



# Department of Commerce

Innovation is in our nature.

## Grantee Closeout Performance Report for Community Development Block Grant Contract No.: 09-64009-005

1. Grantee Jurisdiction: <b>Kittitas County</b>	2. Current Address: <b>205 West 5<sup>th</sup> – Suite 108 Ellensburg, WA 98926</b>
3. Name and Title of Chief Administrative Official:	<b>Mark McClain, Chairman Board of County Commissioners</b>
4. Project Period: <b>January 1, 2009 – December 31, 2009</b>	<b>5. Insert date of Final Public Hearing: December 1, 2009 at 2:00PM</b>

The chief administrative official of the grantee jurisdiction certifies that:

1. To the best of his/her knowledge and belief, the data provided in this report is true and correct as of the date of signing below.
2. Records supporting the information provided in this report are being maintained and will be made available upon request.
3. Assistance made available through the state CDBG Program has not been used to substantially reduce the amount of local financial support for the community development activities below the level of such support prior to the start of the CDBG assisted activities reported here.

In the event the audits disclose disallowable costs, the Washington State Department of Commerce retain the right to recover an appropriate amount after fully considering the recommendations on disallowed costs resulting from the final audit.

Signature:

  
\_\_\_\_\_  
**Chief Administrative Official**

Date:

  
\_\_\_\_\_

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**INSTRUCTIONS**

The Grantee Closeout Performance Report is designed to provide a format for grantees to document project completion in compliance with federal Department of Housing and Urban Development (HUD) funding requirements regarding national objective, citizen participation, and certify that the project was completed in compliance with the grant contract.

It is recommended that you obtain a copy of this report electronically from your project manager OR by contacting the Contracts Administration Unit (CAU) at 360-725-3090. This report is also available electronically at [www.commerce.wa.gov/cdbg](http://www.commerce.wa.gov/cdbg).

1. Items 1 through 3 on the cover page are self explanatory.
2. Item 4: Please put the time frame of your project. The start date is usually on the cover page of your contract. If no start date is listed on the contract cover sheet, please use the date of the latest signature on the cover sheet for the start date. The end date is listed on your contract cover sheet also, or on the most recent amendment. If your project was completed prior to this end date, please put the date the project was completed.
3. Item 5: Please **insert the date** of the required **final public hearing** to review the CDBG-funded project with your jurisdiction's citizens.
4. Signature Block: This is the signature of the grantee's chief administrative official or designee.

**Financial Summary**, page 3: Please insert the data requested. If you are uncertain what data to include, please contact your project manager.

**Program Income Report**, page 4: Please choose one answer - Yes or No. The information provided here is also in section 4 of the CDBG Management Handbook. Most projects will not have program income. Please contact your project manager if you have questions.

**Benefit Summary**, page 5: The data on the beneficiaries has its own instructions. Please contact your project manager if you have questions.

**Contract and Subcontract Activity Report**, page 8. This form has its own instructions. Please contact your project manager if you have questions.

**Semi-Annual Labor Standards Compliance Report**, page 9: This form must be completed and **SIGNED** for construction projects. Complete this report for the entire project. This report is not necessary for non-construction projects such as planning, public services, housing rehabilitation, and non-construction job creation/retention grants. Please contact your project manager if you have questions.

**CDBG Grantee Closeout Performance Report****FINANCIAL SUMMARY PAGE**

1 Activity and Budget Line Number (This can be found on the attachment I of your contract and on the Contract Data Sheet sent to the Grantee with the fully executed contract.)	2 Brief Project Description and Physical Address of the Activity	3 Status of Activity (Complete or Incomplete)	4 Completion Date	5 Budget Amount	6 Funds Expended	7 Balance
21A Co. Admin	County: Kittitas County	Complete	12/31/2009	3,000	3,000	0
	Administration and Implementation of Public Services provided by the local community action agency.					
05 Public Services		Complete	12/31/2009	107,965	107,965	0
TOTAL				\$110,965	\$110,965	\$0

Please contact your project manager if you have questions.

<b>WILL THIS PROJECT GENERATE PROGRAM INCOME</b> (please circle only one - yes or no).  <b><u>If you circled "Yes," you will be contacted in the future for more information on program income generated. Please see next page for general information on Program Income.</u></b>	Yes	<input checked="" type="radio"/> No
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**PROGRAM INCOME:** Program income is defined as the gross income received by a CDBG grantee or subrecipient that was generated from the use of CDBG funds and that equals or exceeds \$25,000 in a single calendar year. When income is generated by an activity that is only partially assisted with CDBG funds, the income shall be prorated to reflect the percentage of CDBG funds used. Requirements for managing program income can be found in Attachment 4-F of the CDBG Management Handbook (24 CFR Part 570.489 (e)).

**Program Income Includes:**

Proceeds from the disposition by sale or long-term lease of real property purchased or improved with CDBG funds; Proceeds from the disposition of equipment purchased with CDBG funds; Gross income from the use or rental of real or personal property acquired by a grantee or a subrecipient with CDBG funds, less the costs incidental to the generation of the income; Gross income from the use or rental of real property owned by the grantee that was constructed or improved with CDBG funds, less the costs incidental to the generation of the income; Payments of principal and interest on loans made using CDBG funds; Proceeds from the sale of loans made with CDBG funds; Proceeds from the sale of obligations secured by loans made with CDBG funds; Interest earned on funds held in a revolving funds account; Interest earned on program income pending disposition of the income; Funds collected through special assessments made against properties owned and occupied by households not of low-income, where the special assessments are used to recover all or part of the CDBG portion of a public improvement; and Gross income paid to a grantee or subrecipient from the ownership interest in a for-profit entity acquired in return for the provision of CDBG assistance.

**Using Program Income and Record Keeping Requirements**

Grantees may retain program income during the project period provided it is accounted for and used before requesting additional CDBG funds. Program income that is received and retained by the grantee before closeout of the grant is treated as additional CDBG funds, must be used on the existing project, and is subject to all applicable requirements.

Grantee may retain and use program income after the project period and closeout. Income earned after closeout is considered “program income” with accompanying requirements and restrictions, if the total amount earned equals or exceeds \$25,000 in a single year (January – December). If the total amount of post-closeout income earned is less than \$25,000 in a single year, then the CDBG requirements do not need to apply.

**Less than \$25,000:** If a jurisdiction expects to earn less than \$25,000 and use this income for non-CDBG eligible uses, the jurisdiction must wait until the end of the year to verify with the CDBG program that this \$25,000 threshold was not exceeded. Once this is determined, these funds can be used without CDBG restrictions. In general, it is recommended that any income earned (whether above or below \$25,000), be used to continue the CDBG-funded activity, such as a revolving loan fund.

**\$25,000 or more:** If the total amount of program income equals or exceeds \$25,000 in a single year, the amount and intended use of this program income must be reported to the CDBG program. The income must be used to continue the CDBG-funded activity, such as a revolving loan fund, or fund a CDBG-eligible activity.

**CDBG Grantee Closeout Report****BENEFICIARY SUMMARY PAGE**Grantee: Kittitas County (HopeSource, sub-recipient)Date: Feb 12, 2010Name of Person completing this data: Ariam Mehtsentu, CFO HopeSource Phone: 509-925-1448

Line Item			
Activity Number			

<b>1. Total Persons Served</b>	4410		
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**Ethnic Breakdown**

Hispanic	926		
Non-Hispanic	3484		
<b>2. Total by Ethnicity</b>	4410		

**Racial Breakdown**

White	3123		
Black / African American	56		
Asian			
American Indian / Alaskan Native			
Asian and White			
Black / African American and White			
American Indian / Alaskan Native and Black / African American			
Other Multi-Racial	1231		
<b>3. Total by Race</b>	4410		

**Low-Moderate Income Breakdown**

Extremely Low Income (0-30% AMI)			
Very Low Income (31-50% AMI)	942		
Low Income (51-80 AMI)	29		
<b>4. Total LMI Served</b>	971		

**Group Breakdown (If available)**

Homeless	16		
Female Headed Households			
Disabled / Special Needs	367		
<b>5. Total Served by Group</b>	383		

**Note:** Totals for Lines 1, 2 and 3 should match each other.

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**BENEFIT SUMMARY PAGE INSTRUCTIONS: The Department of Housing and Urban Development (HUD) requires this information for your project.**

Beneficiary Information: If your project has a mixed national objective, a beneficiary table will be required for each national objective. The national objective can be found on the Contract Data Sheet sent to the Grantee with the fully executed contract. If you need assistance, please contact your project manager.

**The totals for section 1, 2, and 3 should all be the same number.**

Section 1 Total Persons Served (Households Served)

Total Person's Served – Enter the total number of beneficiaries for this project. **IF** the national objective for your project is low- and moderate-income households (LMH), you will need to report Households served instead of people served. This information is listed on the Contract Data Form that was sent to you with your signed contract. Please call your project manager if you have questions.

Section 2 Beneficiaries by Ethnicity

Ethnic Makeup

Hispanic or Non-Hispanic – Everyone should be counted as belonging to one of these two groups and everyone should be counted only once.

Please note – Hispanic persons may include people from Puerto Rico, the other Caribbean islands, Mexico, Central and South America and other locations that share a cultural heritage linked to the Spanish language. There are many different ethnic groups but Hispanic is the only ethnic group being tracked at this time.

Section 3 Beneficiaries by Race

Racial Makeup Information

A person of Hispanic ethnicity can be considered as being from any of the racial categories.

Race is separate from ethnic makeup and everyone should be counted once in a Single Race OR a Multi-Race group.

**The totals for section 1, 2, and 3 should all be the same number.**

Low-Moderate Income Information

At a minimum, enter the total number of low-moderate income beneficiaries at the bottom of section four. If you have detailed income data for beneficiaries please, provide that detail by the income category listed.

Group Information

Please provide this information by group served if it is available to you.



# Contract and Subcontract Activity

U.S. Department of Housing and Urban Development

OMB Approval No.: 2577-0088 (exp.10/31/2009)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Executive Orders 12432 and 11625 requires Federal agencies to promote Minority Business Enterprise (MBE) participation in their programs and prescribes additional arrangements for developing and coordinating a National Program for MBE. Pursuant to Executive Order 12432, the Department of Commerce requires an annual report on MBE achievements. The information provided on Public and Indian Housing Programs will be used to monitor and evaluate HA performance and to develop and submit the Annual Report to the President. Responses to the collection of information are voluntary. The information requested does not lend itself to confidentiality.

1. Grantee/Project Owner/Developer/Sponsor/Builder/Agency

Kittitas County

Check CPD:

PIH

☐

CPD

☒

Housing

☐

2. Location (City, State, ZIP Code)

205 West 5<sup>th</sup>- Suite 108

Ellensburg WA 98926

3a. Name of Contact Person

Judy Pless

3b. Phone Number (Including Area Code)

509-962-7502

4. Reporting Period

☐ January 1, 2009-December 31, 2009

5. Program Code (Not applicable for CPD programs.)

See explanation of codes at bottom of page.  
Use a separate sheet for each program code.

6. Date Submitted to Field Office

Feb 12, 2010

7a. Grant/Project Number or HUD Case Number or other identification of property, subdivision, dwelling unit, etc	7b. Amount of Contract or Subcontract	7c. Type of Trade Code (See below)	7d. Contractor or Subcontractor Business Racial/Ethnic Code (See below)	7e. Woman Owned Business (Yes or No)	7f. Prime Contractor Identification (ID) Number	7g. Sec. 3	7h. Subcontractor Identification (ID) Number	7i. Sec. 3	7j. Contractor/Subcontractor Name and Address				
									Name	Street	City	State	Zip Code
09-64009-005	107,965	2	1	no			91-0914544		HopeSource	POBox 680 700 East Mt. View #501	Ellensburg	Wa	98926

## 7c: Type of Trade Codes:

- CPD:**
- 1 = New Construction
  - 2 = Substantial Rehab
  - 3 = Repair
  - 4 = Service
  - 5 = Project Mangl.
  - 6 = Professional
  - 7 = Tenant Services
  - 8 = Education/Training
  - 9 = Arch /Engrg Appraisal
  - 0 = Other

## 7d: Racial/Ethnic Codes:

- 1 = White Americans
- 2 = Black Americans
- 3 = Native Americans
- 4 = Hispanic Americans
- 5 = Asian/Pacific Americans
- 6 = Hasidic Jews

## 5: Program Codes (Complete for Housing and Public and Indian Housing programs only):

- 1 = All insured, including Section 8
- 2 = Flexible Subsidy
- 3 = Section 8 Noninsured, Non-HFDA
- 4 = Insured (Management)
- 5 = Section 202
- 6 = HUD-Held (Management)
- 7 = Public/Indian Housing
- 8 = Section 811

Previous editions are obsolete.

form HUD-2516 (8/98)

## Instructions for completing the Contract and Subcontract Activity Form (HUD-2516)

Please note that the instructions contained on the back of the HUD-2516, dated 8/98, have not been updated to reflect legislative/regulatory changes. The following instructions should be used in lieu thereof.

Block 1 Enter name of the local government or non-profit organization who contracts directly with CTED. Those entities that have a direct contractual relationship with CTED are responsible for submitting the report.

Block 2 Location (Self-explanatory)

Block 3a Enter the name of the individual responsible for completing the report.

Block 3b Enter the phone number of the individual responsible for completing the report.

Block 4 Although the current HUD-2516 indicates that the report is an annual report, this document covers the entire project. Please put the start date and end date of your project here.

Block 5 Not applicable to CPD Programs.

Block 6 Self-explanatory

Block 7a Enter the CTED grant number under which the contract/subcontract expenditure is authorized.

Block 7b Enter the TOTAL amount of each contract and /or subcontract in excess of \$25,000, awarded to each Prime Contractor or Subcontractor identified in blocks 7e or 7f. Although contracts/subcontracts of less than \$25,000 need only be reported if the recipient believes such contracts represent a significant portion of the recipient's total contracting activity, HUD encourages recipients to report ALL minority enterprise contracts/subcontracts issued during the reporting period.

Block 7c CDBG is a HUD CPD Program. Enter (1) if the activity involves construction, i.e., new construction or rehabilitation. Enter (2) if the activity involves education or training. Enter (3) for all other activities such as a supply, professional services and all other activities that do not fall under (1) or (2).

Block 7d Enter the numeric code that best indicates the racial/ethnic character of the owner(s) or controller(s) (refer to the definition of Minority Business in the MBE Policy Guide to determine minority status). Codes can be found at the bottom of the form under "7d: Racial/Ethnic Codes". One of these codes must be used for each contractor/subcontractor. If a Subcontractor ID is provided in 7g., the code would apply to the Subcontractor and not the Prime Contractor.

Block 7e Indicate whether the Contractor/Subcontractor is a Woman Owned Business.

Block 7f Enter the Employer (IRS) Number for the Prime Contractor. An Employer Number must be provided for each Prime Contractor.

Block 7g If Section 3 requirements, as described at 24 CFR 135.3, are applicable to the contract enter Y, otherwise enter N. (See "Section 3 Requirement" below.)

Block 7h If a Subcontractor is used, enter the Employer (IRS) Number for the Subcontractor associated with the Prime Contractor identified in Block 7e. An Employer Number must be provided for each Subcontractor.

Block 7g Self-explanatory



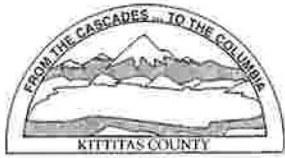
## CDBG SEMI-ANNUAL LABOR STANDARDS COMPLIANCE REPORT DATA FORM

Restitution of \$.00 to \$999.999

(See Federal Labor Standards Handbook 1344.1, Paragraph g., page 3-15 for amounts totaling \$1,000 or more)

**To Be Forwarded To CTED: Attn \_\_\_\_\_, when Each Construction Contract Is Completed.  
See CDBG Management Handbook, page 9-6 for further information on this form.**

Agency Name and Address			
Description of Work:			
HUD Program or Source of Funds: <b>CDBG</b>			
Prime Contractor:		Contract Amount:	
Pre-Construction Conference Date:		Location:	
(Labor Standards Provisions) included in Specs?		Form #: HUD 4010	
Was a Wage Determination Included in the Specs:		Number:	
Number of Modifications:			
Have all Contractor/Subcontractor Certifications been received?			
Are Contractor(s) Payroll Certifications Submissions Current & Complete?			
Number of Construction Wage Interviews (HUD –11) Completed:			
Number of Trades Interviewed:			
Were any Violations Discovered and Resolved?		Number:	
Number of Employees Involved:		Number of Subs Involved:	
Total Amount of Underpayments: D-B:		CWHSSA:	
Briefly Describe any Labor Standards Complaints & Resolutions:			
Is any contractor Retainage Held at this Time?		Amount:	
<b>SUBCONTRACTOR(S) WHO WORKED ON THIS PROJECT</b>			
<b>Name</b>	<b>Address</b>	<b>Contract Amount</b>	<b>Type of Work</b>
<b>Note: Please use reverse side of this form or an attachment for any additional information.</b>			
I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL LABORERS AND MECHANICS EMPLOYED ON THIS CONSTRUCTION CONTRACT WERE PAID IN ACCORDANCE WITH THE LABOR PROVISIONS, EXCEPT AS NOTED. THERE ARE NO OUTSTANDING OR UNRESOLVED LABOR STANDARDS, UNDERPAYMENTS, COMPLAINTS, OR DISPUTES.			
Signature:		Title:	
Date			



Kittitas County, Washington

## BOARD OF COUNTY COMMISSIONERS

District One  
Paul Jewell

District Two  
Alan Crankovich

District Three  
Mark McClain

March 5, 2010

Jaclyn Woodson, Project Manager  
Department of Commerce  
Contracts Administration Unit  
PO Box 42525  
Olympia, WA 98504-2525

Dear Jaclyn,

I have enclosed the Closeout Performance Report for the Community Development Block Grant Contract No. 09-64009-005 for the period January 1, 2009 through December 31, 2009.

This report was approved by the Board of County Commissioners on March 2, 2010 during their regularly scheduled Agenda Session, and signed by Chairman Mark McClain.

If you have any questions please feel free to contact me at your convenience. Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Julie Kjorsvik", is written over the printed name.

Julie Kjorsvik  
Clerk of the Board

Enclosure-as noted

cc: HopeSource  
Judy Pless, Budget & Finance Manager