### FINAL FINANCIAL REPORT

Nebraska Department of Economic Development | Community Development Block Grant Program

# INSTRUCTIONS

This report provides information on the final cost amounts for each of the CDBG activities stated in the sources and uses section of the subrecipient’s agreement and associated amendments, if applicable. This information generally includes total activity costs paid, any CDBG program income expended during the project, and any local match expenditures. The report also identifies if there are any unspent CDBG funds to de-obligate (i.e., cancel).

**General Information**

Identify the subrecipient, the agreement number, and the subrecipient’s Unique Entity Identifier (UEI) number.

**Part 1 Item A** **– Program Costs**

Funds identified must reflect actual eligible cost incurred.

|  |  |
| --- | --- |
| **Column 1** | List the code[[1]](#footnote-1) for each activity associated with the grant (refer to the Subrecipient Agreement section labeled “Sources and Uses of Funds”). |
| **Column 2** | List the title of each activity in the grant (refer to the Subrecipient Agreement section labeled “Sources and Uses of Funds”). |
| **Column 3** | Enter total costs for each activity. Include all costs incurred. |
| **Column 4** | Enter the amount of program income that was spent for each activity. |
| **Column 5** | Enter local share of costs applied to each activity. Local funds include all matching and other funds for the activity. |
| **Column 6** | Enter the grant share of costs paid for each activity, (subtract columns 4 and 5 from column 3). |
| **Column 7** | Enter the grant amount approved for each activity (refer to the Subrecipient Agreement section labeled “Sources and Uses of Funds”). |
| **Column 8** | Enter the balance of the grant funds unspent for each activity (subtract column 6 from column 7). |
| **Line 9** | Enter total of each column. |

**Part 1, Item B. – Chief Elected Official** **Certification**

The Chief Elected Official for the local unit of government is required to sign the certification attesting to the accuracy of the report.

**Part 2 – Grant Balances**

This section is completed in AmpliFund. Complete the following fields:

|  |  |
| --- | --- |
| **1. Grant Amount Applied to Program Costs:** | Enter the figure identified in Part 1, Item A, Column 6, Line 9 |
| **2. Grant Amount per Subrecipient Agreement:** | Enter the figure identified in Part 1, Item A, Column 7, Line 9 |
| **3. Unspent Grant Amount to Cancel:** | Enter the figure identified in Part 1, Item A, Column 8, Line 9 |

**Part 3 – Preparer Contact Information**

This section is completed in AmpliFund. Identify the contact information of the individual who prepared the form. Information needed includes Preparer Name; Organization; Email; and Phone Number.

**Part 4 – Preparer Signature**

This section is completed in AmpliFund. The preparer will certify that they are authorized to complete and submit the Final Financial Report within AmpliFund. The preparer will check a box indicating their electronic signature and will indicate the date they signed electronically.

**Form Completion**

This section is completed in AmpliFund. The completion of this section indicates to the Department if the report is complete and ready for submission.

1. **Is the Final Financial form complete and ready for submission?**  Answer “Yes” if the required fields above are finalized. Answer “No” if the required fields are not complete.
2. **Date of Completion:** Enter the date that the form was completed and is available to be reviewed by the Department.

### FINAL FINANCIAL REPORT

Nebraska Department of Economic Development | Community Development Block Grant Program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subrecipient:** |  | **Agreement #:** |  | **UEI:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1. ITEM A: PROGRAM COSTS** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **CODE** | **ACTIVITY NAME** | **TOTAL ACTIVITY COSTS**  **(ACTUAL/ PAYABLE)** | **LESS PROGRAM INCOME SPENT** | **LESS LOCAL SHARE**  **(SPENT)** | **GRANT SHARE**  **(SPENT)** | **TOTAL APPROVED GRANT AMOUNT** | **UNSPENT BALANCE OF GRANT** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **9** | **TOTALS** |  |  |  |  |  |  |

**PART 1. ITEM B: CHIEF ELECTED OFFICIAL CERTIFICATION**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

|  |  |
| --- | --- |
| Chief Elected Official Name: |  |
| Chief Elected Official Title: |  |
| Chief Elected Official Signature: |  |
| Date Signed: |  |

1. *For Subrecipient Agreements issued prior to July 1, 2020, use the activity code (example: 0181 – General Administration).*

   *For Subrecipient Agreements issued after July 1, 2020, use the HUD matrix code (example: 21A – General Administration).* [↑](#footnote-ref-1)