

FINAL FINANCIAL REPORT

Nebraska Department of Economic Development HOME Investment Partnerships Fund (HOME) Rental Projects

INSTRUCTIONS

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

General Information

Identify the recipient, the agreement number, and the recipient's Unique Entity Identifier (UEI) number.

Part 1 Item A – Program Development Costs

Funds identified must reflect actual eligible cost incurred.

Column 1	List the code for each activity associated with the grant (refer to the Recipient Agreement section labeled "Sources and Uses of Funds").
Column 2	List the title of each activity in the grant (refer to the Recipient Agreement section labeled "Sources and Uses of Funds").
Column 3	Enter total costs for each activity. Include all costs incurred. This amount will match the final pay request total development costs and final cost certification.
Column 4	Enter the amount of program income funds that were spent for each activity. List below the table the HOME program income were spent from.
Column 5	Enter local share of costs applied to each activity. Local funds include all 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). This amount should match the final pay request of the local funds applied to the project.
Column 7	Enter the grant amount approved for each activity (refer to the Recipient 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. –Authorized Signer Certification

The Authorized Signer is required to sign the certification attesting to the accuracy of the report.

Part 2 – HOME Rental 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 Recipient 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 form within AmpliFund. The preparer will check a box indicating their electronic signature and will indicate the date they signed electronically.

Form Completion

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.

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Nebraska Department of Economic Development
HOME Investment Partnerships Fund (HOME) Rental Projects

Recipient:

Agreement #:

UEI:

PART 1. ITEM A: PROGRAM DEVELOPMENT 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						

4* Project Number HOME Program Income Funds were spent from: _____

PART 1. ITEM B: AUTHORIZED SIGNER 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).

Authorized Signer Name:	
Authorized Signer Title:	
Authorized Signer Signature:	
Date Signed:	