	%
Extremely Low Income (0 - 30%)										
Very Low Income (31 - 50 %)										
Low Income (51 - 80%)										
Total LMI										
Not LMI (81% and above)										
Total Beneficiaries										
Source of Funds										
CDBG										
HOME										
ESG										
HOPWA										
Appalachian Regional Commission (ARC)										
Other Federal Funds										
State/Local Funds										
Private										
Other										
Total Cost of Activity	\$	-	\$	-	\$	-	\$	-	\$	-

Kentucky Community Development Block Grant Project Completion Report Jobs Created and Retained

Grantee _____

Grant Number _____

Job Creation/Retention Requirements

Date that jobs are required to be created/retained by _____

TOTAL		LMI	
Created	Retained	Created	Retained

Jobs Projection per Grant Agreement

Actual Jobs to Date

Please attach a list of any factors affecting the creation of the required number of jobs.

Type of Employment	Presently On-Site		First Year Cumulative		Second Year Cumulative		Pay Scale Range
	Full Time	Part Time (seasonal)	Full Time	Part Time (seasonal)	Full Time	Part Time (seasonal)	
Officials & Managers							
Professional							
Technicians							
Sales							
Office & Clerical							
Craft Workers (skilled)							
Operatives (semi-skilled)							
Laborers (unskilled)							
Service Workers							
TOTAL							

Kentucky Community Development Block Grant Project Completion Report Audit Information

Grantee _____

Grant Number _____

CEO Signature: _____

Breakdown of CDBG project expenditures by fiscal year for Grantee

Note: The audit threshold for FY2016-FY2024 is \$750,000. FY2025 and beyond is \$1,000,000.

1	2	3	4	5	6
Fiscal Year	CDBG Amount	Expended more than threshold of Federal funds from all sources in FY	2 CFR Part 200 Single Audit Done	Audit Submitted to DLG	Audit Attached
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Kentucky Community Development Block Grant Project Completion Report Unpaid Obligations

Grantee _____

Grant Number _____

Unpaid Costs and Unsettled Third Party Claims

List any unpaid costs and unsettled third party claims. Describe the circumstances and amounts involved.

Amount	Due To	Explanation

