

Community Development Block Grant - Disaster Recovery (CDBG-DR)**Project Completion Report
Documents and Certification**

Subrecipient _____ 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 subrecipient's disaster recovery activities performance under this grant which was received during the period since the grant was approved
- b) the subrecipient'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

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 Subrecipient 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 Subrecipient for the payment of all unpaid costs and unsettled third party claims identified herein; that the State of Kentucky is under no obligation to make any further payment to the Subrecipient 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.

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-DR grant and related funds reservation and obligation.

Signature _____

Title _____

Date _____

Community Development Block Grant - Disaster Recovery

Project Benefit Profile by Person

Total Beneficiaries _____

Project # _____

Subrecipient										
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-DR										
CDBG										
HOME										
HOPWA										
Appalachian Regional Commission (ARC)										
Other Federal Funds										
State/Local Funds										
Private										
Other										
Total Cost of Activity	\$	-	\$	-	\$	-	\$	-	\$	-

Community Development Block Grant - Disaster Recovery

Project Benefit Profile by Household

Total Households _____

Project # _____

Subrecipient	Activity		Activity		Activity		Activity		Activity	
Racial Category	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-DR										
CDBG										
HOME										
HOPWA										
Appalachian Regional Commission (ARC)										
Other Federal Funds										
State/Local Funds										
Private										
Other										
Total Cost of Activity	\$	-	\$	-	\$	-	\$	-	\$	-

SUPPLEMENTAL INFORMATION FORM
For Collection of Tenant Demographics
(For reporting purposes only)

Property Name _____

Household Name _____ **Unit #** _____ **Effective Date** _____

Kentucky Division of Local Government (DLG) requests the following information in order to comply with the Community Development Block Grant Disaster Recovery Program and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic, gender characteristics, and economic information on tenants residing in CDBG-DR improved properties. Although DLG would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Total Annual Household Income from all Sources (Income & Assets) at Move-in: \$ _____

Effective Date of Move-in Certification: _____ (YYYY/MM/DD)

Household Size at Move-in Certification: _____ **Current Household Size:** _____

Enter both Ethnicity and Race codes for existing (current) household members currently occupying unit (see below for codes).

TENANT DEMOGRAPHIC PROFILE

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Gender
1							
2							
3							
4							
5							
6							
7							

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.

Resident/Applicant: I do not wish to furnish information regarding gender, ethnicity, race and other household composition.

(Initials)
(HH#)

_____ 1.

_____ 2.

_____ 3.

_____ 4.

_____ 5.

_____ 6.

_____ 7.

Community Development Block Grant - Disaster Recovery

Project Completion Report Jobs Created and Retained

Subrecipient _____

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							

**Community Development Block Grant - Disaster Recovery
Project Completion Report
Audit Information**

Subrecipient _____

Grant Number _____

CEO Signature: _____

Breakdown of CDBG-DR project expenditures by fiscal year for Grantee

Note: The audit threshold for FY 2015 and prior is \$500,000. FY 2016 and beyond is \$750,000.

1	2	3	4	5	6
Fiscal Year	CDBG-DR 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL					

Note: Audits are due to DLG, Office of Federal Grants, by March 31 of the year following the end of the audited FY.

If a subrecipient received CDBG-DR funds and requires a 2 CFR Part 200 audit, the city or county must certify that a 2 CFR 200 compliant audit was completed

Breakdown of CDBG-DR project expenditures by fiscal year for Subrecipient Name _____

Note: The audit threshold for FY 2015 and prior is \$500,000. FY 2016 and beyond is \$750,000.

1	2	3	4	5	6
Fiscal Year	CDBG-DR 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL					

Subrecipient CEO Signature: _____

Community Development Block Grant - Disaster Recovery
Project Completion Report
Unpaid Obligations

Subrecipient _____

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

Subrecipient _____

Public facilities activities

Provide complete detailed project description listing linear feet, pump stations, etc. for all activities.