



## Capital Projects Fund – Multi-Purpose Community Facility Quarterly Project & Expenditure Report Form

### Instructions

The Multi-Purpose Community Facility Quarterly Project & Expenditure Report Form shall be submitted to the Nebraska Department of Economic Development by the subrecipient on a quarterly basis, through project completion and the period of performance. This schedule may be modified with prior notice.

The Quarterly Project & Expenditure Reports focus on project-level information including, but not limited to, expenditures, project status, outputs and performance indicators.

Failure to submit the report in a timely manner may result in the Department declaring the subrecipient to be in breach of the award agreement, resulting in termination of the sub award and/or requiring the repayment of all funding disbursed to the subrecipient for the awarded project.

### General Reporting Periods and Due Dates

Q1 (covering the Period January 1 – March 31) – due April 15

Q2 (covering the period April 1 – June 30) – due July 15

Q3 (covering the period July 1 – September 30) – due October 15

Q4 (covering the period October 1 – December 31) – due January 15

The final P&E report will be due within 90 calendar days after the end of the period of performance. DED will provide additional closeout information, per instruction from the US Department of Treasury, prior to the end of the period of performance.

### Current Report Submission

Submission Date

Quarterly Report Being Submitted (Quarter and Year)

**General Project Information**

Project Name	
DED Award Identification Number <i>(7-Digit Contract Number)</i>	
Subrecipient Name	
Subrecipient Contact Name	
Subrecipient Contact Title	
Subrecipient Contact Email Address	
Subrecipient Contact Phone Number	
Subrecipient Unique Entity Identifier (UEI)	
Subrecipient Tax ID Number (TIN)	

**Project Description**

Provide a brief overview of the project including the project’s purpose, objectives and major activities that will occur throughout the project. *(character limit 3,000)*

**Capital Ownership Type (Select One)**

- Private
- State Government
- Municipal or Township Government
- County Government
- Tribal Government
- Co-operative
- Other\*

\*If Other, please describe. *(character limit 3,000)*



Total amount of CPF funding budgeted for the project	
Total amount budgeted for the project from all funding sources, including but not limited to non-CPF federal funding sources, and private funding sources.  Be sure to include CPF funding as well.	

Is CPF funding being used in conjunction with other federal funding for the Project?

Yes\*

No

\*If Yes, answer the following:

1) The Program Name(s) providing federal funding	
2) Assistance Listing number of the other program(s) providing federal funding	
3) The amount of other federal funding obligated (by Assistance Listing)	
4) Is the other federal funding subject to the requirements of the Davis-Bacon Act?	Yes No

**Obligations and Expenditures**

Current Period Obligation	
Cumulative Obligation	
Current Period Expenditure	
Cumulative Expenditure	

**Expenditure Explanation**

Provide a brief description of the major activities on which funds were expended during the reporting period, including costs related to community engagement and any other ancillary costs. (*character limit 3,000*)

<u>Current Period Program Income Earned</u>	
<u>Cumulative Program Income Earned</u>	
<u>Current Program Income Expended</u>	
<u>Cumulative Program Income Expended</u>	

If any program income was reported, please answer the following:

Was program income added to the CPF award pursuant to 2 CFR 200.307(e) and used for the purposes and under the conditions of the CPF award? Select One:

Yes

No\*

\*If No, please provide Program Income Explanation. (*character limit 3,000*)

**Project Status**

Please select one response that best describes the current status of the funded project.

Not Started

Less than 50 percent complete

More than 50 percent complete

Completed

Cancelled

	Planned	Actual
Construction Start Date		
Projected Construction Completion Date		
Projected Initiation of Operations Date		



**Labor**

Do you intend to certify that ‘all laborers and mechanics employed by contractors and subcontractors in the performance of such Project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the “Davis-Bacon Act”), for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State (or the District of Columbia) in which the work is to be performed, or by the appropriate State entity pursuant to a corollary State prevailing-wage-in-construction law (commonly known as “baby Davis-Bacon Acts”)?

Select One:

Yes

No\*

\*If No, and the Cumulative Obligation is above \$5 million, please respond to the following:

Number of contractors and sub-contractors working on the Project	
Number of employees on the Project hired directly	
Number of employees on the Project hired through a third party	
The wages and benefits of workers on the Project by classification; and whether those wages are at rates less than those prevailing	

## **Project Labor Certification**

Do you intend to certify that ‘the indicated project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(f))’?

Select One:

Yes

No\*

\*If No, and the Cumulative Obligation is above \$5 million, please provide a project workforce continuity plan detailing the following:

- 1) How will the recipient ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project, including a description of any required professional certifications and/or in-house training, registered apprenticeships or labor-management partnership training programs, and partnerships like unions, community colleges, or community-based groups? (*character limit 3,000*)
  
- 2) How will the recipient minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project? (*character limit 3000*)
  
- 3) How will the recipient provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities, including descriptions of safety training, certification, and/or licensure requirements for all relevant workers (e.g., OSHA 10, OSHA 30)? (*character limit 3000*)

4) Will workers on the project receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market?

Select One:

Yes

No

5) Does the project have a completed project labor agreement?

Select One:

Yes

No

Does the project prioritize local hires? Select One:

Yes

No

Does the project have a Community Benefit Agreement? Select One:

Yes\*

No

\*If Yes, please provide a description of Community Benefit Agreement. (character limit 3000)

**Performance Indicators and Project Data**

Physical address of the multi-purpose community facility being funded:

Street 1	
Street 2	
City	
State	
Zip Code	



Type of Investment (Select One):

New Construction

Renovation

Capital Asset Features:

<u>Type of Capital Asset</u>	<u>Number of Features (Planned)</u>	<u>Number of Features (Actual)</u>
Classrooms		
Computer Labs		
Multi-purpose Spaces		
Telemedicine Rooms		
Other Capital Assets		

	<b>Planned</b>	<b>Actual</b>
<b>Total square footage funded by CPF dollars</b>		

	<b>Planned</b>	<b>Actual</b>
<b>Total number of individuals using the capital asset</b>		

Does the Multi-Purpose Community Facility have proximate access to public transportation opportunities?

Select One:

Yes

No