CDBG PROJECT CLOSE-OUT REPORT

PROJECT INFORMATION

Project Name: _____

Grantee: _____ Contact Person: _____

Contract Number: _____ Telephone: _____

Grant Program Year: _____

COSTS AND FUNDING

Amount of CDBG Funds Awarded: _____

Total Project Costs: _____ Leveraged Funds: _____

CDBG Funds Used: _____ Source of Leveraged Funds:

_____

ACCOMPLISHMENTS

Project Description as Proposed (*Detailed Summary)*:

Project as Completed and why changes were made *(Detailed Summary)*:

BENEFICIARIES

Direct Benefit *(e.g., water or sewer hookups, housing improvements, etc.)*

Proposed number of people to receive direct benefits from this project _____

Actual number of people who received direct benefits from this project _____

Indirect Benefit *(e.g., system-wide projects, fire protection, etc.)*

Proposed number of people to receive indirect benefits from this project _____

Actual number of people who received indirect benefits from this project _____

LMI Benefit (Note that the number of beneficiaries might have changed from the application.)

Proposed LMI percentage benefit _____%

Actual LMI percentage benefit _____%

** If the project was a line extension project, complete form H-6 which lists everyone served by the project.*

30% _____ 50% _____ 80% _____

FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY

(Attach Supporting Documents as needed)

Fair Housing Activity *(Detailed Summary)*: Amount Spent: _____

Which impediment was addressed and how?

Date approved by ECD: _____ Person who approved: _____

CERTIFICATION

I, the undersigned administrator of the grantee, certify that the information in this close-out packet is true and correct.

_____ _____

(Preparer's Signature) *(Date)*