

Nebraska Department of Economic Development
INSTRUCTIONS: CDBG Semi – Annual Project Status & Compliance Report

GENERAL INSTRUCTIONS: All CDBG grantees are required to submit a Project Status Report (PSR) on a semi-annual basis and a final project status report prior to project closeout. Completed by the CDBG Certified Administrator, the information collected enables the Nebraska Department of Economic Development (DED) to satisfy recordkeeping, reporting, and monitoring requirements of the U.S. Department of Housing and Urban Development (HUD). **DED reserves the right to not process any requests for funds where grantee has not submitted PSRs to DED by the due dates listed below.**

In total, the form has 21 sections; please contact the Program Representative with any questions about completing the CDBG Semi-Annual Project Status and Compliance Report. Submit information relating to the current reporting period. Please check the project status-reporting period at the top of the form and identify the report number (e.g. #1, 2, 3, etc.). The table below outlines submission requirements:

Reporting Period End Date	Report Submission Deadline
June 30	July 30
December 31	January 30
Final Project Status Report	Prior to project closeout and upon completion of all activities, all funds drawn, and monitoring materials submitted.

SUBMIT: All project status reports to the attention of the Program Representative. Upon completion of the report, sign and send scanned (color) copies as a PDF or send the hard copy to:

Nebraska Department of Economic Development
 Attn: [Project's Program Rep]
 Housing and Community Development Division
 PO Box 94666
 Lincoln, NE 68509

DISTRIBUTE: a signed copy of the report to the Chief Elected Official of the grantee.

SECTION 1. GRANTEE DATA	
<i>CDBG Grant #</i>	CDBG project grant/contract number
<i>Grantee</i>	Official name of CDBG grant recipient
<i>Fed Tax ID #</i>	Federal Tax Identification Number
<i>DUNS #</i>	Certified Administrator's DUNS Number
<i>Address</i>	Mailing address
<i>Contact Person</i>	Individual from local government responsible for day-to-day administration
<i>E-Mail</i>	Contact person's e-mail address
<i>Phone #</i>	Contact person's phone number
<i>SAM Expiry Date</i>	Grantee's System for Award Management (SAM) registration expiration date

SECTION 2. CERTIFIED ADMINISTRATOR	
<i>Name</i>	CDBG Certified Administrator (CA) who prepared this PSR
<i>Organization</i>	Employing Organization or Entity of CA
<i>Fed Tax ID #</i>	Federal Tax Identification Number
<i>DUNS #</i>	CA's DUNS Number
<i>Address</i>	Mailing address
<i>Website</i>	CA Organization's/Entity's Website Address /URL (if applicable)
<i>E-Mail</i>	CA's E-Mail Address
<i>Phone #</i>	CA's phone number
<i>SAM Expiry Date</i>	CA's System for Award Management (SAM) registration expiration date

SECTION 3. CERTIFICATION	
CDBG Certified Administrator is required to sign and date attesting that the information submitted is true and accurate as provided. DED considers unsigned PSRs incomplete.	
<i>DED Program Representative:</i>	Identify the DED Program Representative assigned to the project.

SECTION 4. CDBG CONTRACT

<i>Contract Start</i>	Identify the date the contract begins. NOTE: this date never changes.
<i>Contract End</i>	Identify the original contract termination date. NOTE: this date never changes. Where applicable, see Extension Date.
<i>Extension Date</i>	Identify the extension date of the contract, as amended, where applicable. NOTE: if the contract end date changes due to an executed contract amendment, identify the revised contract end date.
<i>1st Amendment Requested</i>	Identify the date the 1 st Amendment Request was submitted to DED.
<i>1st Amendment Executed</i>	Identify the date that contract amendment was executed. NOTE: this is the date that DED signs the amendment.
<i>1st Amendment Type</i>	Identify if the amendment request was for (select <u>all</u> that apply): <ul style="list-style-type: none">▪ Budget▪ Extension▪ Program Guidelines▪ Accomplishments▪ Other (Only for changes not related to the above common types.)
<i>2nd Amendment Requested</i>	Identify the date the 2 nd Amendment Request was submitted to DED
<i>2nd Amendment Executed</i>	Identify the date that contract amendment was executed NOTE: this is the date that DED signs the amendment.
<i>2nd Amendment Type</i>	Identify if the amendment request was for (select <u>all</u> that apply): <ul style="list-style-type: none">▪ Budget▪ Extension▪ Program Guidelines▪ Accomplishments▪ Other (See above.)

SECTION 5. NATIONAL OBJECTIVE / ACTIVITY ELIGIBILITY / FUNDABILITY

NOTE: This information aligns with the information within the CDBG Contract.

<i>Activity Code</i>	Identify the Activity Code.
<i>Activity Title</i>	Identify the Activity Title.
<i>National Objective</i>	Use the acronym to identify the National Objective that the activity meets: <ul style="list-style-type: none">▪ LMA: Low/Moderate Income – Area Basis▪ LMC: Low/Moderate Income – Limited Clientele▪ LMJ: Low/Moderate Income – Job Creation/Retention▪ LMH: Low/Moderate Income – Households▪ SBA: Slum/Blight – Area Basis▪ SBS: Slum/Blight – Spot Basis
<i>Activity Eligible</i>	Identify if the activity is eligible. Activities must be meet the National Objective throughout the life of the project.

SECTION 6. ACTIVITY PROGRESS / PERFORMANCE

SECTION 6-A. ACTIVITY PROGRESS

List each activity code from Section 5 Activity Eligibility. Compare the status of each activity to the project status identified in the current implementation schedule.

<i>Activity Code</i>	Identify the Activity Code.
<i>Implementation Schedule</i>	Identify the Activity Code's start date as identified on the Implementation Schedule, this date may change based upon contract amendment.
<i>Progress of Activities</i>	Briefly describe the progress of the activity.
<i>Current Status</i>	Check the box that best describes the current status of the activity: <ul style="list-style-type: none">▪ On Schedule▪ Ahead of Schedule▪ Behind Schedule (three months or more)

SECTION 6-B. ACTIVITY PROGRESS – BEHIND SCHEDULE

Only complete this section if any activity is identified in Section 6-A as being significantly behind. DED defines significantly behind as three months or more.

<i>Activity Code</i>	Identify the Activity Code that is substantially behind schedule.
<i>Circumstances/Reasons</i>	Describe the circumstances/reasons why this activity is behind schedule.
<i>Will the activity be completed by the contract end date?</i>	<ul style="list-style-type: none"> ▪ Select “yes” if the activity will be complete by the contract end date. ▪ Select “no” if the activity will not be complete by the contract end date.
<i>Revised Implementation Schedule</i>	<ul style="list-style-type: none"> ▪ If an activity can be completed within the contract period and an extension is <u>not</u> required, attach a revised implementation schedule. ▪ If an activity cannot be completed within the contract period and an extension request will be submitted – a revised implementation schedule does not need to be submitted with this report.
<i>Is a contract extension necessary?</i>	<ul style="list-style-type: none"> ▪ Select “yes” if the project requires a contract extension. See the CDBG Manual for more information about contract amendments. ▪ Select “no” if a contract extension is <u>not</u> needed.
<i>Contract Amendment will be requested?</i>	<ul style="list-style-type: none"> ▪ Select “yes” if a contract amendment request will be submitted. ▪ Select “no” if a contract amendment request will not be submitted.

SECTION 7. PROGRESS OF ACTIVITIES

Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. Reference the Grantee Implementation Schedule. In this section, report progress toward project and activity milestones. Description should include project location relationship to community and neighborhoods, activities undertaken, implementation schedule quarter, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays or progressing ahead of schedule, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind reference your explanation as provided within Section 6-B. If reporting no progress or completing no activities during the reporting period, please explain.

IMPORTANT NOTES:

- *DED considers PSRs submitted without a narrative incomplete. For more information about insufficient reporting, see the GENERAL INSTRUCTIONS at the start of this document and the CDBG Manual.*
- *Check the box if the Project involves [Housing or Commercial Rehabilitation activities](#) and provide an attached report for units assisted within the reporting period.*

SECTION 8. PLANNED ACTIVITIES

Provide a concise account of planned activities; notify DED of any technical assistance needs. If project is behind schedule, indicate and address the strategy underway to get back on schedule.

IMPORTANT NOTE: Same information as listed within Section 7.

SECTION 9. AFFIRMATIVELY FURTHERING FAIR HOUSING ACTIVITIES

<i>Proposed</i>	List the Affirmatively Further Fair Housing Activities that identified as part of the special conditions to the contract.
<i>Completed</i>	Identify the Affirmatively Further Fair Housing Activities that were actually completed and the date completed. If applicable, provide supporting documentation demonstrating activity completion.

SECTION 10. NATIONAL OBJECTIVE

Report on the appropriate National Objective(s) as identified in the contract. Complete Section 10-A for all CDBG-funded activities associated with the Low- and Moderate-Income (LMI) National Objective and various subcategories therein.

Complete Section 10-B for all CDBG-funded activities associated with the Prevention/Elimination of Slum/Blight National Objective and various subcategories therein.

SECTION 10-A. LOW & MODERATE INCOME

Complete the actual beneficiary data based upon the appropriate National Objective related to the project's activities. This specifically does not include proposed beneficiaries.

Column A. Enter the actual total beneficiaries assisted during the reporting period.

Total Beneficiaries This Report

Column B.

Total Beneficiaries Cumulative

Enter the actual beneficiary data assisted during the life of the contract period. Use the sum of current and all previous reporting periods.

LMI Area Benefit (LMA)

Only complete this section once all project activities have been completed. These numbers align with the beneficiary data identified in the contract between DED and the grantee.

LMI Limited Clientele (LMC)

Enter the actual beneficiary data depending on the activity:

- **Architectural Barrier Removal:** Complete this section once the project activity is complete. These numbers align with the beneficiary data identified in the contract between DED and the grantee.
- **Daycare:** Complete this section as LMI individuals are enrolled into the facility. At least 51 percent of the clientele are persons whose family income is considered LMI.
- **Senior Center:** Complete this section once the project activity is complete. These numbers align with the beneficiary data identified in the contract between DED and the grantee.

LMI Housing (LMH)

Complete this section when a beneficiary's assistance is complete.

LMI Jobs (LMJ)

Complete this section when a beneficiary's job is created/retained.

SECTION 10-B. SLUM & BLIGHT

Complete the Slum and Blight national objective information based on the CDBG Contract accomplishments, also reference Application Exhibits F-1 (SBA) or F-2 (SBS).

NOTE: For commercial rehabilitation projects, include actual number of businesses assisted.

Slum and Blight on an Area Basis

Slum and Blight on an Area Basis

- Select "yes" if the activity meets the National Objective through Slum and Blight on an Area Basis. Complete the questions.
- Select "no" if the activity does **not** meet the National Objective through Slum and Blight on an Area Basis. Skip to the next section, Slum and Blight on a Spot Basis.

SBA Compliance Review Record

Only if changes to the record were made at the local-level, attach an updated Exhibit F-1: Slum and Blight Area Basis Documentation.

NOTE: Prior to any such changes being made, consult your Program Representative as it may trigger a need for contract amendment.

Has the area been officially designated as Slum or Blighted by local/county government?

- Select "yes" if the Area has been officially designated.
- Select "no" if the Area has **not** been officially designated. CDBG-funded activities meeting this National Objective Subcategory must be designated to be eligible.

Is there proper documentation for designation?

Designation must be within 10 years of the program year or as otherwise provided by DED.

- Select "yes" if there is proper documentation for designation.
- Select "no" if there is **not** proper documentation for designation.

Designated Year

Identify the year that that the Area was officially designated.

<i>Re-Designated</i>	Identify the year that that the Area was officially re-designated.
<i>Number of Qualified Buildings / Properties</i>	Identify the number of qualified buildings/properties that are designated. This number aligns with the number on Application Exhibit F-1.
<i>% of Buildings / Properties</i>	Identify the percentage of qualified buildings/properties that are designated. This number should align with the number on the Application Exhibit F-1.
<i>Number of Businesses Assisted Column A. Total This Report</i>	Enter the actual total businesses assisted during the reporting period. This specifically does <u>not</u> include proposed beneficiaries.
<i>Number of Businesses Assisted Column B. Total Cumulative</i>	Enter the actual total businesses assisted during the life of the contract period. Use the sum of current and all previous reporting periods.
Slum and Blight on an Spot Basis <i>Slum and Blight on an Spot Basis</i>	<ul style="list-style-type: none"> ▪ Select “yes” if the activity meets the National Objective through Slum and Blight on a Spot Basis. Complete the questions. ▪ Select “no” if the activity does not meet the National Objective through Slum and Blight on a Spot Basis. Complete the section, Slum and Blight on an Area Basis.
<i>SBS Compliance Review Record</i>	Only if changes to the record were made at the local-level, attach an updated Exhibit F-2: Slum and Blight Spot Basis Documentation. NOTE: Prior to any such changes being made, consult your Program Representative as it may trigger a need for contract amendment.
<i>Verify the spot is <u>not</u> located in an officially designated SB area.</i>	See Application Exhibit F-2 for further explanation. <ul style="list-style-type: none"> ▪ Indicate “yes” if the Spot is not located within an Area that has been officially designated. ▪ Indicate “no” if the spot has been officially designated. If you marked “no”, your activities do not meet the requirements of SBS.
<i>The Activity eliminates specific conditions detrimental to public health and safety.</i>	<i>Under SBS, the project Activity can only eliminate specific conditions detrimental to public health and safety.</i> <ul style="list-style-type: none"> ▪ Select “yes” if there is proper documentation for how the Activity eliminates public health and safety. ▪ Select “no” if there is not proper documentation for how the Activity eliminates public health and safety. If you marked “no”, your activities do not meet the requirements of SBS.
<i>Number of Businesses Assisted Column A. Total This Report</i>	Enter the actual total businesses assisted during the reporting period. This specifically does <u>not</u> include proposed beneficiaries.
<i>Number of Businesses Assisted Column B. Total Cumulative</i>	Enter the actual total businesses assisted during the life of the contract period. Use the sum of current and <u>all</u> previous reporting periods.

SECTION 11. RACE AND ETHNICITY

<i>Column A. Total This Report</i>	Enter the actual total beneficiaries assisted during this reporting period, identified by race and ethnicity: <ul style="list-style-type: none"> ▪ TOTAL POP: Summarized by total population for each race, enter the number of the actual total beneficiaries assisted during this reporting period. ▪ HISPANIC: Summarized by ethnicity for each race, enter the number of the actual total beneficiaries assisted during this reporting period.
<i>Column B. Total Cumulative</i>	Enter the race of the actual total beneficiaries for the project to date, including all reporting periods, identified by race and ethnicity: <ul style="list-style-type: none"> ▪ TOTAL POP: Summarized by total population for each race, enter the number of the actual total beneficiaries assisted including all reporting periods. ▪ HISPANIC: Summarized by ethnicity for each race, enter the number of the actual total beneficiaries assisted including all reporting periods.

NOTE:

- As of the 2000 Census, the US Census Bureau no longer categorizes Hispanic as a race. The Census now categorizes Hispanic as an ethnicity.
- Attach a separate page to report on activities with more than one national objective if beneficiaries differ.
- **Housing Recipients:** Report the race and ethnicity based on the head of household for each unit assisted or each household assisted.
- The total identified in this section must match the totals identified in **Section 12. Income Levels.**

SECTION 12. INCOME LEVELS

<i>Column A.</i> <i>Total This Report</i>	Identify the income levels of the actual beneficiaries assisted during this reporting period.
<i>Column B.</i> <i>Total Cumulative</i>	Identify the income levels of the actual beneficiaries assisted for the project to date and including all reporting periods.

NOTE:

- Attach a separate page to report on activities with more than one national objective if beneficiaries differ.
- The total identified in this section must match the totals identified in **Section 11. Race and Ethnicity.**
- **Housing Recipients:** Enter the total number of households benefited based on their annual incomes as they relate to the HOME income limits located at: <http://www.huduser.org/datasets/il.html>.
- **Economic Development Recipients:** Enter the total number of persons benefited based on their annual household incomes as they relate to the HOME income limits (see above URL).
- **Other Program Recipients:** Where the project involves activities meeting LMA, complete the table for the entire service area as defined in the application (e.g., if census data was used to qualify the activity for a city, enter the income limit data for the city as they relate to the HOME income limits (see above URL)).
- If you conducted a survey and collected the information, enter the total number of persons benefited based on their annual incomes as they relate to the HOME income (see above URL). Do not duplicate numbers. Count each person only once within the income range they fall between. If the survey did not include the income levels, enter the LMI number into "Number of Incomes between 50-80% AMI" and non-LMI persons into the "Number of Incomes at or above 81%".

SECTION 13. FEMALE HEAD OF HOUSEHOLDS

Complete this section only for activities that meet the LMH national objective.

<i>Column A.</i> <i>Total This Report</i>	Identify the total female head of households of the actual beneficiaries assisted during this reporting period.
<i>Column B.</i> <i>Total Cumulative</i>	Identify the total female head of households of the actual beneficiaries assisted for the project to date (including all reporting periods).

SECTION 14. HOUSING REHABILITATION ACTIVITIES

Complete this section only if a housing unit(s) was rehabilitated.

<i>Applicable Lead Paint Requirement</i>	Identify the number of Units that met the applicable lead paint requirement: <ul style="list-style-type: none"> ▪ Housing constructed before 1978 ▪ Exempt: housing constructed 1978 or later ▪ Otherwise Exempt ▪ Exempt: No Paint Disturbed.
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Applicable Lead Paint Requirement: Total Units assisted
Cumulative Total

<i>Lead Hazard Remediation Actions:</i> <i>(Rehabilitation Only)</i>	Identify the number of Units that met the applicable lead hazard remediation actions: <ul style="list-style-type: none"> ▪ Lead Safe Work Practices <i>(Hard Costs <= \$5,000)</i> ▪ Interim Controls or Standard Practices <i>(Hard Costs \$5,000 - \$25,000)</i> ▪ Abatement <i>(Hard Costs > \$25,000)</i>
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Lead Hazard Remediation Actions: Total Units Assisted
Cumulative Total

NOTE: The total units assisted in the Applicable Lead Paint Requirement Cumulative Total and the Lead Hazard Remediation Actions Cumulative Total should be equal.

SECTION 15. INDICATOR / BENEFICIARY DATA

This section requires completion for all awarded CDBG Activities. Select the correct Activity under the corresponding Category of Funding that applies to the project to report beneficiary data.

NOTE: Fields that are “blacked/grayed out” do not require data. Total beneficiaries (persons, jobs, businesses assisted, units, or households) for each activity are to be recorded on the first row which is identified with an asterisk [*]. The Total persons/jobs in activities one, two, seven, and eight (1, 2, 7, and 8) must equal the total beneficiaries reported in section VIII (Race and Ethnicity). Subsequent rows labeled “a. b. c....” entered only as it is appropriate to the project.

Column A.
Proposed Beneficiaries

The beneficiaries identified in this section should align with the beneficiaries in the contract. Tabulate beneficiaries by counting the individual people who will benefit from the project.

- Enter the proposed LMI beneficiaries.
- Enter the proposed total beneficiaries.

Housing Projects: Tabulate beneficiaries for housing grants by counting the number of households that benefited from the grant.

Commercial Rehabilitation Projects: Tabulate beneficiaries by counting the number of businesses that benefited from the grant.

Column B.
Actual Beneficiaries This Report

- Enter the actual LMI beneficiaries during this reporting period only.
- Enter the actual total beneficiaries during this reporting period only.

Some projects may not have any actual beneficiaries until the project is complete.

Column C.
Actual Beneficiaries Cumulative

- Enter the actual LMI beneficiaries for the life of the project to date. Use the current reporting period and all previous reported periods.
- Enter the actual total beneficiaries for the life of the project to date. Use the current reporting period and all previous reported periods.

Some projects may not have any actual beneficiaries until the project is complete.

Row 1
Planning

Identify the total number of persons assisted by the project in Column A, B, and C.

Generally, actual Beneficiaries will not be reported until the project is complete and the Final Planning Product is approved by the unit of local government.

Row 2
Facility and/or Public Infrastructure Activities

Identify the total number of persons assisted by the project in Column A, B, and C. Actual Beneficiaries will not be reported until the project is complete.

In rows “2a, 2b, and 2c”, report the appropriate beneficiaries as applied in the project. The totals in “2a, 2b, and 2c” are subtotals of the first line, they should not be duplicative and should relate as appropriate to the project.

For example, a project may provide improved access to a facility or infrastructure as well as provide beneficiaries to no longer have access to ONLY substandard facilities or infrastructure. In cases such as these, the number of beneficiaries would be reported in both data fields.

Row 3
Rental Units

Identify the total number of rental units completed in the project in Column A, B, and C.

Enter data requested in “3a.” through “3f.” relating to the proposed and actual units as applicable.

Row 4
Owner Occupied Units
Rehabilitated or Improved

Identify the total number of rehabilitated units completed in the project in Column A, B, and C.

	Enter data requested in “4a.” through “4d.” relating to the proposed and actual units as applicable.
Row 5 <i>Homeownership Units Constructed Acquired, and/or Acquired with Rehabilitation Activities</i>	Identify the total number of housing units completed in the project in Column A, B, and C. Enter data requested in “5a.” through “5f.” relating to the proposed and actual units as applicable.
Row 6 <i>Homebuyer Down-Payment Assistance</i>	Identify the total number of households receiving homebuyer assistance in Column A, B, and C. Note: For row “6e. - 6g.” the word “service” refers to “Down Payment Assistance Service.”
Row 7 <i>Jobs Created</i>	Identify the total number of jobs created in Column A, B, and C. EDA Classifications requested in “7c.” should be reported in Section 17 of the project status report.
Row 8 <i>Jobs Retained</i>	Identify the total number of jobs retained in Column A, B, and C. EDA Classifications requested in “8c.” should be reported in Section 17 of the project status report.
Row 9 <i>Business Assisted</i>	Identify the total number of businesses assisted in Column A, B, and C. For each reporting period, the DUNS Numbers of the business(es). If there is more than one business, attach a separate sheet with the DUN’s number for each business assisted.

SECTION 16. JOB CREATION / RETENTION PROPOSED / ACTUAL DATA

Enter the proposed Full-time, Full-time Low/Mod (LMI), Part-time, Part-time Low/Mod (LMI). Full-time and Full-time Low/Mod should be reported in number of jobs. Part-time and Part-time Low/Mod are to be reported in hours.

Column A. <i>Proposed Beneficiaries – Created</i>	Enter the proposed LMI Jobs to be created for the project. These must correspond to the proposed beneficiaries that were detailed in the awarded contract or MOU for the project (<i>in most cases this number will not change during the life of the project</i>).
Column A. <i>Proposed Beneficiaries – Retained</i>	Enter the proposed LMI Jobs to be retained for the project. These must correspond to the proposed beneficiaries that were detailed in the awarded contract or MOU for the project (<i>in most cases this number will not change during the life of the project</i>).
Column B. <i>This Report – Created</i>	Enter the actual LMI Jobs to be created for the project during this reporting period only. <i>Some projects may not have any actual beneficiaries until the project is complete.</i>
Column B. <i>This Report – Retained</i>	Enter the actual LMI Jobs to be retained for the project during this reporting period only. <i>Some projects may not have any actual beneficiaries until the project is complete.</i>
Column C. <i>Cumulative – Created</i>	Enter the actual LMI Jobs to be created for the project for the life of the project to date – including the sum of all reporting periods. Use the current reporting period and all previously reported periods.

Some projects may not have any actual beneficiaries until the project is complete.

Column C.
Cumulative - Retained

Enter the actual LMI Jobs to be retained for the project for the life of the project to date – including the sum of all reporting periods (the current reporting period and all previously reported periods).

Some projects may not have any actual beneficiaries until the project is complete.

SECTION 17. ECONOMIC DEVELOPMENT ADMINISTRATION JOB CATEGORIES

Column A.
This Report (Jobs Created)

Enter the number of LMI jobs created for the project during this reporting period only.

Some projects may not have any actual beneficiaries until the project is complete.

Column A.
This Report (Jobs Retained)

Enter the number of LMI jobs retained for the project during this reporting period only.

Some projects may not have any actual beneficiaries until the project is complete.

Column B.
Cumulative (Jobs Created)

Enter the number of LMI jobs created for the life of the project to date – including the sum of all reporting periods. Use the current reporting period and all previously reported periods.

Some projects may not have any actual beneficiaries until the project is complete.

Column B.
Cumulative (Jobs Retained)

Enter the number of LMI jobs retained for the life of the project to date – including the sum of all reporting periods. Use the current reporting period and all previously reported periods.

Some projects may not have any actual beneficiaries until the project is complete.

NOTE: The totals must match the total jobs created/retained as identified in section 15 number seven (7) and eight (8) on this form.

Job Category Definitions

For Job Category Definitions, reference the Employee Certification Form located within the ED Application Guidelines.

SECTION 18. NEW HIRES

Complete this section for the contracts awarded during reporting period only. Both information for the grantee, contractors and subcontractors must be combined. Please round staff hours to the nearest full hours. This section is to be completed regardless of whether the project includes a Section 3-covered contract. Please attach additional sheets as needed to include all Job categories.

NOTE: Report accomplishments regarding employment and other economic opportunities provided to low- and very low-income persons under Section 3 of the Housing and Urban Development Act of 1968.

SECTION 19. MBE / WBE & SECTION 3 REPORTING

Report all Section 3 Contract Information on an annual basis from July 1st to June 30th on the June 30th Project Status Report.

Column (1)
Contractor/Subcontractor
Name & Address

- Enter the name of company or individual with whom a contract was entered into (Contractor and/or Subcontractor).
- Enter the Street Address
- Enter the City Name
- Enter the State
- Enter the Zip Code

Column (2)
Contractor/Subcontractor
Federal Tax ID # or SSN

Enter the Federal Identification Number, or enter the last 4 digits of the Social Security Number (SSN) for each contractor/subcontractor listed.

Column (3) Type of Trade Code	Enter the number code(s) which best indicate the contractor's / subcontractor's service. 1a – New Construction 1b – Other Construction 2 – Education / Training 3 – Other
Column (4) Contractor or Subcontractor Business Racial/Ethnic Code	Enter the numeric code, which indicates the racial/ethnic character of the owner(s) and controller(s) of 51% of the business. When 51% is not owned and controlled by any single racial/ethnic category, enter the code, which seems most appropriate. 1 – White American 2 – Black American 3 – Native American 4 – Hispanic American 5 – Asian/Pacific American 6 – Hasidic Jew

Column (5) Woman Owned Business	<ul style="list-style-type: none"> ▪ Enter "yes" if the business is owned by a woman ▪ Enter "no" if the business is not owned by a woman
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Column (6) Amount of Contract / Subcontract	Enter the dollar amount rounded to the nearest dollar.
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Column (7) Section 3	<p>Section 3 of the HUD Act of 1968 requires that recipients of HUD funds (and their contractors and subcontractors) provide jobs and other economic opportunities to low-income persons. Through recruiting in a project's area, such fund recipients can make residents and businesses aware of the opportunities available. Section 3 residents are low-income persons who live in the area in which a HUD-assisted project is located. A Section 3 business is owned by section 3 residents or employs section 3 residents in full-time positions or subcontracts with businesses that provide economic opportunities to low income persons.</p> <ul style="list-style-type: none"> ▪ Enter "yes" if the contractor meets the Section 3 requirements. ▪ Enter "no" if the contractor does not meet the Section 3 requirements.
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SECTION 20. DRAWDOWN REVIEW

List and describe the drawdowns completed during this reporting period. Upon availability, submit the source documentation (invoices, bank statements, and cancelled checks) for the drawdowns that meet the below threshold criteria:

- 1st Administrative Drawdown,
- Any requests for Economic Development (ED) projects,
- Any requests that are greater than \$100,000, and
- Any requests that are equal to or greater than 25% of the project costs.
- Final Administrative Drawdown

SECTION 21. RISK ANALYSIS COMPLIANCE CHECKLIST

SECTION 21-A STAGES / REPORTS

Identify the project's projected dates to complete the identify stages and indicate the date that the stage completed.

Column A Stage	Check the box if the project has completed a stage or submitted the identified report.
Column B Anticipated Date	Enter the date anticipated to complete stages or submit the reports.
Column C Date Met	<p>Enter the date that the stage was completed or the report was submitted to the Department.</p> <ul style="list-style-type: none"> ▪ Notice of Award – Date of the Notice of Award Letter ▪ Executed Contract – Date the Contract was signed by all parties ▪ Special Conditions Completed – Date Submitted to the Department ▪ Release of Funds Letter – Date of the Release of Funds Letter

- Monitoring Completed – Date of the Monitoring Clearance Letter
- Final Reports – Date all of the reports are submitted
 - Financial – Date Submitted to the Department
 - Job Creation/Retention - Date Submitted to the Department
 - Performance - Date Submitted to the Department
 - Product - Date Submitted to the Department
 - Wage Compliance - Date Submitted to the Department
 - Other Report – Specify report type and enter date Submitted to the Department

SECTION 21-B. PERFORMANCE REVIEW – RISK ANALYSIS COMPLIANCE CHECKLIST

<i>Column A Risk Analysis Checklist</i>	<p>These columns reference the document called “Performance Review – Risk Analysis Compliance Checklist”. Submit the documents as listed for each grant process reporting stage.</p> <ul style="list-style-type: none"> ▪ Notice of Award <ul style="list-style-type: none"> ○ Submit Section 1-A ○ Submit Section 1-C ▪ Release of Funds/ERR Clearance <ul style="list-style-type: none"> ○ Submit Section 1-B ○ Submit Section 1-B Attachment ▪ Project Activity Implementation <ul style="list-style-type: none"> ○ Submit Section 2-A ○ Submit a copy of the 1st Administrative Drawdown and source documentation ○ Submit Section 2-B ○ Submit a copy of all professional services contracts.
<i>Column B Submitted</i>	<p>In the column labeled “Submitted”</p> <ul style="list-style-type: none"> ▪ Indicate “yes,” if the requested section documentation was submitted to the Department. ▪ Indicate “no,” if the requested section documentation was not submitted to the Department.
<i>Column C Date</i>	<p>Enter the date the documentation was <u>submitted</u> to the Department</p>
<i>Column Reference Only: On-Site Monitoring</i>	<p>This column serves only as a reference. The items identified in Column A. Risk Analysis Checklist correspond to the sections identified in the On-Site Monitoring Checklist.</p>

IMPORTANT NOTE: Unless expressly requested by DED or where there are changes to the information provided previously, do not resubmit RAC Checklist or supplemental materials.