



Department of Commerce

Innovation is in our nature.

Grantee Closeout Performance Report for Community Development Block Grant Contract No.: 10-64/00-005

1. Grantee Jurisdiction: Kittitas County	2. Current Address: 205 West 5 th Avenue room Ellensburg, WA 98926
3. Name and Title of Chief Administrative Official:	Paul Jewell, Chairman Board of County Commissioner
4. Project Period: 1/1/2010-6/30/2011	5. Insert date of Final Public Hearing: <i>May 3 2011</i>

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: X

[Signature]
Paul Jewell, Chairman Board of County Commissioners

Chief Administrative Official

Date:

October 19, 2011

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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 360-725-3022. This report is also available electronically at 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.

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.

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	06/30/2011	4,500	4,500	0
05 Public Services	Administration and Implementation of Public Services provided by the local community action agency.	Complete	06/30/2011	161,948	161,948	0
TOTAL				\$166,448	\$166,448	0

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.

CDBG PUBLIC SERVICES CONTRACT QUARTERLY BENEFICIARY REPORTING FORMThis report is due on April 15 (for 1st qtr.), July 15 (for 2nd qtr.), Oct. 15 (for 3rd qtr) and Jan. 15, 2010 (for 4th qtr.)

Grantee: Forward one copy to your contract manager at the Contracts Administration Program – Retain one copy for your records.

Grantee Name: Kittitas County	CDBG Contract No:10-64100-005
Sub recipient Name: HopeSource	CDBG Project Title: CDBG Fund
Address: 700 E mountain View Suite 501 Ellensburg WA 98926	
<input checked="" type="checkbox"/> 1 st Quarter (Jan.-March) <input checked="" type="checkbox"/> 2 nd Quarter (April-June) <input checked="" type="checkbox"/> 3 rd Quarter (July-September) <input checked="" type="checkbox"/> 4 th Quarter (Oct.-Dec.) Reporting Period: January 1, 2010 – June 30, 2011	

THE TOTAL NUMBER OF:	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Cumulative
PERSONS ASSISTED IN 2010/11					6,990

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS WITH:					
NEW ACCESS TO SERVICE/ BENEFIT					
IMPROVED ACCESS TO, SERVICE/ BENEFIT					

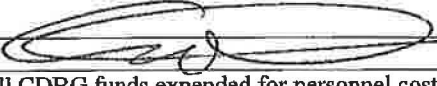
Racial/Ethnicity Data of Beneficiaries									
RACIAL CATEGORIES	1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Cumulative
	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#
WHITE									5,323
BLACK/AFRICAN AMERICAN									140
ASIAN									
AMERICAN INDIAN/ALASKAN NATIVE									
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER									
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE									
ASIAN AND WHITE									
BLACK/AFRICAN AMERICAN AND WHITE									
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN									
OTHER MULTI-RACIAL									1,517
TOTALS									6,980 1,016

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA					
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Cumulative
0 - 30 % (VERY LOW-INCOME)					6,207
31 - 50 % (LOW-INCOME)					140
51-80 % (MODERATE INCOME)					633
81% AND ABOVE					6980
TOTALS					6,980
OF THE TOTAL BENEFITING, THE NUMBER OF:					
ELDERLY					924
FEMALE HEAD OF HOUSEHOLD					382
DISABLED					1,016

Please provide a narrative explanation of the public services provided (i.e., 150 meals provided to senior citizens, drug counseling provided to 25 people, etc.)

Youth Scholarship 135, Emergency Shelter 63, Energy 3,487, Nutrition 3,243 Households, Weatherization 133, Hope University 451, Transitional Housing 63

Signature 	Date of Signature 8/17/11
I certify that all CDBG funds expended for personnel costs are directly attributed to CDBG eligible activities.	
Name, affiliation and phone number of person completing or signing this form: Susan Grindle, CEO 509-925-1448	

Instructions: No Voucher will be paid unless your quarterly reports are up to date. This form should be completed by the contract subrecipient (CAC) and sent to the CDBG Grantee (county). The CDBG Grantee (county) should send this form to the CAU project manager.

Item 1: Unduplicated Count of Persons Assisted

Reporting Period:

Insert the unduplicated number of clients served during the reporting period. Unduplicated means that one person served by your agency is counted once during the calendar year. You may report only those persons for whom you maintain written records. This record must be established at the time the person is first served by your agency.

Race:

Insert the ethnicity for the unduplicated clients served during this reporting period. When completing this section, if the individual is not Hispanic or Latino, use the first column labeled #Total. If the individual is Hispanic, use the first column to identify race (which gives us a total), then count the individual in the second column, which is a subset of the first column.

Single Head of Household; Elderly, and Disabled:

Insert the unduplicated number of single female head of households with dependents/children served during the reporting period.

Insert the unduplicated number of Elderly and Disabled, if your agency tracks this data. If services are provided to "Elderly" populations with CDBG funds, it is expected that your agency will track this data

Income:

Insert the unduplicated clients (not households) served who are *Moderate Income* (51-80%), *Low-Income* (31-50%) and *Extremely Low-Income* (0-30%).

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Grantee: Forward one copy to your contract manager at the Contracts Administration Program – Retain one copy for your records.

Grantee Name: HopeSource	CDBG Contract No:10-64100-005	CDBG Project Title: CDBG Fund
Subrecipient Name:	Address: 700 E mountain View Suite 501 Ellensburg WA 98926	
Reporting Period - 2010: <input type="checkbox"/> 1 st Quarter (Jan.-March) <input type="checkbox"/> 2 nd Quarter (April-June) <input type="checkbox"/> 3 rd Quarter (July-September) <input checked="" type="checkbox"/> 4 th Quarter (Oct.-Dec.)		

THE TOTAL NUMBER OF:	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Cumulative
PERSONS ASSISTED IN 2010				1173	

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS WITH:

NEW ACCESS TO SERVICE/ BENEFIT					
IMPROVED ACCESS TO, SERVICE/ BENEFIT					

Racial/Ethnicity Data of Beneficiaries

RACIAL CATEGORIES	1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Cumulative	
	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic
WHITE							878			
BLACK/AFRICAN AMERICAN							31			
ASIAN										
AMERICAN INDIAN/ALASKAN NATIVE										
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER										
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE										
ASIAN AND WHITE										
BLACK/AFRICAN AMERICAN AND WHITE										
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN										
OTHER MULTI-RACIAL							264			
TOTALS							1173	166		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Cumulative
0 - 30 % (VERY LOW-INCOME)					
31 - 50 % (LOW-INCOME)				1047	
51-80 % (MODERATE INCOME)				12	
81% AND ABOVE				114	
TOTALS				1173	
OF THE TOTAL BENEFITING, THE NUMBER OF:					
ELDERLY				138	
FEMALE HEAD OF HOUSEHOLD				67	
DISABLED				179	

Please provide a narrative explanation of the public services provided (i.e., 150 meals provided to senior citizens, drug counseling provided to 25 people, etc.)

Youth Scholarship 20, Emergency Shelter 13, Energy 574, Nutrition 537 Households, Weatherization 31, Hope University 43, Transitional Housing 9

Signature

Date of Signature

I certify that all CDBG funds expended for personnel costs are directly attributed to CDBG eligible activities.

Name, affiliation and phone number of person completing or signing this form: