

FLORIDA SMALL CITIES AND DISASTER RECOVERY CDBG CLOSEOUT (Revised 6.08)

Closeout forms must be submitted to the Department of Community Affairs, Florida Small Cities CDBG or Disaster Recovery Program, within 45 days after the contract termination or expiration date. A Final Request for Funds should be submitted prior to, or with, the closeout since funds not requested will be deobligated at closeout. Closeout requirements can be found in Rule 9B-43.0051 (11), F.A.C.

Instructions

All grant recipients must complete Section I. Section II applies to Commercial Revitalization or Neighborhood Revitalization activities. Section III relates only to Commercial Revitalization or Economic Development activities. And, Section IV relates to Housing activities. All grant recipients must complete the Beneficiary Data form and the Status of Accomplishments and Expenditures form. The Closeout Approval form must be signed by the Chief Elected Official. Enter the information requested or circle the response.

Section I. Contract Information

Contract Number: 07DB-3K-02-47-01-E17		Recipient: Leon County		Beginning Date: 10/12/06		Ending Date: 04/11/09	
County in which recipient is located: Leon		Local Contact: Don Lanham				Phone Number: 850-606-5328	
1. Indicate how the project was carried out (administration and construction):		Grantee Employees		Contractors x		Both	
2. Indicate how beneficiary data was collected:				Census		Survey x	
3. If location of activities changed, is a map included?		N/A		Yes		No	
4. Is a Property Management Register included?		N/A		Yes		No	
5. If an infrastructure project, is an engineering certification included?				Yes x		No	
6. Is the project located in a Historic District?				Yes		No x	
7. Is the project located in a Presidentially Declared Disaster Area?				Yes		No x	
8. Is the project a Special Assessment activity?				Yes		No x	
9. Is the project a Brownfield Activity?				Yes		No x	
10. Did the local government provide the assistance (to the beneficiaries) in the form of a loan or a grant?		Grant		N/A		Deferred, forgivable loan N/A	
11. List all other funds, along with the source, used to support the activities funded with this grant:							
		Source				Amount	
Local Funds (i.e., General Revenue)		Leon County Economic Development Initiative				\$ 300,000.00	
Grant(s)						\$750,000.00	
Private Funds (i.e., Participating Party, etc.)						\$	
Loan(s)						\$	
Other (Specify)						\$	
12. Will the project result in program income? <i>Program income not expended before closeout must be returned to DCA. Make check payable to the Department of Community Affairs - CDBG Program and include it with the Closeout.</i>				Yes		No X	
• If program income has already resulted, indicate amount:						\$	
13. Has a final Request for Funds been submitted?				Yes		No X	
14. Does the local government have CDBG Funds on hand? <i>(cannot exceed \$5,000)</i>				If yes: \$		No X	

Section II. Service, Benefit, Public Facility and Infrastructure

To be completed by Commercial Revitalization, Neighborhood Revitalization or Disaster Recovery grant recipients if public services are offered or new or improved public facilities or infrastructure is provided.

1. Service or Benefit (i.e., Water and Sewer Hookups)		N/A
a.	Number of persons with new access to this service or benefit	
b.	Number of persons with improved access to this service or benefit	
c.	Number of persons now receiving a service or benefit that is no longer substandard	
2. Public Facility or Infrastructure Improvement (Water Tank, Treatment Plant, Street Paving)		
a.	Number of persons with new access to this type of public facility or infrastructure improvement	
b.	Number of persons with improved access to this type of public facility or infrastructure improvement	
c.	Number of persons served by public facility or infrastructure that is no longer substandard	

Section III. Commercial Revitalization or Economic Development

**Recipients of Commercial Revitalization grants should only respond to items with an asterisk (*). These items may also pertain to Disaster grants.*

*Number of businesses assisted with commercial facade improvements		0
*Number of businesses assisted that provide goods or services to meet the needs of a particular service area, neighborhood or community		0
*Number of businesses assisted		3
Number of unemployed prior to taking jobs created by this activity		0
Number of jobs with employer-sponsored health care benefits		
Number of new businesses assisted	0	Number of existing businesses assisted 3
Number of existing businesses expanding	0	Number of existing businesses relocating 0
Number of full-time positions created	25.75	Number of full-time positions retained 0
Number of full-time low/mod positions created	25.75	Number of full-time low/mod positions retained 0
Number of part-time positions created	0	Number of hours per week 0
Number of part-time positions retained	0	Number of hours per week 0
Number of part-time low/mod positions created	0	Number of hours per week 0
Number of part-time low/mod positions retained	0	Number of hours per week 0

Section III. Commercial Revitalization or Economic Development (Continued)

Indicate below the number of jobs created by type:

Officials and Managers	4	Craft Workers (skilled)	3
Professional	1	Operatives (semi-skilled)	
Technicians		Laborers (unskilled)	13.75
Sales	1	Service Workers	
Office and Clerical	3		

*For each business assisted, enter the business name and DUNS #:

Business Freightliner	DUNS # 030987643
Business American Tire	DUNS #
Business Prosperity Landscaping	DUNS # N/A
Business	DUNS #

Section IV. Housing

N/A

To be completed for Housing Rehabilitation/Replacement activities. Accomplishments are measured by housing units completed; beneficiaries are measured by households assisted (rather than the number of persons in a household). Race and ethnicity data reported on the Beneficiary Data form (Section VI) should be reflected for the head of household.

Total number of units occupied prior to the project	
Total number of units occupied by a household of low and moderate income prior to the project	
Total number of units occupied upon completion of the project	
Total number of units occupied by a household of low and moderate income upon completion	
Number of multi-family units rehabilitated	
Number of permanent displacements/relocations	
Number of units made handicapped accessible	
Number of pre-1978 units brought into compliance with lead safety requirements	
Number of units qualified as "energy star"	
Number of single-family houses rehabilitated	
∇ Number owner-occupied at completion	
∇ Number renter-occupied at completion	
∇ Number of one-for-one replacements	
If applicable, number of beds created in overnight shelter or emergency housing	

Section IV. Housing (Continued)

If new affordable housing units were created:	
▽ Enter the number of years that affordability is guaranteed	
▽ Enter the number of units made handicapped accessible	
▽ Enter the number of units qualified as "energy star"	
▽ Enter the number of households previously living in subsidized housing	

All grant recipients providing housing activities must complete the Housing Benefit form.

Housing Benefit Form
(Make copies of this page if necessary to report on units addressed.)

Unit #	Owner (O) or Renter (R) Occupied	Name of Owner	Name of Occupant	Street Address (street, city and zip) <i>(If replacement, new address.)</i>	Total Cost of Rehab or Replacement	Total CDBG Funds Invested	Date Completed	Rehab (Yes or No)	Replace- ment (Yes or No)	# of Bed- rooms
1					\$	\$				
2					\$	\$				
3					\$	\$				
4					\$	\$				
5					\$	\$				
6					\$	\$				
7					\$	\$				
8					\$	\$				
9					\$	\$				
10					\$	\$				
11					\$	\$				
12					\$	\$				
13					\$	\$				
14					\$	\$				
15				5	\$	\$				

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Section V. STATUS OF ACCOMPLISHMENTS AND EXPENDITURES

(A) Service Area #	(B) Impacted Census Tracts and Block Groups*	(C) Activity #	(D) Activity Name	(E) IDIS # DCA Use Only	(F) CDBG Accomplishments		(G) Current Approved CDBG Budget	(H) CDBG Funds Received To Date	(I) Final RFF At Closeout (If Applicable)	(J) Other Leverage Funds Expended	
					Proposed (Contracted for)	Actual (Completed)					
1	002407	21A	Program Administration		N/A	N/A	\$60,000.00	\$59,000.00	\$1,000.00	\$0.00	
1	002407	21B	Engineering and Design Costs		N/A	N/A	\$85,250.50	\$85,250.50	\$0.00	\$0.00	
1	002407	03J	Sewer Line Replacement		0	580 LF	\$42,716.00	\$42,716.00	\$0.00	\$0.00	
1	002407	03J	Water Facilities		0	1180 LF	\$33,280.00	\$33,280.00	\$0.00	\$0.00	
1	002407	03K	Street Improvements		1153 LF, 624 SY	6400 LF	\$528,753.50	\$520,051.89	\$982.30	\$0.00	
1	002407	17D	Other Commercial/Industrial Improvements		1 bldg	1 bldg	\$0.00	\$0.00	\$0.00	\$300,000.00	
TOTALS							\$750,000.00	\$740,758.39	\$1,982.30	\$300,000.00	
(K) Total CDBG Approved Budget:							Total of Column (G)				\$750,000.00
(L) Total CDBG Funds Received To Date:							Total of Column (H)				\$740,758.39
(M) Total Amount of Final RFF:							Total of Column (I)				\$1,982.30
(N) Total Amount of CDBG Funds Requested:							Total of Column (H) + (I)				\$742,740.69
(O) Refund Due to DCA:							If Line (N) is greater than Line (K) enter the difference				\$0.00
(P) Amount to be Deobligated:							If Line (N) is less than Line (K) enter the difference				\$7,259.31

*You must indicate which census tracts in which work was conducted regardless of whether census tract information was used to determine LMI benefit or not.

Section VI. BENEFICIARY DATA (Do not enter Administration or Engineering activities)

	Activity #	Activity #	Activity #	Activity #	Activity #	Activity #
Total Beneficiaries Proposed	23					
Total Beneficiaries Actually Served	25.75					
LMI Beneficiaries Proposed	13					
LMI Beneficiaries Actually Served	17.75					
VLI Beneficiaries Proposed	N/A					
VLI Beneficiaries Actually Served	N/A					
TOTAL UNDUPLICATED BENEFICIARIES	25.75					
Male	-					
Female	-					
Disabled	-					
Female Head of Household	-					
Elderly	-					
RACE	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity
White (11)						
African American (12)						
Asian (13)						
American Indian or Alaskan Native (14)						
Native Hawaiian Pacific Islander (15)						
American Indian or Alaskan Native and White (16)						
Asian and White (17)						
African American and White (18)						
American Indian/Alaskan Native and African American (19)						
Other Multi-racial (20)						
Totals						

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Section VII. PROPERTY MANAGEMENT REGISTER

N/A

Recipient		Contract End Date				
Contract Number		Local Contact				
	1	2	3	4	5	
Description of Property or Type of Equipment						
Identification Number						
Date of Purchase or Acquisition						
Total Cost of Property						
CDBG Cost						
CDBG % of Total Cost						
Physical Location						
Condition (New or Used)						
Residual Value						
Disposition Date						
Disposition Amount						
Method of Disposition						

UNMET NEED -- FOR DISASTER GRANTS ONLY N/A

Activity #	Activity Name	Units Needed	Funds Needed	Funds Available

Section VIII. CLOSEOUT APPROVAL

I certify that, to the best of my knowledge, all activities undertaken by the Recipient with funds under this grant agreement have been carried out in accordance with the grant agreement, that proper provision has been made for the payment of all paid costs identified; that the State of Florida is under no obligation to make further payment to the Recipient under the grant agreement in excess of the amount identified on **Line K** of the STATUS OF ACCOMPLISHMENTS AND EXPENDITURES form submitted with this closeout package; that every statement and amount set forth in this instrument is true and correct as of this date; that all required audits as of this date have been submitted and approved; and I acknowledge that the DCA reserves the right to recover any disallowed costs identified in an audit completed after this closeout.

Chief Elected Official

Signature

Name and Title

Date

For DCA use only:

Approval of this Closeout Package authorizes the deobligation of unexpended CDBG contract funds in the amount of \$ _____.

Division of Housing and Community Development

DCA Finance and Accounting Section

Name and Title

Name and Title

Date

Date