

GRANT CLOSE-OUT TRANSMITTAL FORM

| | |
|--|--|
| Grantee's Name and Address: _____ _____ _____ | Grant Agreement No.: _____ Commencement Date: _____ Completion Date: _____ |
|--|--|

Please complete this form and items 1 through 6 for all grant types (7 is for applicable grants containing construction), including the Performance Hearing Affidavit to conclude this grant project. If this is a business finance or infrastructure grant, complete 9 through 11 in addition. If this is a housing grant, complete Form 12.

1. Grantee's Release Form *
2. Final Independent Auditor's Report
3. Final Quarterly Progress Report (Section 2)
4. Certificate of Completion (2 originals) *
5. Property Management Report
6. Explanation of Refund Check (if applicable)
7. Notice of Completion/Final Inspection – Final Wage Compliance Report *
8. Performance Hearing Affidavit
9. Economic Development Report, **and**
Copy of Final Payroll and Employee Certification Report (from final monitoring)
10. Legal Review and Closeout Report (Economic Development)
11. Program Income Assignment Agreement (Economic Development)
12. Housing Rehabilitation and demo data
13. Section 3 Tables A - D

No costs have been incurred after the Completion Date of the above contract. All necessary documents and procedures have been followed, thereby finalizing the above referenced contract.

| | |
|-----------------|------------------|
| Preparer's Name | |
| Title | Telephone Number |
| Date | |

Rev. 2/2018

GRANTEE'S RELEASE FORM

1 Pursuant to the terms on Grant Agreement Number _____ and in consideration of
2 the sum of _____ (\$_____) which has been
3 or is to be paid under the said contract to _____,
4 grantee upon payment of the said sum by the State of Kansas, Department of Commerce, hereinafter
5 called the grantor, does remise, release, and discharge the grantor, its officers, agents and employees
6 of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the
7 said contract.

8 IN WITNESS WHEREOF, this release has been executed this _____ day of
9 _____, _____.

10 Signature of Authorized Elected Official: _____

11 Typed Name and Title: _____

ATTEST AND SEAL

12 _____

13 _____

(Rev. 2-2018)

FINAL INDEPENDENT AUDITOR'S REPORT

If the grantee expends **\$750,000** or more from all Federal sources in any fiscal year in which the grant is open, a 2 CFR Part 200 audit is required from the grantee. If you expend or expect to expend this amount in the current fiscal year, please indicate below. If required, a copy of the entire audit report must be submitted to Commerce in the required time period.

- A. 2 CFR Part 200 audit is not required.
- B. Audit is complete and one copy is enclosed.
- C. Audit is in progress or not yet begun.

Auditor's Name: _____

Address: _____

Telephone: _____

Contact person with firm: _____

Date audit to begin: _____

How the audit will be paid for: _____

Date audit to be completed: _____

CERTIFICATE OF COMPLETION

| | |
|-----------------------------------|----------------------------------|
| A. Name of Grant Recipient | B. Grant Agreement Number |
|-----------------------------------|----------------------------------|

C. Final Statement of Cost

| Program Activity Categories | To Be Completed By The Recipient | | | To Be Completed By CDBG |
|-------------------------------|----------------------------------|------------------------|-----------------|-------------------------|
| | Paid Costs (a) | Local Unpaid Costs (b) | Total Costs (c) | Approved Total Costs |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. Total Program Costs | | | | |
| 10. Less Other Funds Applied | | | | |
| 11. CDBG Grant Amount Applied | | | | |

D. Computation of Grant Balance

| | To Be Completed By The Recipient | To Be Completed By CDBG |
|---|----------------------------------|-------------------------|
| 12. Total Amount Applied (Line 11a) | | |
| 13. Estimated for Unsettled Third-Party Claims | | |
| 14. Subtotal (Line 11c) | | |
| 15. Grant Amount Per Agreement (from contract) | | |
| 16. Unutilized Grant to be Canceled (Line 15 less Line 14) | | |
| 17. Grant Funds Received | | |
| 18. Balance of Grant Payable (Refundable) (Line 14 less Line 17)* | | |

* If Line 17 exceeds Line 14, enter excess as a negative amount. This amount shall be repaid to the Department by check.

CERTIFICATE OF COMPLETION - PAGE 2

E. Unpaid Costs and Unsettled Third-Party Claims (Local Only)

List amounts and describe circumstances

Check if continued on additional sheet and attach

F. Remarks

Check if continued on additional sheet and attach

G. Certification of Recipient

It is hereby certified that all activities undertaken by the recipient with funds provided under the Grant Agreement identified as Item B above have, to the best of my knowledge, been carried out in accordance with the Grant Agreement; that proper provision had been made by the recipient for payment of all unpaid costs and unsettled third-party claims identified in Item E above; that the Department, the State of Kansas, and the United States of America are under no obligation to make any further payment to the recipient under the Grant Agreement in excess of the amount identified on Line 18 above; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

| | | |
|------|-------------------------------------|----------------------|
| Date | Signature of Chief Elected Official | Typed Name and Title |
|------|-------------------------------------|----------------------|

H. Department Approval

This Certificate of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract agreement and related funds reservation and obligations _____ (line 16 above).

| | | |
|------|----------------------------|------------|
| Date | Signature for CDBG Program | Typed Name |
|------|----------------------------|------------|

PROPERTY MANAGEMENT REPORT

Grant Agreement No: _____

Grant Recipient: _____

If any property (as defined in 24 CFR Part 85, Subpart C, 85.31-33) has been acquired, in whole or in part with federal funds, as being necessary and reasonable for the administration of this grant, please complete the items below.

A. Description of Acquired Property

| Property Description | Date Acquired | Acquired Cost | Inventory Tag? (Y/N) | Inventory Number | Location |
|----------------------|---------------|---------------|----------------------|------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B. Disposition of Acquired Property

| Property Description | Disposal Date | Asset Value | Method to Determine Fair Market Value |
|----------------------|---------------|-------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SUBMIT ONLY IF APPLICABLE

EXPLANATION OF REFUND CHECK

Name of Grantee: _____
Grant Agreement No: _____
Grant Award Total: _____

A refund check in the amount of \$ _____ is enclosed or was returned on _____ (Date).

Explanation of Refund:

SUBMIT ONLY IF APPLICABLE

**NOTICE OF COMPLETION/FINAL INSPECTION
AND
FINAL WAGE COMPLIANCE REPORT FORMAT**

To: Kansas Department of Commerce
CDBG Program
1000 S.W. Jackson St., Suite 100
Topeka, Ks 66612-1354

Date: _____

Grantee: _____

Grant Number: _____

1. Date of Construction Completion: _____

2. Date of Final Inspection: _____

FINAL WAGE COMPLIANCE REPORT FORMAT

While you or your representative were reviewing the contractor's weekly payrolls, were any laborers or mechanics paid less than the minimum wage rate plus fringe benefits as specified in the Secretary of Labor's Wage Decision that applied to this project?

NO YES

If yes, provide the following information:

- a. Total amount of restitution paid (difference between what was first paid and what was required to be paid): \$ _____
- b. Method of restitution:
 - paid by contractor(s)
 - paid by city with funds withheld from payment to contractor(s).

| Name of Contractor or Subcontractor | Name of Affected Employees | Amount of Restitution Paid to Employee | Nature of Violation Leading to Restitution |
|--|-------------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

_____ Date _____ Signature of Chief Elected Official _____ Typed Name and Title

ECONOMIC DEVELOPMENT REPORT

Date: _____

Grant Agreement No: _____

Grantee: _____

I. Direct Beneficiaries

A. Private Industry Involved:

1) Name: _____

2) Location: _____

B. Grant Agreement:

Number of Jobs to be retained: _____ created: _____

Target total LMI: _____ %

C. Final Performance:

Number of Jobs: actually retained: _____ actually created: _____

Number of Jobs: LMI retained: _____ LMI created: _____ Total LMI: _____ %

Must correspond with information in Section II (below).

D. Total funds spent by private industry: \$ _____

E. Total (Recipient) cash contribution: \$ _____

F. Other contributions: \$ _____

G. Comments: _____

II. Actual Accomplishments (Job summary attached to final monitoring to be used for close-out.)

Grantee’s Legal Review and Closeout Report

Pursuant to the terms on Grant Agreement No. _____ and in consideration of the sums paid or to be paid to the (City/County) of _____, (hereafter GRANTEE) under said grant by the Kansas Department of Commerce, Small Cities Community Development Block Grant program, (hereafter Commerce/CDBG) and in closeout of said agreement, GRANTEE does hereby represent to Commerce/CDBG the following:

1. That certain UCC financing statements were properly filed with the Kansas Secretary of State or other appropriate filing agency on _____.
2. That such financing statements evidence the GRANTEE’s continuing financial interest in the loans made to this project.
3. That _____ (name of GRANTEE official or official designee) who is the _____ (position/title) has been instructed on the importance of proper filing of continuation statements on these financing statements, that such continuation statements must be filed only within the last six months of the five-year period in order to avoid a lapse in coverage by the statement, that any change in collateral by the company will be discussed with Commerce/CDBG before such change is allowed, and that if the loan is paid in full during the period of the UCC financing statement, such official or designee will cause a proper termination statement be filed by GRANTEE in order to avoid statutory lender penalties.
4. That such official will insure that any payments made on this loan are promptly recorded and forwarded to Commerce/CDBG as previously instructed by Commerce/CDBG personnel.
5. That the (County Counselor/County Attorney/City Attorney) has a valid copy of this representation.

Name of Grantee Official: _____
(please type)

Signature

Title

Date

ATTEST & SEAL:

Signature for CDBG Program
Kansas Department of Commerce

PROGRAM INCOME AGREEMENT FOR ECONOMIC DEVELOPMENT GRANTS

The ____ (city or county grantee) does hereby agree to adhere to the following conditions relating to future activities involving the use of funds generated by its CDBG Grant Agreement Number ____.

- I. The Grantee either has on file at the Kansas Department of Commerce or has attached, a “Local Plan for Use.” This plan, previously approved by the Department, sets out how the revolving fund will operate and establishes administrative procedures for handling receipts and disbursements of the fund.
- II. The Grantee agrees to submit a semi-annual report of fund activities and accomplishments. The report should include a statement of sources and uses of funds.
- III. If the Grantee does not begin to operate the fund in accordance with the plan within 24 months of the grant award date, then the grantee is liable to repay all program income plus interest earned thereon to the Department for deposit in the State’s Economic Development Revolving Loan Fund.

Signature of Chief Elected Official

Typed Name and Title

ATTESTED: _____
(Signature)

(Typed Name and Title)

(Date)

The above agreement is hereby accepted on the part of the Department and the State of Kansas.

Signature for CDBG Program
Kansas Department of Commerce

ATTESTED: _____
(Signature)

(Typed Name and Title)

(Date))

| NUMBERS for HOUSING CLOSEOUT | HOUSING UNITS OR NUMBER OF ITEMS |
|--|----------------------------------|
| TOTAL OWNER UNITS: | |
| Units Occupied by Elderly | |
| Units moved from Substandard to Standard (HQA or Local Code) | |
| Section 504 Accessible Units | |
| Whole House Units Qualified as Energy Star | |
| Units brought into Compliance with Lead Safety Rules (24 CFR Part 35) | |
| LEAD PAINT: | |
| Housing Constructed before 1978 | |
| Exempt units: Constructed 1978 or later | |
| Exempt costs: Hard costs under \$5,000 | |
| Otherwise Exempt: | |
| LEAD HAZARD REMEDIATION ACTIONS: (rehabilitation only) | |
| Lead Safe Work Practiced-Hard cost under \$5,000 24 CFR 35.930(b) | |
| Interim Controls or Standard Practices-Hard cost \$5,000 - \$25,000 24 CFR 35.930(c) | |
| Abatement - Hard costs over \$25,000 24 CFR 35.930 (c) | |

DIRECT BENEFIT DATA BY HOUSEHOLD

| RACE | OWNER | | RENTER | | TOTAL HOUSEHOLDS | |
|--|-------|-----------------|--------|-----------------|------------------|-----------------|
| | TOTAL | Hispanic/Latino | TOTAL | Hispanic/Latino | TOTAL | Hispanic/Latino |
| White | | | | | | |
| Black/African American | | | | | | |
| Asian | | | | | | |
| American Indian/Alaskan Native | | | | | | |
| Native Hawaiian/Other Pacific Islander | | | | | | |
| American Indian/Alaskan Native & White | | | | | | |
| Asian & White | | | | | | |
| Black/African American & White | | | | | | |
| American Indian/Alaskan Native | | | | | | |
| Other Multi-Racial | | | | | | |
| TOTAL | | | | | | |

| | | | |
|---------------------------------------|--|------------------------|--|
| Female Head Of Household Total | | # of Demo Units | |
|---------------------------------------|--|------------------------|--|

| | |
|---------------------------|--|
| Income Level Total | |
| Extremely Low (30%) | |
| Low (50%) | |
| Moderate (80%) | |