

# 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 State 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.

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				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			CDBG				
			<b>Total CDBG</b>				
<b>Other Funding Sources</b>							
			<b>Total Other</b>				
			<b>TOTAL</b>				
					<b>Unutilized CDBG Grant</b>		

## 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										
<b>Total Beneficiaries</b>										
<b>Female Head of Household</b>										
<b>Low to Moderate Income Breakdown</b>	Number	%	Number	%	Number	%	Number	%	Number	%
Extremely Low Income (0 - 30%)										
Very Low Income (31 - 50 %)										
Low Income (51 - 80%)										
<b>Total LMI</b>										
Not LMI (81% and above)										
<b>Total Beneficiaries</b>										
<b>Source of Funds</b>										
CDBG										
HOME										
ESG										
HOPWA										
Appalachian Regional Commission (ARC)										
Other Federal Funds										
State/Local Funds										
Private										
Other										
<b>Total Cost of Activity</b>	\$	-	\$	-	\$	-	\$	-	\$	-

# 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										
<b>Total Beneficiaries</b>										
<b>Female Head of Household</b>										
<b>Number of Disabled Persons</b>										
	<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
<b>Low to Moderate Income Breakdown</b>	Number	%	Number	%	Number	%	Number	%	Number	%
Extremely Low Income (0 - 30%)										
Very Low Income (31 - 50 %)										
Low Income (51 - 80%)										
<b>Total LMI</b>										
Not LMI (81% and above)										
<b>Total Beneficiaries</b>										
<b>Source of Funds</b>										
CDBG										
HOME										
ESG										
HOPWA										
Appalachian Regional Commission (ARC)										
Other Federal Funds										
State/Local Funds										
Private										
Other										
<b>Total Cost of Activity</b>	\$	-	\$	-	\$	-	\$	-	\$	-

## 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							
<b>TOTAL</b>							

## 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 FY 2015 and prior is \$500,000. FY 2016 and beyond is \$750,000.**

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
		<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
<b>TOTAL</b>					

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 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 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 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
<b>TOTAL</b>					

Sub-recipient CEO Signature: \_\_\_\_\_

# 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





Grantee \_\_\_\_\_

**Public facilities activities**

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

[Empty box for project description]