

# Department of Commerce

Innovation is in our nature.

# Grantee Closeout Performance Report for Community Development Block Grant Contract No.: 11-64009-005

Grantee Jurisdiction:     Kittitas County	Current Address:     205 West 5 <sup>th</sup> Ave Suite 108     Ellensburg WA 98926
Name and Title of Chief     Administrative Official:	Alan Crankovich, Commissioner
4. Project Period:	5. Insert date of Final Public Hearing:
7/1/2011-6/30/2012	april 17,2012

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:	Al Chil	
	Chief Administrative Official	
Date:	augnot 7, 2012	

Revised 3/2009

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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 <a href="https://www.commerce.wa.gov/cdbg">www.commerce.wa.gov/cdbg</a>.

- 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.

**Benefit Summary**, page 4: The data on the beneficiaries has its own instructions. Please contact your project manager if you have questions.

**Contract and Subcontract Activity Report**, page 7. This form has its own instructions. Please contact your project manager if you have questions. If no contractors or subcontractors were hired, you may write "zero activity" across the front of the page.

Revised 3/2009

## **CDBG Grantee Closeout Performance Report**

### FINANCIAL SUMMARY PAGE

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	6/30/2012	3,000	3,000	0
Of Public Services	Administration and implementation of Public Services provided by the local community action agency.	Complete	6/30/2012	107,965	107,965	0
		\$110,965	\$110,965	\$0		

#### **Contract and Subcontract Activity**

U.S. Department of Housing and Urban Development

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.

7 = Tenant Services

0 = Other

8 = Education/Training

9 = Arch /Engrg Appraisal

PiH	Grantee/Project Owner/Developer/Sponsor/Builder/Agency					Check GPD		2 Location (Cil		30 CL 1210 E.						
Rittitas Country  Mane of Contact Person Judy PLess  Sec. Sec. Sec. Subcontractor of Contractor Indexident Contractor Subcontractor Subcontrac							PIH		205 West 5	" Suite 108	3					
A Name of Contract Person  Judy PLess  Sol Pince Number (relutuling Axes Code) 509-962-7502  Sol Pince Number or HUC case Number or Hucker of Sol Pince Number or Hucker or Subcontract Sol Pince Number or Hucker or Hu									Ellenshurg	Wa 98926						
a Name of Contact Person  July PLess  Standfright Number of HUD Gas Number of Number of Number of HUD Gas Number of Nu	Kittitas County															
July 1, 2011-June 30, 2012  See exclamation of codes at bottom of page Use a separate sheet for each program code.  Amount of HDC Case Number or chemication of property and of Subcontract Code (See Berlow) 76  75  76  76  76  78  70  78  70  78  70  70  70  70  70	N		-					9					1.5.5.	=: 110=		
Amount of Contract Ordinated Property and Order Number or Sheri Identification of property, and official or Subcontract of Contract or Subcontract or Subc							July 1 2011, June 30, 2012 See explanation of code			See explanation of code	s at boltom of page July 10, 201			ce		
7a 7b 7c (See below) Nol 7d 7e 7t 7g 7h 7t Name Street City State 1 64000 005 107.965 No 1 91 081 4544 No 1 91 081 4544 No 1 1 91 081 4544 No 1 1 91 081 4544 No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HUD Case Number or other identification of property.	Contract	Trade Code (See	Subcontracto r Business Racial/Ethnic	Owned Business	Contractor Identification (ID)		Identification (ID)			Use a separate sheet to	Contractor/Subcontractor Name and Address				
7c: Type of Trade Codes:  7d: Racial/Ethnic Codes;  5: Program Codes (Complete for Housing and Public and Indian Housing program Codes)	7a.	7b		(See below)	No)	7f.	7a.	7h	71		Name	Street	City	State	Zip Code	
7c: Type of Trade Codes:  7d: Racial/Ethnic Codes;  5: Program Codes (Complete for Housing and Public and Indian Housing program Codes)	1-64009-005	107,965			No		1-	91-081-454	М	HopeSource_		700 E Mountain View 501	EHensburg #		a 98926	
	Xempt so								×.							
PD: 1 = New Construction 1 = White Americans 1 = All insured, including Section 8 5 = Section 202	PD:	0.000.00	election participation and section in	de Codes:					E CLANCOTENCIN		odes; 5:	Program Codes (Complete for Housing 1 = All insured, including Section 8	ng and Public and Indian		ograms only	

3 = Native Americans

6 = Hasidic Jews

4 = Hispanic Americans

5 = Asian/Pacific Americans

3 = Section 8 Noninsured, Non-HFDA

4 = Insured (Management

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

Previous editions are obsolete

1 = New Construction

2 = Education/Training

3 = Other

3 = Repair

4 = Service

5 = Project Mangt

7 = Public/Indian Housing

8 = Section 811

OMB Approval No.: 2577-0088 (exp.10/31/2000)

#### 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 7.e. An Employer Number must be provided for each Subcontractor.

Block 7g. Self-explanatory