

**NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**INSTRUCTIONS**

**FINAL FINANCIAL REPORT**

**DUN's number-**<http://fedgov.dnb.com/webform/displayHomePage.do> or call D&B at 866-705-5711 or for persons with a hearing impairment, the TTY number is 866-814-7818.

**Part I** – Funds requested must reflect actual eligible cost incurred. Claim exact amounts on each reimbursement or the grantee may use rounding down to the nearest dollar on individual reimbursements and then claim exact amounts due down to the penny on the final reimbursement request.

- Column 1 List the activity code for each activity in the grant (each activity found in the Grant Contract's Sources and Uses of Funds should be included).
- Column 2 List the title of each activity in the grant (activity titles can be found in the Grant Contract's Sources and Uses of Funds).
- Column 3 Enter total costs for each activity. Include all costs paid, which includes draws submitted with this Final Financial Report.
- Column 4 Enter the amount of program income earned from this grant that was spent for each activity.
- Column 5 Enter local share of costs paid for each activity. Local funds include all matching and other funds for the activity.
- Column 6 Enter the CDBG share of costs paid for each activity, which includes draws submitted with this Final Financial Report (subtract columns 4 and 5 from column 3).
- Column 7 Enter the CDBG amount approved for each activity from the Grant Contract's Sources and Uses of Funds.
- Column 8 Enter balance of the CDBG funds unspent for each activity (subtract column 6 from column 7).
- Line 9 Enter total of each column.

**Part II** – Funds requested must reflect actual eligible cost incurred. Claim exact amounts on each reimbursement or the grantee may use rounding down to the nearest dollar on individual reimbursements and then claim exact amounts due down to the penny on the final reimbursement request.

- Line 1 Enter total from column 6 in Part I.
- Line 2 Enter the estimated CDBG share of all claims against the grant for which the final amount is unsettled.
- Line 3 Subtotal lines 1 and 2.
- Line 4 Enter approved grant amount.
- Line 5 Enter balance of line 4 minus line 3.
- Line 6 Enter total grant funds received.
- Line 7 Enter balance of line 3 minus line 6. If line 6 exceeds line 3, enter the negative amount on line 7. The Department will provide instructions for returning the balance.

**PART III**

List all unpaid costs included in the total costs reported in Part I and the anticipated date of payment. The Department may require, prior to closeout of the grant, that appropriate documentation be submitted to support payment of the unpaid cost.

**PART IV**

List all unsettled obligations and claims against the grant shown in Part II, Line 2. Give the anticipated date of settlement and the approximate amount of the claim, for example ongoing litigation. Indicate the amount of the claims to be paid from CDBG funds and the amount to be paid from local funds. The Department will require all claims against the grant be settled prior to closeout and may require appropriate documentation be submitted to support the obligation and payment.

**PART V**

The chief executive officer for the grantee is required to sign the certification attesting to the accuracy of the report.

**PART VI**

The person preparing the report should fill in Name, Organization, Email (if available), and Phone Number.

A copy of the Final Financial Report should be placed in the grantee's file. The original copy should be mailed to:

CDBG Final Financial Report  
Nebraska Department of Economic Development  
P.O. Box 94666  
Lincoln, NE 68509-4666

**NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**FINAL FINANCIAL REPORT**

Grantee \_\_\_\_\_ Grant Number \_\_\_\_\_ DUNS# \_\_\_\_\_

<b>Part I – PROGRAM COSTS</b> <i>*Please refer to the instructions for additional guidance.</i>							
1	2	3	4	5	6	7	8
CODE	ACTIVITY	TOTAL ACTIVITY COSTS (ACTUAL/ PAYABLE)	LESS PROGRAM INCOME SPENT	LESS LOCAL SHARE (SPENT)	CDBG GRANT SHARE (SPENT)	TOTAL APPROVED CDBG GRANT AMOUNT	UNSPENT BALANCE OF CDBG GRANT
<b>9</b>	<b>TOTALS</b>						

<b>PART II – GRANT BALANCE</b>		
	Amount	(DED Use Only)
1. Grant Amount Applied to Program Costs (Total of Part I ~ Column 6)	\$	
2. Estimated Amount of Unpaid/Unsettled Claims to be Paid with Grant Funds (Describe in Part III or IV)	\$	
3. Subtotal	\$	
4. Grant Amount per Grant Contract (Total of Part I ~ Column 7)	\$	
5. Unspent Grant Amount to Cancel (Line 4 minus Line 3)	\$	
6. Grant Funds Received	\$	
7. Balance of Grant Payable: Unspent Grant Amount <u>Not</u> to be Canceled (Line 3 minus Line 6) *	\$	

**\* If line 6 exceeds Line 3, enter the negative amount on Line 7. DO NOT return this unutilized balance until receiving instructions from DED.**

**PART III – UNPAID COSTS** (Total costs-including General Administration-reported in Part I and the anticipated date of payment)

**PART IV – UNSETTLED CLAIMS** (List all unsettled obligations and claims against the grant shown in Part II, Line 2)

**PART V – 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). I also certificate that the provision has been made for the payment of all unpaid costs shown in Part III or this report and that all unsettled claims/ obligations shown in Part IV of this report shall be resolved and paid in a timely manner.

\_\_\_\_\_  
Typed Name and Title of  
Chief Elected Official

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

**PART VI – Preparer Information**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Typed Organization

\_\_\_\_\_  
Typed email

\_\_\_\_\_  
Typed Phone

**PART VII – ACCEPTANCE (DED Use Only)**

The Nebraska Department of Economic Development accepts this report as the final financial status for the grant pending completion of any required audits.

\_\_\_\_\_  
Signature of DED Official

\_\_\_\_\_  
Date

Based on this report the following action is taken:

Cancellation of the unutilized grant in the amount of \$ \_\_\_\_\_

Request for refund to the Department of Economic Development the grant balance on hand in the amount of \$ \_\_\_\_\_