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

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

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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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.

- 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.

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FINANCIAL SUMMARY PAGE

CDBG Grantee Closeout Performance Report

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7 Balance	0	O	\$0
6 Funds Expended	3,000	107,965	\$110,965
5 Budget Amount	3,000	107,965	\$110,965
4 Completion Date	6/30/2012	6/30/2012	TOTAL
3 Status of Activity (Complete or Incomplete)	Complete	Complete	
2 Brief Project Description and Physical Address of the Activity	County: Kittitas County	Administration and implementation of Public Services provided by the local community action agency.	
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.)	21A Co Admin	OS Public Services	

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

U.S. Department of Housing and Urban Development

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. Contract and Subcontract Activity

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 4A 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.

Grantee/Project Owner/Developer/Sponsor/Builder/Agoncy	per/Sponsor/Builder/Agen)cd				Check CPD: PIH		ocation (Cit ₅	2 Location (City, State, ZIP Code) 205 West 5th Suite 108		The state of the s			
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Kittitas County						CPD	ØC							
3a Name of Contact Person		36	3b. Phone Number (Including Area Code)	(Including Ares		4. Reporting Period	rind	-	5. Program Code (Not applicable for CPD programs.)	able for CPD programs)		6. Date Submitted to Field Office	fd Office	THE PARTY OF THE P
Judy Pless			509-9	509-962-7502		July	July 1, 2011-June 30, 2012	30, 2012	***************************************	bottom of page		July 10, 20	2012	
Grant/Project Number or HUD Case Number or other identification of property, subdivision, dwelling unit, etc.	Amount of Contract or Subcontract	Type of Trade Code (See	Contractor or Subcontracto r Business Racial/Elhric	Women Owned Business	Prime Contractor Identification (ID) Number	Se Se	Subconfractor Identification (ID) Number	Se _C		Contractor/Subcontractor Name and Address 7).	and Address	TOTAL		
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2 = Education/Training	3 = Repair			7 = Tenant Services	ervices			3 = Native Americans	Americans	3 = Section 8 Noninsured, Non-HEDA		7 = Public/Indian Housing	Ę?	
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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