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Many of these documents are available on the DCA website, at this address:
<http://www.dca.ga.gov/communities/CDBG/programs/CDBGforms.asp>

1.

Statement of CDBG Award—Sample

Georgia Department of
COMMUNITY AFFAIRS
60 Executive Park South, N.E.
Atlanta, Georgia 30329-2231

STATEMENT OF CDBG AWARD

GEORGIA COMMUNITY DEVELOPMENT
BLOCK GRANT PROGRAM

Recipient: _____ CDBG Funds: _____
Date of Award: _____ Grant Period: From _____ To _____
Program Title: CDBG Program Category: _____
Grant Number: -x---5416

Award is hereby made in the amount and for the period shown above under the Housing and Community Development Act of 1974, as amended to the above mentioned recipient, in accordance with the plan set forth in the application of the above mentioned recipient and subject to any attached revisions or special conditions.

This award is subject to all applicable rules, regulations, and conditions as prescribed by the Department of Community Affairs' CDBG Non-entitlement Program Regulations, its Applicants' Manual and Recipients' Manual as well as the Uniform Administration Requirements ("the common rule") 24 CFR Part 85 and OMB Circulars A-87 and A-133, the U.S. Department of Housing and Urban Development's Community Development Block Grant: State's Program Final Rule (24 CFR Part 570) and Environmental Review Procedures for Title I Community Development Block Grant Program (24 CFR Part 58). It is also subject to such further rules, regulations and policies as may be reasonably prescribed by the State or Federal Government consistent with the purposes and authorization of the Housing and Community Development Act of 1974, as amended.

This grant shall become effective on the beginning date of the grant period (above), provided that within thirty (30) days of the award execution date (below) the properly executed original of the "Statement of CDBG Award" and any attached properly executed revisions and special condition statements are returned to the Georgia Department of Community Affairs.

DEPARTMENT OF COMMUNITY AFFAIRS

This award is subject to revisions.
(attached)

This award is subject to special
conditions. (attached)

Commissioner

Date Executed

I, _____, acting under my authority to contract on behalf of the recipient, hereby signify acceptance for the recipient of the above described grant on the terms and conditions stated above or incorporated by reference therein.

Date of Acceptance: _____
Chief Elected Official

Title (typed)

2.

Vendor Management Bank Account Form



VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: _____

ADDRESS CONT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # _____ BANK ACCOUNT # _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose _____

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

(Vendor Printed Name)

(Vendor Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> New Vendor | <input type="checkbox"/> Employee | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address | <input type="checkbox"/> FEI/TIN Change** |
| <input type="checkbox"/> Name Change** | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Right of Way Purchase |
| <input type="checkbox"/> Vendor Deactivation | <input type="checkbox"/> Fleet Anywhere Vendor | <input type="checkbox"/> Other (provide details in Section 4) |
| <input type="checkbox"/> Bank Account Add | <input type="checkbox"/> Bank Account Change | <input type="checkbox"/> Bank Account Delete |

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Women Owned | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic-Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander |

SECTION 4 – ADDITIONAL COMMENTS

Leave Blank

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: Lorvetta Culpepper Agency BU#: 42800 Date: _____

Email: lorvetta.culpepper@dca.ga.gov Phone: (404) 679-0683 Fax #: (404) 679-3139

Sample



VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 - VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: Leave Blank FEI/SSN/EMP ID NUMBER: Fill-in
VENDOR NAME: Fill-in
PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) Leave Blank
ADDRESS: Fill-in
ADDRESS CONT: Fill-in
CITY: Fill-in STATE: ZIP CODE: COUNTRY: Fill-in
PHONE NUMBER: FAX NUMBER:
EMAIL: Fill-in if one is available

SECTION 2 - BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # Fill-in BANK ACCOUNT # Fill-in

- Check here if General Bank Account can be used by ALL State of Georgia agencies making payments
Check here if this account can only be used for a SPECIFIC purpose Grant payment for Specific Grant

(Indicate specific purpose for which this account can be used)

authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further knowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

Fill-in (Vendor Printed Name) Sign (Vendor Signature) (Date)

SECTION 3 - SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- New Vendor, Classification Change, Name Change**, Vendor Deactivation, Bank Account Add, Employee, Add address, Change of Address: Address #, Fleet Anywhere Vendor, Bank Account Change, 1099 Code, FEI/TIN Change**, Right of Way Purchase, Other (provide details in Section 4), Bank Account Delete

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor

SIC CODES (CHECK ALL THAT APPLY)

- Small Business, GA Based Business, Women Owned, Minority Business Certified, Minority Business Enterprise, Hispanic-Latino, African American, Native American, Asian American, Pacific Islander

SECTION 4 - ADDITIONAL COMMENTS

Insert grant number here

SECTION 5 - STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: Lorvetta Culpepper Agency BU#: 42800 Date:
Email: lorvetta.culpepper@dca.ga.gov Phone: (404) 679-0683 Fax #: (404) 679-3139

3.

Authorized Signature Card

**Authorized Signature Card
For Drawdown of CDBG Funds**

Name of Recipient:	Award Number:
--------------------	---------------

CHECK ONE:

ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS
or
 ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

**SIGNATURES OF INDIVIDUALS AUTHORIZED
TO DRAW ON THE CITED LETTER OF CREDIT**

Typed Name:	Typed Name:
Job Title:	Job Title:
Signature:	Signature:

Typed Name:	Typed Name:
Job Title:	Job Title:
Signature:	Signature:

I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:

Typed Name:

Title:

SIGNATURE OF Authorizing Official (<i>Recipient</i>)	DATE
--	------

INSTRUCTIONS

An Authorized Signature Card must be signed by at least two signatories (one of which must be a local government employee) authorized to request payment of funds under the grant agreement. Check the box designating either one (1) or two (2) signatures as required. (NOTE If the authorized official designates himself for drawdown, the two (2) signatures required box must be checked.) The Authorizing Official should also sign the card (on the SIGNATURE OF AUTHORIZING OFFICIAL line) to certify that the individuals named are indeed authorized to request payment and that the signatures on the card are theirs. No erasures or corrections may appear on this form.

If the name of someone on this form changes, DCA must receive a corrected signature card with current information within 30 days for the signature to be valid.

Each drawdown form must have the signature of at least one authorized local government representative at the time of the draw.

4.

Recipient's Civil Rights Compliance Certification

CIVIL RIGHTS COMPLIANCE CERTIFICATION

Grant Recipient

Grant Number

Date

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Has your government had any employment vacancies in the past three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If so, did you follow equal employment opportunity guidelines in advertising the vacancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have written employment and personnel policies available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have employment records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your employment data detailed enough to determine your staff composition by:			
▪ Sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Race?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Disability Status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ National Origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your position and salary information detailed enough to assess hiring, training, promotion and compensation practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your employment data indicate any deficiencies in providing for equal employment opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any written civil rights complaints been filed against your community? If yes, list and briefly describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Use the space below to describe any situation relating to the above questions that need additional clarification.

The undersigned hereby certifies that the information contained in this Civil Rights Compliance Certification is correct to the best of his or her knowledge.

Signature: Chief Elected Official

Title

Date

Signature of person preparing Certification

Title

Date

5.

Statement of Special Conditions

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CDBG PROGRAM
STATEMENT OF SPECIAL CONDIIONS

Recipient: _____

Grant Number: _____

SAMPLE

Date

Authorized Signature

6.

Statement of Revisions

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CDBG PROGRAM
STATEMENT OF REVISIONS

Recipient: _____

Grant Number: _____

SAMPLE

Date

Authorized Signature

7.

Request for Drawdown of CDBG Funds

8.

Instructions for Preparing Request for Drawdown of CDBG Funds

INSTRUCTIONS FOR PREPARING REQUEST FOR DRAWDOWN OF CDBG FUNDS

Please Mail To:
Georgia Department of Community Affairs
Office of Community Development
60 Executive Park South, NE
Atlanta, Georgia 30329-2231

GENERAL REQUIREMENTS: The original and one copy of this form must be submitted to DCA each time a local government CDBG Recipient wishes to drawdown funds. **PLEASE READ CAREFULLY** the sections on Award and Acceptance of CDBG Funds and on the Drawdown of Funds in your current CDBG Recipients' Manual before preparing this form.

BLOCK 1: Enter the name of the local government Grant Recipient, and the name and telephone number of the person who prepares the Drawdown Request.

BLOCK 2: Enter the Grant Award Number as well as the drawdown request number. Drawdowns should be numbered consecutively, the first one being Number 1, the second one being Number 2, etc. The final drawdown should be indicated by checking the "yes" box when appropriate.

BLOCK 3:

- Item A** **Activity Number:** Enter the numbers for all approved activities as shown on the DCA Budget Summary. Include all approved activities, including the Contingency Activity.
- Item B** **Budget Amount:** Enter the amount budgeted for all approved activities as shown on the DCA Budget Summary. These numbers should never be changed once they are entered correctly.
- Item C** **Budget Adjustments:** Enter the total amount of Prior Budget Adjustments, which should reflect your current Revised Budget. Do not enter New Budget Adjustments on the current draw. If your draw request exceeds the Budget Revised amount, (Column H) should indicate a negative balance for that activity. Submit your request showing the negative balance. Money will be adjusted from the Contingency Activity to cover the current draw. If money is not available in the Contingency Activity, indicate the activities that the money should be transferred from in Block 4. This Budget Adjustment should be shown on your next drawdown request. The total of (Column C) always should equal zero unless the grant amount is changed by DCA.
- Item D** **Budget Revised:** Equals Item C (positive or negative) added to Item B.
- Item E** **Amount Drawn to Date:** This should reflect, by activity, the total funds drawn down by the Recipient.
- Item F** **Budget Balance Prior to this Draw:** This should reflect, by activity, the budget balance prior to the current draw.
- Item G** **Amount of Drawdown Requested:** Enter the amount requested for each activity.
- Item H** **Budget Balance After this Draw:** Equals Item G subtracted from Item F

BLOCK 4. When determining the amount requested (Column G), confirm that an adequate balance of funds remains. If you are requesting a draw in excess of the activity balance, you must indicate the activity number from which you want funds transferred.

BLOCK 5. Please indicate the amount of program income received since the date of your last drawdown. If this is left blank, you are certifying that no program income has been received. If program income has been received, please review the Recipients' Manual (Chapter 3, Section 3) for DCA's program income policies and reporting requirements. Please indicate the cash on hand (including program income) in your CDBG account as of the date of the drawdown:

BLOCK 6. Enter the authorized signature(s), date signed, and authorized signatory(s) title on the original drawdown form.

9.

Quarterly Expenditure and Progress Report REVISED 9/15/2009

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
 QUARTERLY EXPENDITURES AND PROGRESS REPORT**

SECTION I: GENERAL INFORMATION

Recipient Name: Sample, City of Grant Number: 14p-321-2-9999 Report No: 01 Quarter End: 12/31/2014 Final Report? No
 Contact Person: Rob Shaw Telephone Number: 404-679-4806 E-mail: cdfdadmin@dca.state.ga.us Final Report: _____

SECTION II: FINANCIAL INFORMATION

A. Activity Number	B. Amount Revised Budgeted	C. Cumulative Amount Drawdown	D. Cumulative Balance (B - C)	E. Expended This Quarter	F. Obligated End of Quarter	G. Cumulative Expended to Date	H. Cumulative Obligated to Date	I. Cumulative Total to Date (G + H)	J. Cumulative Percentage
T-03K-00	40,000.00		40,000.00	10,000.00	30,000.00	10,000.00	30,000.00	40,000.00	100.00%
P-03K-01	200,000.00		200,000.00		70,000.00		70,000.00	70,000.00	35.00%
P-03K-02	194,000.00		194,000.00	4,000.00	100,000.00	4,000.00	100,000.00	104,000.00	53.61%
C-022-00	36,000.00		36,000.00						0.00%
A-21A-00	30,000.00		30,000.00	6,000.00	24,000.00	6,000.00	24,000.00	30,000.00	100.00%
Totals	500,000.00		500,000.00	20,000.00	224,000.00	20,000.00	224,000.00	244,000.00	48.80%

SECTION III: CONTRACTS AND SUBCONTRACTS FOR THIS QUARTER

Contractor/ Subcontractor Name	Address	City, State, Zip	Prime Contractor ID Number	Sec 3	Sub Contractor ID Number	Sec 3	Total Amt. of Contract/ Subcontract	CDBG Part Contract/ Subcontract	Trade/ Race Codes	Women Owned
Joe's Street & Drain	123 Onethwothree St	Sample, GA 22222	####	<input type="checkbox"/>		<input type="checkbox"/>	170,000.00			<input type="checkbox"/>
Acme Admin	AAA St	Macon GA 11111	####	<input type="checkbox"/>		<input type="checkbox"/>	30,000.00			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>

Trade Codes: 1 = New Construction, 2 = Education/Training, 3 = Other Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian

Total Contracts/Subcontracts: 2

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

Final Report No

Recipient Name: Sample, City of

Grant Number: 14p-321-2-9999

Report No: 01

Quarter End: 12/31/2014

Final Report: _____

SECTION IV: Work in Progress

Use this section to provide a brief narrative description of work in progress during the reporting period. Use the Project Implementation Schedule included in your application as the basis for reporting.

SECTION V: Other Supporting Efforts

Use this section to provide a description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Use quantifiable data whenever possible. Use the information from DCA 8 (Budget Analysis) as the basis for reporting.

SECTION VI: Problems Encountered / Technical Assistance Needed

Use this section to provide a brief description of any problems or delays encountered or anticipated, or any technical assistance needed from DCA.

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
 QUARTERLY EVALUATIONS, MEASUREMENTS AND PROGRESS REPORT**

Final Report No. _____

Recipient Name: Sample, City of

Grant Number: 14p-321-2-9999

Report No: 01

Quarter End: 12/31/2014

Final Report: _____

SECTION VIII: Performance Measurement

All Grants

	<u>LEVERAGE THIS GRANT</u>	
	<u>Public</u>	<u>Private</u>
This Quarter	\$25,000.00	
Cumulative	\$25,000.00	

CDBG and CDBG Stimulus - People

	<u>TOTAL PEOPLE THIS GRANT</u>	
	<u>People</u>	<u>I/M</u>
This Quarter		
Cumulative		

CDBG and CDBG Stimulus - Housing

	<u>TOTAL HOUSING THIS GRANT</u>			
	<u>Units Owner</u>	<u>Units Rental</u>	<u>Units Buyer</u>	<u>Total Units</u>
This Quarter				
Cumulative				

CDBG and CDBG Stimulus - EIP Jobs (do not include ARRA jobs)

	<u>TOTAL F/T+FTE JOBS THIS GRANT</u>				
	<u>Created</u>	<u>Retained</u>	<u>Lost:</u>	<u>Lost:</u>	<u>Lost:</u>
	<u>Created</u>	<u>L/M</u>	<u>Retained</u>	<u>L/M</u>	<u>Created Retained</u>
This Quarter					
Cumulative					

NSP - Housing / Projects

	<u>HOUSING ACCOMPLISHMENTS THIS GRANT</u>			
	<u>Units Acquired</u>	<u>Units Rehab</u>	<u>Units Construct</u>	<u>Units Sold</u>
This Quarter				
Cumulative				

PROJECTS COMPLETED THIS GRANT

<u>Projects Completed</u>
This Quarter
Cumulative

Temporary Jobs - All Grants

<u>TEMPORARY JOBS THIS GRANT</u>
<u>People</u>
This Quarter <u>8</u>
Cumulative

PERFORMANCE CERTIFICATION
 This certifies that
All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATOR
This Quarterly Report is complete.
 Date Completed: 8/14/2014

CERTIFICATION

The signature of the Certifying Official below certifies that the data and other information provided in this Report (including Pages 1 and 2 of the Quarterly Report and the Project Activity and Completion as applicable), whether submitted in paper form or on-line, is correct, based on official accounting system and other records, and that expenditures and obligations shown have been made for the purpose of and in accordance with applicable Grant Terms and Conditions.

Signature of Certifying Official _____

Title of Official _____

Date _____

10.

Actual Accomplishments Form

**Georgia Department of Community Affairs
CDBG Program
Actual Accomplishments Report**

1. Recipient: _____
 2. Grant # _____
 3. Prepared by: _____
 4. Date _____
 5. Reviewed by: _____

<i>Activity</i>	<i>Measure</i>	<i>Accomplishments</i>
Acquisition, Disposition	# of Structures # of Parcels	
Clearance	# of Structures # of Parcels	
Building Type:	# of Facilities # of Persons Served # Low and Moderate Income	
Water Facilities	# of Persons Served # Low and Moderate Income	
Sewer Facilities	# of Persons Served # Low and Moderate Income	
Flood/Drainage Facilities	# of Persons Served # Low and Moderate Income	
Street Improvements	# of Persons Served # Low and Moderate Income	
Other Public Facilities Type:	# of Persons Served # Low and Moderate Income	
Public Services	# of Persons Served # Low and Moderate Income	
Relocation Assistance	# of Businesses Relocated # of Households Relocated # LMI Households Relocated	
Residential Rehabilitation	# of Units Rehabbed # of Persons Served # of Low and Moderate Income	
Economic Development	# of Businesses Assisted # of Jobs Created # of LMI Jobs Created # of Jobs Retained # of LMI Jobs Retained	
Reconstruction of Housing	# of Units # of Persons Served # of Low and Moderate Income	

11.

Sample Notices Post
Award Public Hearing
and Project Completion
Hearing

SAMPLE PUBLIC HEARING NOTICE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
(Post Award Hearing)

The (City or County) of (name of City or County) will hold a PUBLIC HEARING on (Date/Time/Location) for the purpose of discussing the approved activities of the City's/County's Community Development Block Grant. On (date) the City/County was awarded a grant in the amount of \$ _____ to perform: (list of activities) in the following location(s) _____.

Items to be discussed at the hearing include:

- The amount of funds received and a description of the activities
- The amount of funds available for each activity and the amount of funds that will benefit low- and moderate-income persons
- The plan, if applicable, to minimize or prevent displacement of persons and the plan to assist persons who may be displaced
- Fair Housing laws and the City's/County's plan to further Fair Housing.

The Public is invited to this Hearing to become informed of the project activities.

The (City or County) of (name of City or County) is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless of race, color, national origin, religion, sex, familial status, disability or age. For a reasonable accommodation please contact (_____) at: (Number) or email _____.

If you need an alternative format or language, please contact: (_____) at: (Number) or email _____.

Persons with hearing disabilities can contact us at our TDD number (AC + number). [Applicants who do not have a TDD phone may consider using the Georgia Relay Service, at (TDD) 1-800-255-0056 or 1-800-255-0135 (Voice).]

The applicant must maintain detailed minutes of this hearing, a "tear sheet" or affidavit pertaining to the public notice and documentation as to whether or not meeting "special needs" was required and, if applicable, addressed.

SAMPLE PUBLIC HEARING NOTICE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
(Project Completion Hearing)

The (City or County) of (name of City or County) has completed its FY XXXX Community Development Block Grant Project. The following activities were completed:

(List accomplishments, benefit numbers, etc.)

The (City or County) of (name of City or County) will hold a PUBLIC HEARING on (Date/Time/Location) for the purpose of discussing the completed activities and receiving citizen comments. All citizens are invited to attend this Hearing.

A copy of the Final Quarterly Report is now available at (LOCATION) for review. Any person desiring to comment on the performance of the project may write to the City/County at (ADDRESS).

The (City or County) of (name of City or County) is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless of race, color, national origin, religion, sex, familial status, disability or age. For a reasonable accommodation please contact

() at: (Number) or email _____.

If you need an alternative format or language, please contact: () at: (Number) or email _____.

Persons with hearing disabilities can contact us at our TDD number (AC + number). [Applicants who do not have a TDD phone may consider using the Georgia Relay Service, at (TDD) 1-800-255-0056 or 1-800-255-0135 (Voice).]

The applicant must maintain detailed minutes of this hearing, a "tear sheet" or affidavit pertaining to the public notice and documentation as to whether or not meeting "special needs" was required and, if applicable, addressed.

Sample - Spanish Pre Application Public Hearing Notice

Muestra de Aviso de Audiencia Pública – Pre-solicitud de fondos para CDBG

La/el (ciudad o condado) de (nombre de ciudad o condado) está considerando solicitar un *Community Development Block Grant* (Subvención en bloque para el desarrollo de la comunidad) de hasta \$(cantidad de fondos) del Departamento de Asuntos Comunitarios de Georgia. Se deben usar estos fondos principalmente para beneficiar a personas de ingreso bajo o medio. Se pueden usar estos fondos para actividades en las áreas de vivienda, instalaciones públicas y desarrollo económico. Se proporcionarán detalles más específicos sobre las actividades elegibles, los planes para dar asistencia a personas desplazadas (si existen), la cantidad aproximada de fondos propuestos para actividades que benefician a personas de ingreso bajo y medio, y el sistema de clasificación en una audiencia pública que tendrá lugar en (lugar/dirección) el (fecha), a las (hora). El motivo de esta audiencia será obtener opiniones de ciudadanos sobre el desarrollo de la solicitud y revisar el progreso de la subvención de CDBG previa (si procede). La/el (ciudad o condado) de la/el (nombre de ciudad o condado) está comprometido a proporcionarles a todas personas acceso igual a sus servicios, programas, actividades, educación y empleo de manera independiente de su raza, color, origen nacional, religión, sexo, estatus familiar, discapacidad o edad. Las personas con necesidades especiales o adecuaciones relacionadas con accesibilidad de discapacitados o idiomas extranjeras contactarán a (nombre/número de teléfono) antes de (fecha). Se puede encontrar a tal persona en (dirección completa) entre las horas (horas am – pm), lunes a viernes, excepto durante fiestas. Personas con discapacidades auditivas pueden contactarnos a nuestro número telefónico TDD (número AC +). [Los solicitantes quienes no tienen un teléfono TDD pueden considerar usar el *Georgia Relay Service*, al (TDD) 1-800-255-0056 o (Voz) 1-800-255-0135.]

Sample - Spanish Project Completion Public Hearing Notice

DE AVISO DE AUDIENCIA PÚBLICA PROGRAMA COMMUNITY DEVELOPMENT BLOCK GRANT

(Audiencia de término de proyecto)

La/el (ciudad o condado) de (nombre de ciudad o condado) ha terminado su proyecto *Community Development Block Grant* (Subvención en bloque para el desarrollo de la comunidad) del AF XXXX. Se han llevado a cabo las siguientes actividades:

(Lista de logros, cantidades de beneficios, etc.)

La/el (ciudad o condado) de (nombre de ciudad o condado) realizará una audiencia pública el (fecha/hora/lugar) para hablar de las actividades completadas y escuchar las opiniones de ciudadanos. Se les invita a todos ciudadanos a dar asistencia en esta audiencia.

Una copia del informe trimestral final está disponible en (lugar) para revisión. Cualquier persona quien desea comentar sobre el desempeño del proyecto puede escribirle a la/el ciudad o condado a (dirección).

La/el (ciudad o condado) de (nombre de ciudad o condado) está comprometido a proporcionarles a todas personas acceso igual a sus servicios, programas, actividades, educación y empleo de manera independiente de su raza, color, origen nacional, religión, sexo, estatus familiar, discapacidad o edad. Para una adaptación razonable por favor contacte a () al: (número telefónico) o envíe un correo electrónico a _____.

Si necesita un formato o idioma alternativo, por favor contacte a: () al: (número telefónico) o envíe un correo electrónico a _____.

Personas con discapacidades auditivas pueden contactarnos a nuestro número TDD (número AC +). [Los solicitantes quienes no tienen un teléfono TDD pueden considerar usar el *Georgia Relay Service*, al (TDD) 1-800-255-0056 o 1-800-255-0135 (Voz).]

12.

Source and Application of Funds Schedule

SAMPLE

**SOURCE and APPLICATION OF FUNDS SCHEDULE
Community Development Block Grant**

Recipient Name

CDBG Grant Number

For the Period Ending: _____
(Cumulative)

- I. Total Fiscal Year _____ CDBG Funds Awarded to Recipient:

- II. Total Amount Drawdown by Recipient from DCA:

- III. Less: CDBG Funds Expended by Recipient:

- IV. Amount of Fiscal Year _____ CDBG Funds held by Recipient:

13.

Project Cost Schedule

Sample
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
 PROJECT COST SCHEDULE**

Recipient:

Grant #:

For the Period Ending:

<i>Col. 1</i>	<i>Col. 2</i>	<i>Col. 3</i>	<i>Col. 4</i>	<i>Col. 5</i>	<i>Col. 6</i>	<i>Col. 7</i>
Program Activity	CDBG Activity Number	Latest Approved Budget (CDBG Funds)	Accumulative CDBG Expenditures To Date	Accumulative Expenditures To Date (Other Funds)	Grand Total of Expenditures To Date (Col. 4 + 5)	Questioned Costs (Explain in Remarks)
Fire Protection	B-03c-p	\$6,000	\$6,000	\$1,500	\$7,500	
Water	B-04f-p	\$26,000	\$59,069	\$3,500	\$62,569	
Clearance	B-04-h	\$15,950	\$17,056	\$2,750	\$19,806	
Interim Assist.	B-06-h	\$8,310	\$9,868	\$920	\$10,788	
Rehabilitation	B-10b-h	\$312,450	\$299,279	\$3,000	\$302,279	\$1,250
Administration	B-15	\$23,300	\$25,428		\$25,428	
Contingencies	B-16	\$24,090	\$0	\$0	\$0	
TOTAL		\$416,700	\$416,700	\$11,670	\$428,370	\$1,250

Source(s) of Other Funds:

Remarks:

14.

Grant Adjustment Notice

Award Serial No. _____ Adjustment No. _____ Award No. _____

Recipient _____

Co-Recipient _____

Type **CDBG - Immediate Threat & Danger**

Project **CDBG - Immediate Threat and Danger Program: Hazard Mitigation**

TO THE RECIPIENT:

Pursuant to your request of _____ the following amendment or other change in the above award program is approved, subject to such conditions or limitations as may be set forth below.

NATURE OF ADJUSTMENT:

- | | |
|------------------------------|------------------------------------|
| _____ New Activity | _____ Special Condition Compliance |
| _____ Decrease in Scope | _____ Change in Award Period |
| _____ Change in Target Area | _____ Error Correction |
| _____ Budget Revision | _____ Acceptance of Final Report |
| _____ Change in Award Amount | _____ Other (see below) |

Georgia Department of Community Affairs

Date: _____

Assistant Commissioner

15.

Certification of Categorical Exclusion (not subject to 58.5)



U.S. Department of Housing and Urban
Development
451 Seventh Street, SW
Washington, DC 20410
www.hud.gov
espanol.hud.gov

**Environmental Review
for Activity/Project that is Exempt or
Categorically Excluded Not Subject to Section 58.5
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

Project Information

Project Name:

Responsible Entity:

Grant Recipient (if different than Responsible Entity):

State/Local Identifier:

Preparer:

Certifying Officer Name and Title:

Consultant (if applicable):

Project Location:

Description of the Proposed Project [24 CFR 58.32; 40 CFR 1508.25]:

Level of Environmental Review Determination:

Activity/Project is Exempt per 24 CFR 58.34(a): _____

Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b):

Funding Information

Grant Number	HUD Program	Funding Amount

Estimated Total HUD Funded Amount:

This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable):

Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]:

Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Runway Clear Zones and Accident Potential Zones 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Coastal Barrier Resources Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Flood Insurance Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes No <input type="checkbox"/> <input type="checkbox"/>	

Mitigation Measures and Conditions [40 CFR 1505.2(c)]

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Preparer Signature: _____ Date: _____

Name/Title/Organization: _____

Responsible Entity Agency Official Signature:

_____ Date: _____

Name/Title: _____

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

16.

Certification of Categorical Exclusion (subject to 58.5)



U.S. Department of Housing and Urban
Development
451 Seventh Street, SW
Washington, DC 20410
www.hud.gov
espanol.hud.gov

**Environmental Review for Activity/Project that is Categorically
Excluded Subject to Section 58.5
Pursuant to 24 CFR 58.35(a)**

Project Information

Project Name:

Responsible Entity:

Grant Recipient (if different than Responsible Entity):

State/Local Identifier:

Preparer:

Certifying Officer Name and Title:

Grant Recipient (if different than Responsible Entity):

Consultant (if applicable):

Direct Comments to:

Project Location:

Description of the Proposed Project [24 CFR 50.12 & 58.32; 40 CFR 1508.25]:

Level of Environmental Review Determination:

Categorically Excluded per 24 CFR 58.35(a), and subject to laws and authorities at §58.5: _____

Funding Information

Grant Number	HUD Program	Funding Amount

Estimated Total HUD Funded Amount:

Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]:

Compliance with 24 CFR 50.4, 58.5, and 58.6 Laws and Authorities

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR §58.5 and §58.6	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR 50.4 & 58.6		
Airport Hazards 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Coastal Barrier Resources Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Flood Insurance Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes No <input type="checkbox"/> <input type="checkbox"/>	
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR 50.4 & 58.5		

Clean Air Clean Air Act, as amended, particularly section 176(c) & (d); 40 CFR Parts 6, 51, 93	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Coastal Zone Management Coastal Zone Management Act, sections 307(c) & (d)	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Contamination and Toxic Substances 24 CFR Part 50.3(i) & 58.5(i)(2)	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Endangered Species Endangered Species Act of 1973, particularly section 7; 50 CFR Part 402	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Explosive and Flammable Hazards 24 CFR Part 51 Subpart C	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Farmlands Protection Farmland Protection Policy Act of 1981, particularly sections 1504(b) and 1541; 7 CFR Part 658	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Floodplain Management Executive Order 11988, particularly section 2(a); 24 CFR Part 55	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Historic Preservation National Historic Preservation Act of 1966, particularly sections 106 and 110; 36 CFR Part 800	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Noise Abatement and Control Noise Control Act of 1972, as amended by the Quiet Communities Act of 1978; 24 CFR Part 51 Subpart B	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Sole Source Aquifers Safe Drinking Water Act of 1974, as amended, particularly section 1424(e); 40 CFR Part 149	Yes No <input type="checkbox"/> <input type="checkbox"/>	

Wetlands Protection Executive Order 11990, particularly sections 2 and 5	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Wild and Scenic Rivers Wild and Scenic Rivers Act of 1968, particularly section 7(b) and (c)	Yes No <input type="checkbox"/> <input type="checkbox"/>	
ENVIRONMENTAL JUSTICE		
Environmental Justice Executive Order 12898		

Field Inspection (Date and completed by):

Summary of Findings and Conclusions:

Mitigation Measures and Conditions [40 CFR 1505.2(c)]

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Determination:

- This categorically excluded activity/project converts to **EXEMPT** per Section 58.34(a)(12), because it does not require any mitigation for compliance with any listed statutes or authorities, nor requires any formal permit or license; **Funds may be committed and drawn down after certification of this part** for this (now) EXEMPT project; OR
- This categorically excluded activity/project cannot convert to Exempt status because one or more statutes or authorities listed at Section 58.5 requires formal consultation or mitigation. Complete

consultation/mitigation protocol requirements, **publish NOI/RROF and obtain "Authority to Use Grant Funds"** (HUD 7015.16) per Section 58.70 and 58.71 before committing or drawing down any funds; OR

- This project is not categorically excluded OR, if originally categorically excluded, is now subject to a full Environmental Assessment according to Part 58 Subpart E due to extraordinary circumstances (Section 58.35(c)).

Preparer Signature: _____ Date: _____

Name/Title/Organization: _____

Responsible Entity Agency Official Signature:

_____ Date: _____

Name/Title: _____

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).