Agenda Item #: 3I-1

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: | | | [] Regular [] Public Hearing |
|---------------|------------------------|----------------|-----------------------------------|
| Department: | Department of Economic | Sustainability | |

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to delegate: authority to the County Administrator, or her designee, to sign State required Administrative Closeout Reports (Form SC-62) for the Florida Community Development Block Grant (CDBG) Disaster Recovery Initiative (DRI) Programs.

Summary: Palm Beach County received allocations of DRI Program funding totaling \$42,660,426.27 from the Florida Department of Economic Opportunity (DEO), including: \$14,361,389.50 under DRI2 Contract No. 07-DB-3V-10-60-01-Z07 (R2007-1027, as last amended by R2015-1022); \$19,568,569.00 under DRI3 Contract No. 08DB-D3-10-60-01-A07 (R2008-1312, as last amended by R2015-1023); \$6,533,405.00 under DRI4 Contract No. 10DB-K4-10-60-01-K29 (R2010-1411, as last amended by R2014-1181); and \$2,197,062.77 under DRI5 Contract No. 12DB-P5-10-60-01-K43 (R2012-1005, as last amended by R2015-1024).

The DRI Program served priority community disaster recovery and mitigation needs countywide. Infrastructure and public facility accomplishments included the construction or rehabilitation of 21 drainage and roadway projects, 17 water and sewer projects, and six (6) community facilities. Housing accomplishments included the demolition of 206 dilapidated housing units, new construction of 54 housing units, rehabilitation of 216 single-family housing units, and the rehabilitation of 1,681 multi-family housing units. All together, these projects are benefitting over 118,000 Palm Beach County residents.

The County is required to submit an Administrative Closeout Report for each DRI grant. These Reports are due to DEO no later than October 15, 2015. Approval of this item will delegate signatory authority to the County Administrator, or her designee, to execute the Reports in order to facilitate submittal to DEO by the deadline. (Strategic Planning Section) Countywide (JB)

Background and Justification: Following Hurricane Wilma in 2005 and Tropical Storm Fay in 2008, the U.S. Department of Housing and Urban Development allocated to the State of Florida special appropriations of CDBG funds to be utilized for recovery from Federally-declared disasters. The State allocated these funds through the DRI Program to counties impacted by Federally-declared disasters.

A

Attachment:

1. Administrative Closeout Report Form SC-62 (blank)

| Recommended By: Chudid D. Jomp | 9/2/2015 |
|--------------------------------|----------|
| Department Diffector | Date |
| Approved By: Annu Co | 9=11-15 |
| Assistant County Administrator | Date |
| | |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2016 | 2017 | 2018 | 2019 | 2020 |
|------------------------|------|------|----------|-------|------|
| Capital Expenditures | | | | | |
| Operating Costs | | | | ····· | |
| External Revenues | | | | | |
| Program Income | | | | | |
| In-Kind Match (County) | | | <u> </u> | ····· | |
| NET FISCAL IMPACT | | | , | | i |

| # ADDITIONAL FTE | | | |
|------------------------|--|--|--|
| POSITIONS (Cumulative) | | | |

Is Item Included In Current Budget? Yes ____ No ____

Budget Account No.:

Fund _____ Dept _____ Unit _____ Object _____ Program Code/Period _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

No fiscal impact

C. Departmental Fiscal Review: Shairette Major, Fiscal Manager II

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

- Contract Development and Control 91/0/15 9-10-15 & Wheelen
- B. Legal Sufficiency:

4/11/05 Assistant County

- C. Other Department Review:
 - Department Director



Section I. Contract Information

| Contract Number: | Beginning Date: | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|---------|-----------|-------|---------------------------------------|-------------|
| | | Ending | Date: | : | | | |
| Recipient: | | Recipie | nt's F | EIN: | | · · · · · · · · · · · · · · · · · · · | |
| Recipient's DUNS Number: | | | | | | | |
| Local Contact Name: | | Contact | s Phc | one Nur | nber | · ···· | |
| 1. Indicate how the project was carried out (administration and construction): | Recipient I | Employees | | C | ontra | ctors | Both 🗌 |
| 2. Indicate how beneficiary data was collected (Check all that apply.) | l: Census 🗌 |] Surv | rey 🗌 | | | e Verification ousing or ED | |
| Enter the Census Tract and Block Group numbers for all service areas or the project area: N/A | pers for all service areas or the project | | | | | | |
| 4. If location of activities has changed since the a revised map was not previously submittee | he initial awar d, is a map inc | d was mad cluded? | le, and | Yes [| | No 🗌 | N/A 🗌 |
| 5. Is a Property Management Register include | :d? | | | Yes [| | No 🗌 | N/A |
| 6. If an infrastructure project, is an engineerin | ig certification | 1 included? | > | Yes [| | No 🗌 | N/A 🗌 |
| 7. Are project photos included, if required by | | | | Yes [| | No 🗌 | N/A 🗌 |
| 8. Is documentation of all fair housing activiti monitoring visit included? | es conducted | after the la | ast | Yes [| | No 🗌 | N/A 🗌 |
| 9. Is a copy of the final construction draw req orders, included? | luest, includin | g any chan | ıge | Yes [| | No 🗌 | N/A 🗌 |
| 10. Is the project located in a Historic District? |) | | | | | Yes 🗌 | No 🗌 |
| 11. Is the project located in a Presidentially De | clared Disaste | er Area? | | | | Yes 🗌 | No 🗌 |
| 12. Is the project a Brownfield Activity? | | | | | | Yes 🗌 | No 🗌 |
| 13. Did the local government provide the assistance (to the beneficiaries) in the form of a loan or a grant? | Grant [|] Lo | oan 🗌 |] | Defe | erred, forgiva | ible loan 🗌 |
| 14. If a loan, indicate: Interest Rate: 1% | Monthly Loar \$ | 1 Amount: | An | nortizati | on Pe | eriod in Mon | ths: |

1

ATTACHMENT 1



| 15. List all other funds, along with the | source, used to support the activities funded with thi | s subgrant: | | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|--|--|
| Туре | Source | Amount | | | |
| Local Funds (i.e., General Revenue) | | \$ | | | |
| Grant(s) | | \$ | | | |
| Private Funds (i.e., Participating Party) | | \$ | | | |
| Loan(s) | | \$ | | | |
| Other, including Program Income (Specify) | | | | | |
| CDBG and Disaster Recovery subgrant DEO. Make check payable to the De | 16. Will the project result in program income? Program income earned as a result of Small Cities CDBG and Disaster Recovery subgrants, but not expended before closeout, must be returned to DEO. Make check payable to the Department of Economic Opportunity – CDBG Program and include it with the Closeout. | | | | |
| • If program income has already | resulted, indicate amount: | \$ | | | |
| • Indicate amount of program in | ncome that has been expended to date: | \$ | | | |
| 17. Does the local government have CDBG funds on hand? (If yes, you cannot close the contract.) | | | No 🗌 | | |
| If <i>yes</i> : \$ | | | | | |
| Has a final Request for Funds been contract.) | n submitted? (If not, you cannot close the | Yes 🗌 | No 🗌 | | |

Section II. Public Services, Public Facility and Infrastructure

(To be completed by Commercial Revitalization, Disaster Recovery and Neighborhood Revitalization subgrant recipients. If water or sewer hookups were provided, Section IV must also be completed.)

| 1. 5 | Service (Housing Counseling, etc.) | |
|------|------------------------------------------------------------------------------------------------------|-------------|
| a. | Number of persons with new access to this service or benefit | |
| Ъ. | Number of persons with improved access to this service or benefit | |
| C. | Number of persons now receiving a service or benefit that is no longer substandard | |
| 2.] | Public Facility or Infrastructure Improvement (i.e., Water and Sewer Facilities, Drainage, Stre | eet Paving) |
| a. | Number of persons with new access to this type of public facility or infrastructure improvement | |
| Ъ. | Number of persons with improved access to this type if public facility or infrastructure improvement | |
| c. | Number of persons served by public facility or infrastructure that is no longer substandard | |



Section III. Commercial Revitalization and Economic Development

Recipients of Commercial Revitalization grants should only respond to items with an asterisk (*).

| | e treatment* | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------|
| Number of businesses assisted that provide goods or s area, a neighborhood, or a community* | ervices to meet the needs of | a service |
| Number of businesses assisted* | | |
| Number of new businesses assisted | · · · · · · · · · · · · · · · · · · · | |
| Number of existing businesses assisted | Managana ang ang ang ang ang ang ang ang | |
| Number of existing businesses expanding | | |
| Number of existing businesses relocating | | |
| Number of full-time positions created | | |
| Number of full-time positions retained | | |
| Number of full-time low- and moderate-income position | ons created | |
| Number of full-time low- and moderate-income position | ons retained | |
| Number of persons who were unemployed prior to tak | ing jobs created by this acti | vity |
| Number of retained jobs with employer-sponsored hea | lth care benefits | |
| Number of jobs created with amplance aparent 1 1 | th care benefits | |
| Number of jobs created with employer-sponsored heal | | |
| Enter in the spaces below the number of jobs created | The same of the | <u> </u> |
| | The same of the | Retaine |
| Enter in the spaces below the number of jobs crea | ted and retained by type: | Retaine |
| Enter in the spaces below the number of jobs crea Classification | ted and retained by type: | Retaine |
| Enter in the spaces below the number of jobs creat Classification Officials and Managers | ted and retained by type: | Retaine |
| Enter in the spaces below the number of jobs creat Classification Officials and Managers Professional | ted and retained by type: | Retaine |
| Enter in the spaces below the number of jobs creaters Classification Officials and Managers Professional Office and Clerical | ted and retained by type: | Retaine |
| Enter in the spaces below the number of jobs creaters Classification Officials and Managers Professional Office and Clerical Sales | ted and retained by type: | Retaine |
| Enter in the spaces below the number of jobs creaters Classification Officials and Managers Professional Office and Clerical Sales Technicians | ted and retained by type: | Retaine |

Laborers (unskilled)





Section III. Commercial Revitalization and Economic Development - Page 2

For each business assisted, enter the business name and the DUNS number for the business, if available. Commercial Revitalization projects that consist of infrastructure activities (road paving; lighting, water, sewer or drainage improvements; parking facilities; or pedestrian malls) provide a benefit to the adjacent businesses. Therefore, the businesses that benefit from the improvements must be reported here. A DUNS number must be reported, if available, for each business.

| Business: | DUNS #: |
|-----------|---------|
| Business: | DUNS #: |
| Business: | |
| Business: | DUNS #: |
| Business: | DUNS #: |
| Business: | DUNS #: |
| | DUNS #: |
| Business: | DUNS #: |

4



Section IV. Housing Rehabilitation and Hookups

(To be completed by Small Cities CDBG and Disaster Recovery Program subgrant recipients if housing or hookup activities were undertaken. If water/sewer/electrical hookups were provided, please complete all information requested in Section IV.)

| Number of single family owner-occupied houses rehabilitated. | | |
|----------------------------------------------------------------------------------------------------|------------|---------------------------------------|
| Number of single family owner-occupied houses replaced one-for-one. | | |
| Total number of single family owner-occupied houses rehabilitated and replaced. | | · · · · · · · · · · · · · · · · · · · |
| Did the activity involve rental housing? | Yes 🗌 | No 🗌 |
| Number of single family rental houses addressed. | | |
| Number of multi-family properties addressed. | | |
| Number of units within the multi-family properties. | | |
| Number of permanent displacements/relocations. | | |
| Number of units with elderly residents (62 or older). | • _ •••••• | |
| Number of units with a female head of household. | | |
| Number of units made handicapped accessible. | | |
| Number of units that qualify as "Energy Star." | | |
| Number of units brought into compliance with lead safety requirements | | |
| If applicable, number of beds created in overnight shelter or emergency housing | | |
| Did the project include: | ····· | |
| • Installing security devices, | Yes 🗌 | No 🗌 |
| • Installing smoke detectors, | Yes 🗌 | No 🗌 |
| • Performing emergency housing repairs, | Yes 🗌 | No 🗌 |
| • Providing supplies and equipment for painting houses, | Yes 🗌 | No 🗌 |
| • Operating a Tool Lending Library, or | Yes 🗌 | No 🗌 |
| • Mitigation to prevent future damages (strengthened roof, doors, windows, elevations, etc.). | Yes 🗌 | No 🗌 |
| For Small Cities CDBG Housing Rehabilitation scoring review only, complete the following: | Proposed | Actual |
| • Number of Low Income housing units (30.01%-50.0% of area median family income) rehabilitated. | | |
| • Number of Very Low Income housing units (30.0% or less area median family income) rehabilitated. | | |

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Section IV: Housing Rehabilitation and Hookups – Page 2

(Housing rehabilitation and hookup beneficiaries are measured in households (HH), not the number of people living in each housing unit. Race and ethnicity data also applies only to the heads of households (HOH). HUD defines elderly as persons 62 or older. Additional pages are located after the instruction page, if needed. MI = 50.01% - 80.0% AMI. LI = 30.01% - 50.0% AMI. VLI = 30.0% or less of AMI. RH = Rehabilitation. RP = Replacement.)

| Owner (Last name, first initial) | Occupant (Last name, first initial) | Street Address (street, city and zip) (If replacement, new address.) | Rental (R) or Owner- Occupied (O) | Race (HoH) | Hispanic/ Latino HoH (Y or N) | Indicate MI, LI or VLI | Female HoH (Y or N) | Elderly Resident (Y or N) | Disabled Resident (Y or N) | Total Cost of Rehab or Replacement | Total CDBG Funds Invested | Date Completed mm/dd/yy | RH or RP | Number of Bedrooms |
|----------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|---------------|----------------------------------------|------------------------------|---------------------------|---------------------------------|----------------------------------|------------------------------------------|---------------------------------|-------------------------------|----------------|--------------------------|
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
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| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |

Codes for the Race of the Head of Household:

AI, AN = American Indian or Alaskan Native

NHPI = Native Hawaiian/Pacific Islander

AI, AN, W = American Indian or Alaskan Native and White A, W = Asian and White

AA, W = African American and White AI, AN, AA = American Indian/Alaskan Native and African American OMR = Other Multi-Racial



April, 2015

Section V. Status of Accomplishments and Expenditures (Use additional pages, if necessary.)

| (A) National (B) Objective Activity (See Number | | (C) Activity Name | (D) IDIS Number (for Small Cities CDBG) | (E CD Accompli | BG | (F) Current Approved | (G) CDBG Funds Received To | (H) Other Leverage Funds |
|----------------------------------------------------------|-----------------------------------------------------------|-------------------------|--------------------------------------------------|-------------------------|----------------------|----------------------------|----------------------------------|-----------------------------------|
| codes.) | | | DEO Use Only | Contracted | To Date | CDBG Budget | Date | Expended |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | | \$ | \$ | \$ |
| | | | | | Totals | \$ | \$ | \$ |
| I. Total C | I. Total CDBG Approved Budget: (Total of Column F) | | | | | | \$ | |
| J. Total C | J. Total CDBG Funds Received To Date: (Total of Column G) | | | | | Column G) | \$ | |
| K. Refund | l Due to DEO: | | (If] | Line J is greater than | Line I, indicate the | difference.) | \$ | |
| L. Amoun | nt to be Deoblig | rated: | | (If Line J is less than | Line I, indicate the | difference.) | \$ | |

National Objective Codes: 1 - LMI 2 - Urgent Need 3 - Slum and Blight



April, 2015

Section VI. Beneficiary Data (Do not enter Administration or Engineering. Housing and hookup beneficiaries are measured in households (HH). Area Median Family Income – AMI. Use additional pages if needed.)

| | | | Activity Numb | er A | Activity Number | |
|-----------------------------------------------------------|---------------------------------------|-------------------------|---------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|
| Total Beneficiaries Proposed | | | | | | | | | | | | | | |
| Total Beneficiaries Actual | | | | | | | | | | | | | | |
| Moderate-Income Beneficiaries Propos | sed (50.01% - 80.0 | 0% AMI) | | | | | | | | | | | | |
| Moderate-Income Beneficiaries Actual | | | | | | | | | | | | | | |
| Low-Income Beneficiaries Proposed (2 | 30.01% – 50.0% A | MI) | | | | | | | | | | | | |
| Low-Income Beneficiaries Actual | | | | | | | | | | | | | | |
| VLI Beneficiaries Proposed (30.0% or | less of AMI) | | | | | | | | | | | | | |
| VLI Beneficiaries Actual | | | | | | | | | | | | | | |
| Female Heads of Household | | | | | | | | | | | | | | |
| Disabled Persons | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| Elderly Persons (62 or older) | | | | | | | | | | | | | | |
| | For Housing | For Housing Grants Only | | Hispanic/ | | Hispanic/ | | Hispanic/ | | Hispanic/ | | Hispanic/ | | Hispanic/ |
| Race | # Owner Occupied | # Renter Occupied | | Latino Ethnicity | Total | Latino Ethnicity |
| White | | | | | | | | | | | | | | |
| African American | | | | | | | | | | | | | | |
| Asian | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | | | | | | | | | | | |
| Native Hawaiian/Pacific Islander | | | | | | | | | | | | | | |
| American Indian or Alaskan Native and White | | | | | | | | | | | | | | |
| Asian and White | | | | | | | | | | | | | | |
| African American and White | | | | | | | | | | | | | | |
| American Indian or Alaskan Native and African American | | | | | | | | | | | | | | |
| Other Multi-Racial | | | | | | | | | | | | | | |



Section VII. Property Management Register

Attachment A (If required.)

| Recipient: | , | Contract End Date: | | | | | | | |
|-------------------------------------------------|------------------|---------------------------------------|----|----------------|----|----|--|--|--|
| Contract Number: | | · · · · · · · · · · · · · · · · · · · | | Local Contact: | | | | | |
| | 1 | 2 | | 3 | 4 | 5 | | | |
| Description of Property or Type of Equipment | 4-71-0 | | | | | | | | |
| Identification Number | | | | | | | | | |
| Date of Purchase or Acquisition | | | | | | | | | |
| Total Cost of Property | \$ | \$ | \$ | | \$ | \$ | | | |
| CDBG Cost | \$ | \$ | \$ | | \$ | \$ | | | |
| CDBG % of Total Cost | | | | | | | | | |
| Physical Location | | | | | | | | | |
| Condition (New or Used) | | | | | | | | | |
| Residual Value | \$ | \$ | \$ | | \$ | \$ | | | |
| Disposition Date | | | | | | | | | |
| Disposition Amount | \$ | \$ | \$ | | \$ | \$ | | | |
| Method of Disposition | | | | | | | | | |



Section IV: Housing Rehabilitation and Hookups - Page 3 (if needed)

(Housing rehabilitation and hookup beneficiaries are measured in households (HH), not the number of people living in each housing unit. Race and ethnicity data also applies only to the heads of households (HOH). HUD defines elderly as persons 62 or older. Additional pages are located after the instruction page, if needed. MI = 50.01% - 80.0% AMI. LI = 30.01% - 50.0% AMI. VLI = 30.0% or less of AMI. RH = Rehabilitation. RP = Replacement.)

| Owner (Last name, first initial) | Occupant (Last name, first initial) | Street Address (street, city and zip) (If replacement, new address.) | Rental (R) or Owner- Occupied (O) | Race (HoH) | Hispanic (Y or N) | Indicate VLI, LI or LMI | Female HoH (Y or N) | Elderly Resident (Y or N) | Disabled Resident (Y or N) | Total Cost of Rehab (RH) or Replacement (RP) | Total CDBG Funds Invested | Date Completed | RH or RP | Number of Bedrooms |
|----------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|---------------|----------------------|-------------------------------|---------------------------|---------------------------------|----------------------------------|-------------------------------------------------------|---------------------------------|-------------------|----------------|--------------------------|
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | <u> </u> | \$ | \$ | | | |
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| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |

Codes for the Race of the Head of Household:

AI, AN = American Indian or Alaskan Native

NHPI = Native Hawaiian/Pacific Islander

AI, AN, W = American Indian or Alaskan Native and White

A, W = Asian and White

AA, W = African American and White

AI, AN, AA = American Indian/Alaskan Native and African American OMR = Other Multi-Racial

W = White

AA = A frican American



Form SC-62

April, 2015

Section IV: Housing Rehabilitation and Hookups - Page 4 (if needed)

(Housing rehabilitation and hookup beneficiaries are measured in households (HH), not the number of people living in each housing unit. Race and ethnicity data also applies only to the heads of households (HOH). HUD defines elderly as persons 62 or older. Additional pages are located after the instruction page, if needed. MI = 50.01% - 80.0% AMI. LI = 30.01% - 50.0% AMI. VLI = 30.0% or less of AMI. RH = Rehabilitation. RP = Replacement.)

| * | 10 | | | | | | | | | | | | | |
|----------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|---------------|----------------------|-------------------------------|---------------------------|---------------------------------|----------------------------------|-------------------------------------------------------|---------------------------------|-------------------|----------------|--------------------------|
| Owner (Last name, first initial) | Occupant (Last name, first initial) | Street Address (street, city and zip) (If replacement, new address.) | Rental (R) or Owner- Occupied (O) | Race (HoH) | Hispanic (Y or N) | Indicate VLI, LI or LMI | Female HoH (Y or N) | Elderly Resident (Y or N) | Disabled Resident (Y or N) | Total Cost of Rehab (RH) or Replacement (RP) | Total CDBG Funds Invested | Date Completed | RH or RP | Number of Bedrooms |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |
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| | | | | | | | | | | \$ | \$ | | | |
| | | | | | | | | | | \$ | \$ | | | |

Codes for the Race of the Head of Household:

AI, AN = American Indian or Alaskan Native

NHPI = Native Hawaiian/Pacific Islander

AI, AN, W = American Indian or Alaskan Native and White

A, W = Asian and White

AA, W = A frican American and White

AI, AN, AA = American Indian/Alaskan Native and African American OMR = Other Multi-Racial

W = White



Section VIII. Closeout Approval

I certify that, to the best of my knowledge, all activities undertaken by the local government with funds under this grant agreement have been carried out in accordance with the grant agreement, that proper provision has been made for the payment of all paid costs identified; that the State of Florida is under no obligation to make further payment to the local government under the grant agreement in excess of the amount identified on **Line I** of *Section V. Status of Accomplishments and Expenditures* submitted with this closeout report; that every statement and amount set forth in this instrument is true and correct as of this date; that all required audits as of this date have been submitted and approved; and I acknowledge that DEO reserves the right to recover any disallowed costs identified in an audit completed after this closeout.

Chief Elected Official or Authorized Designee

Signature

Name and Title Typed

Date

For DEO use only:

\$

Approval of this Closeout Package authorizes the deobligation of unexpended CDBG contract funds in the amount of

Division of Community Development

Name and Title

DEO Finance and Accounting Section

Name and Title

Date

Date

10



Instructions for Community Development Block Grant Closeout Small Cities CDBG and Disaster Recovery Programs

Do not include this page when you mail the *Closeout Report Form* to the Department. Mail two copies of the form with original signatures – one will be retained for the Department's project file, and one will be mailed back for your local file.

The *Closeout Report Form* must be submitted to the Department within 45 days after the contract termination or expiration date. Please note the following important instructions:

- Closeouts can only be submitted after all modifications have been executed and all *Request For Funds* have been submitted. The Department will not process a *Request For Funds* or a *Modification to Subgrant Agreement* request that is submitted with a closeout package.
- A final *Request For Funds* must be submitted prior to submission of the closeout package since funds that have not been requested will be deobligated.
- Any modification that is necessary for final reconciliation of the subgrant funds must be executed prior to the submission of the closeout package.
- All subgrant recipients must complete Section I. Contract Information.
- Commercial Revitalization, Disaster Recovery (if infrastructure or public facility projects were carried out) or Neighborhood Revitalization subgrant recipients must complete *Section II. Public Services, Public Facility and Infrastructure.*
- Recipients of Commercial Revitalization or Economic Development subgrants must complete Section III. Commercial Revitalization and Economic Development.
- Housing Rehabilitation and Disaster Recovery (if housing activities were carried out) subgrant recipients must complete *Section IV. Housing Rehabilitation and Hookups.*
- Neighborhood Revitalization subgrant recipients must complete *Section IV. Housing Rehabilitation and Hookups* if water/sewer/electrical hookups were made as part of the project activities.
- All subgrant recipients must complete Section V. Beneficiary Data and Section VI. Status of Accomplishments and Expenditures.
- Section VIII. Closeout Approval must be signed by the Chief Elected Official or another individual authorized by resolution to sign CDBG documents. Enter the information requested or circle the response.

Please complete and return only the sections that are applicable to your contract. Contact your grant manager if you have questions. Use the tab key or the cursor to move between form fields and check boxes. Click on the appropriate check box to put an "X" for "Yes, No or N/A" questions.

Provide copies of the following support documents that are applicable to your contract:

- 1. The final statement of costs and copies of the final construction invoices;
- 2. A certification letter from the project engineer that all construction has been completed, inspected and approved by all parties prior to the subgrant end date and submission of the administrative closeout;
- 3. Photos of project activities, copies of revised maps, documentation of fair housing activities that were conducted after the last monitoring visit, proof that all citizen complaints have been resolved, and responses to any outstanding monitoring issues;
- 4. Certification that all costs, except those reflected on the closeout report, have been paid;
- 5. Documentation of the expenditure of any leverage not previously provided;
- 6. Certification that each housing unit assisted was within the local government's jurisdiction for Housing Rehabilitation.

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