

HOME FINAL GRANT CLOSEOUT REPORT
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 54393 (7/05)

HOME FINAL PERFORMANCE REPORT			
RECIPIENT		ADDRESS	
INSTRUMENT NUMBER			
BUDGET/PROJECT PERIOD		PERIOD COVERED BY REPORT	
FROM <i>(Month, Day, Year)</i>	TO <i>(Month, Day, Year)</i>	FROM <i>(Month, Day, Year)</i>	TO <i>(Month, Day, Year)</i>
REPORT PREPARED BY		PHONE NUMBER	
PROJECT DESCRIPTION (DESCRIPTION MUST INCLUDE ANY CHANGES TO THE ORIGINALLY APPROVED DESCRIPTION)			
DID DISPLACEMENT OCCUR ON THIS PROJECT? IF YES, COMPLETE THE CIVIL RIGHTS COMPLIANCE REPORT FOUND IN THIS SECTION			<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE NAME CHIEF ELECTED OFFICIAL		TITLE	
SIGNATURE		DATE	
<i>DCS USE ONLY</i> REVIEWED BY _____ DATE _____			

NORTH DAKOTA HOME PROGRAM

Financial Status Report as of _____		Date Submitted _____	Signed by _____
I. RECIPIENT DATA		II. FINANCIAL STATUS	
1) Instrument Number:	1) Total Award	\$	1) Report Number:
2) Project Name	2) HOME Receipts (+)	\$	2) Project Begin Date:
3) Recipient:	3) Program Income (-)	\$	3) Project End Date:
4) Address:	4) HOME Disbursements (-)	\$	4) Extension Date:
	5) <u>EQUALS</u> Cash Balance (=)	\$	
5) Contact:	6) Funds Available to Draw (1-2):		\$
6) Telephone: (701)	7) Total IDIS Setup _____	8) Total Units _____	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Final

IV. ACTIVITY BUDGET STATUS

(1) ACTIVITY	(2) TOTAL HOME BUDGET	(3) - (6) TOTAL DISBURSED TO DATE				(7) REMAINING BUDGET BALANCE	(8) TOTAL OUTSTANDING OBLIGATIONS
		HOME	LOCAL	OTHER	TOTAL		
Administration							
(9) TOTAL							

INSTRUCTIONS

I. RECIPIENT DATA

- 1) Instrument Number
- 2) Project Name
- 3) Recipient
- 4) Address
- 5) Contact Person
- 6) Telephone

II. FINANCIAL STATUS

- 1) Total Award
- 2) Receipts - Cash Received to Date From DCS
- 3) Program Income - Program Income Generated to Date
- 4) Disbursements - Cash Disbursements to Date
- 5) Cash Balance - Cash on Hand (2+3-4)
- 6) Available Grants - Cash Available to Draw (1-2)
- 7) Total IDIS Set-up on HOMENET
- 8) Total Units in Project

III. COMPLIANCE DATA

- 1) Report Number - Numerical Order Starting with #1
- 2) Project Begin Date
- 3) Project End Date
- 4) Extension Date - Enter Date of Time Extension, if Applicable

IV. ACTIVITY BUDGET STATUS

- 1) Activity Title - Same as Part IV of Financial Award
- 2) Total HOME Budget
- 3-6) Total Disbursed to Date - Total Funds Disbursed to Date for HOME, Local and Other Public Funds
- 7) Remaining Budget Balance - Column 2 Less Column 3 (HOME funds only)
- 8) Total Outstanding Obligations - Dollars Currently Under Contract Which Have Not Been Paid
- 9) Total

INSTRUCTIONS

This report is to be used by grantees to report contract and subcontract activities under the HOME program. Grantees should also include contracts entered into by recipients of HOME rehabilitation assistance. Business racial/ethnic code is to be used to designate the racial/ethnic character of the business entity receiving a contract or subcontract. To be classified in a particular racial/ethnic category, a business entity must be 51% or more owned and controlled by the racial/ethnic groups members of the category. When a business is not 51% or more owned and controlled by a single racial/ethnic group, enter the code for the group which seems most appropriate.

The contractor's ID Number is to be shown on all prime contracts and on all subcontracts. On subcontracts, the subcontractor's ID Number is also to be shown. When entering a subcontract show only the amount of the subcontract and the "type of trade" and "business racial/ethnic code" of the subcontractor. The form is to be completed as follows:

1. Recipient Name. Enter the name of the unit of government or grant recipient submitting report of contract/subcontract activity.
2. Quarter Reporting. Check which quarter is applicable.
3. Date Submitted. Enter date the report is submitted to Area Office.
4. Contact Person. Enter name and phone number of person responsible for maintaining and submitting contract data.
5. Telephone Number. Enter the telephone number.
6. Instrument Number. Enter the DCS HOME Identification Number.
7. Amount of Contract. Enter the dollar amount of the contract or subcontract. Round the figures to the nearest thousand dollars. If subcontractor ID Number is provided, the dollar figure would be for the subcontract only – not the prime contract.
8. Section 3 Contractor. If the unit of local government or grant recipient received an award of \$200,000 and awarded any single contract in excess of \$100,000 the contract would be a Section 3 covered contract. If the contact was not a Section 3 covered contract, indicate with an N/A. If it is a Section 3 covered contract, enter Yes, if a Section 3 contractor was hired or No if a Section 3 contractor was not hired. (Refer to your Administrative or Pre-Construction manual for the definition of a Section 3 contractor.
9. Type of Trade. Enter the numeric code (1 through 3) which best indicates the contractor's/subcontractor's service. If Subcontractor ID Number is provided, the type of trade code would be for the subcontractor only – not the prime contractor. The other category includes supply, professional services and all other activities except construction and education/training activities.
10. Business Code. Enter the code (1 through 10) which indicates the ethnic background of the contractor/subcontractor, also enter in Y (yes) or N (no) if the business is a women business enterprise. If the Subcontractor ID Number is provided, the code would apply to the Subcontractor not the prime contractor.

11. Prime Contractor ID Number. Enter Employer (IRS) Number of the Prime Contractor as the unique identifier for prime recipient of HOME funds. Note that the Employer Number must be provided for each contract/subcontract award.
12. Subcontractor ID Number. Enter Employer (IRS) Number of the Subcontractor as the unique identifier for each subcontract awarded from HOME funds. When Subcontractor ID Number is provided, the respective Prime Contractor ID Number must also be provided.
13. Contractor/Subcontractor Name and Address. Enter the name and address information for each firm receiving contract/subcontract activity. This information need be provided only one time on each report for each firm.

**NORTH DAKOTA HOME PROGRAM CIVIL RIGHTS COMPLIANCE REPORT
DISPLACEMENT OF LOW AND MODERATE INCOME HOUSEHOLDS**

1. Recipient	2. Instrument Number	
3. Attach Narrative Description of Actions Taken to Mitigate Adverse Effects		
4. Community or Project Area (indicate if activity is city-wide or is in a designated target area. If a target area, indicate location)		
5. Low and Moderate Income Households Displaced During the Program	Total Number	Total Hispanic
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
Totals		
6. Low and Moderate Income Households Relocated During the Completed Program		
<i>(Displaced Households Relocating Out of the Community or Project Area)</i>	Total Number	Total Hispanic
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
Totals		
<i>(Displaced Households Remaining in the Community or Project Area)</i>	Total Number	Total Hispanic
a. White		
b. Black/African American		
c. Asian		
d. American Indian/Alaskan Native		
e. Native Hawaiian/Other Pacific Islander		
f. American Indian/Alaskan Native & White		
g. Asian & White		
h. Black/African American & White		
i. American Indian/Alaskan Native & Black/African American		
j. Other Multi-Racial		
Totals		

**INSTRUCTIONS FOR COMPLETING DISPLACEMENT OF LOW AND MODERATE
INCOME HOUSEHOLDS**

1. Recipient.
2. Instrument Number. State Assigned Number
3. Narrative. Describe actions to assist displaced persons to remain in neighborhood when they prefer, and to mitigate adverse effects resulting from displacement.
4. Community or Project Area. Indicate if activity is city-wide or is in a designated target area. If in a target area, indicate location.
5. Low and Moderate Income Households Displaced. Enter amount for each category (a-j) in the total number column. Enter amount for each category (a-j) with Hispanic origin in total Hispanic column.
6. Low and Moderate Income Households Relocated. Enter the number of displaced households relocating out of the community or project area for each category (a-j) in total number column and enter the amount for each category (a-j) with Hispanic origin in total Hispanic column. Enter the number of displaced households remaining in the community or project area for each category (?-?). In the total number column and enter the amount for each category (?-?) with Hispanic origin in the total Hispanic column.

**HOME
EQUIPMENT INVENTORY**

Company		Address				City	
Equipment Description	Manufacturer	Model Number	Serial Number	Date of Purchase	Purchase Price	Location	Verification Date

I certify that I have physically inspected and verified that the above stated equipment is on site at the above company.

Signature

Date

EQUIPMENT VERIFICATION

For a project that involves the use of HOME funds to purchase equipment, the recipient is responsible for verifying the purchase. At a minimum, verification procedures must include one on-site visit to determine that the purchase of equipment was made in accordance with the Financial Award and loan agreements. In addition, the recipient must develop and maintain (for three years following grant close-out) equipment inventory records identifying the equipment purchased with HOME funds.

In order to provide guidance on the type of inventory record to develop and maintain, we have developed a HOME Equipment Inventory form. This form is to be submitted to the Division of Community Services (DCS) with the Final Report. The following information is to be documented on the inventory form:

- Equipment Description
- Manufacturers
- Model Number
- Serial Number
- Date of Purchase
- Purchase Price
- Location
- Initials of Person Verifying Equipment Location