

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

Project Status Report as of: (check box that applies) Report # _____

June 30, _____ December 31, _____ Final Report (Date: _____)

Date received → DED use only

SECTION 1. GRANTEE DATA		SECTION 2. CERTIFIED ADMINISTRATOR	
CDBG Grant #		Name	
Grantee		Organization	
Fed Tax ID #		Fed Tax ID #	
DUNS #		DUNS #	
Address		Address	
Contact Person		Website	
Email		Email	
Phone #		Phone #	
SAM Expiry Date		SAM Expiry Date	
Is the Grantee Information Sheet (GIS) still current? <i>If no, submit updated GIS with the PSR.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3. CERTIFICATION	
I certify to the best of my knowledge and belief that the information in this report is true and correct:	
<i>Certified Administrator's Signature</i>	<i>Date</i>
DED Program Representative:	DED USE ONLY: Reviewed by _____ Date _____

SECTION 4. CDBG CONTRACT			
Contract Start		Contract End	
		Extension Date	
Date 1 st Amendment Requested		1 st Amendment Executed	
1 st Amendment Type: <input type="checkbox"/> Budget <input type="checkbox"/> Extension <input type="checkbox"/> Program Guidelines <input type="checkbox"/> Accomplishments <input type="checkbox"/> Other			
Date 2 nd Amendment Requested		2 nd Amendment Executed	
2 nd Amendment Type: <input type="checkbox"/> Budget <input type="checkbox"/> Extension <input type="checkbox"/> Program Guidelines <input type="checkbox"/> Accomplishments <input type="checkbox"/> Other			

SECTION 5. NATIONAL OBJECTIVE / ACTIVITY ELIGIBILITY / FUNDABILITY				
Activity Code	Activity Title	National Objective	Activity Eligible	
			Yes	No
1)			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>
5)			<input type="checkbox"/>	<input type="checkbox"/>
6)			<input type="checkbox"/>	<input type="checkbox"/>
7)			<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6. ACTIVITY PROGRESS / PERFORMANCE

SECTION 6-A. ACTIVITY PROGRESS

*Activity start date as identified on the Implementation Schedule (Quarter, Year, Month)

Activity Code	Implementation Schedule*	Progress of Activities (Describe)	Current Status
1)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule
2)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule
3)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule
4)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule
5)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule
6)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule
7)			<input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule

SECTION 6-B. ACTIVITY PROGRESS – BEHIND SCHEDULE

*Complete this section if any activity in Section 6-A was identified as substantially behind schedule

Activity Code	Circumstances/Reasons	Will the activity be completed by the contract end date?	Revised implementation schedule	Is a contract extension necessary?	Contract amendment will be requested?
1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. PROGRESS OF ACTIVITIES		SECTION 8. PLANNED ACTIVITIES	
Describe the actual impact/outputs of work completed this reporting period in reference to grantee implementation schedule. Assess whether or not project is on schedule and including any amendments or extensions granted for the project. If final report, provide detailed description of the project location and accomplishments/beneficiaries.		Describe the planned activities for next reporting period and any technical assistance needs. The narrative should reference the grantee implementation schedule, project activities, and milestones. Where the projected is behind schedule, include reasons for anticipated extensions and amendments.	
<input type="checkbox"/> Project involves Housing or Commercial Rehabilitation activities.			
<input type="checkbox"/> For Projects involving Housing or Commercial Rehabilitation activities, attach report on units assisted within the reporting period.		<input type="checkbox"/> For Projects involving Housing or Commercial Rehabilitation activities, attach report on planned progress on those activities by unit.	

SECTION 9. AFFIRMATIVELY FURTHERING FAIR HOUSING ACTIVITIES	
PROPOSED	COMPLETED

SECTION 10. NATIONAL OBJECTIVE

SECTION 10-A. LOW & MODERATE INCOME NATIONAL OBJECTIVE

	A. Total Beneficiaries This Report	B. Total Beneficiaries Cumulative
LMI Area Benefit (LMA)	total persons	total persons
	LMI persons (%)	LMI persons (%)
LMI Limited Clientele (LMC)	persons	persons
LMI Housing (LMH)	households	households
LMI Jobs (LMJ)	total Jobs	total Jobs
	LMI Jobs (%)	LMI Jobs (%)

SECTION 10-B. SLUM & BLIGHT NATIONAL OBJECTIVE

Slum and Blight on an Area Basis (SBA)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
SBA Compliance Review Record (Application, Exhibit F-1)				<input type="checkbox"/> Attached, if changes.	
Has the Area been officially designated as Slum or Blighted by local/county government?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there proper documentation for designation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated year		Re-designated year			
Number of Qualified Buildings/ Properties		% of Buildings/Properties			
SBA NATIONAL OBJECTIVE BENEFICIARIES					
			A. Total This Report	B. Total Cumulative	
Number of Actual Businesses Assisted					

Slum and Blight on an Spot Basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
SBS Compliance Review Record (Application, Exhibit F-2)	<input type="checkbox"/> Attached, if changes.
Verify the Spot is not located in an officially designated SB Area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Activity eliminates specific conditions detrimental to public health and safety.	<input type="checkbox"/> Yes <input type="checkbox"/> No
SBS NATIONAL OBJECTIVE BENEFICIARIES	
	A. Total This Report
	B. Total Cumulative
Number of Actual Businesses Assisted	

SECTION 11. RACE AND ETHNICITY				
	A. This Report		B. Cumulative	
	TOTAL POP	HISPANIC	TOTAL POP	HISPANIC
1) White				
2) Black / African American				
3) Asian				
4) American Indian / Alaskan Native				
5) Native Hawaiian / Other Pacific Islander				
6) American Indian / Alaskan Native & White				
7) Asian & White				
8) Black / African American & White				
9) American Indian / Alaskan Native & Black African American				
10) Other Multi-Racial				
<i>(Totals must match Section 12. Income Levels)</i> TOTAL:				

SECTION 12. INCOME LEVELS		
	A. This Report	B. Cumulative
Number of Incomes between 0-30% AMI		
Number of Incomes between 30.0001%-50% AMI		
Number of Incomes between 50.0001%-80% AMI		
Number of Incomes above 80%		
<i>(Totals must match Section 11. Race and Ethnicity)</i> TOTAL:		

SECTION 13. FEMALE HEAD OF HOUSEHOLD		
	A. This Report	B. Cumulative
Number of female head of households		

SECTION 14. HOUSING REHABILITATION PROJECTS			
Applicable Lead Paint Requirement:	# of Units	Lead Hazard Remediation Actions (Rehab only):	# of Units
Housing constructed before 1978		Lead Safe Work Practices (Hard costs <=\$5,000)	
Exempt: housing constructed 1978 or later		Interim Controls or Standard Practices (\$5,000-\$25,000)	
Otherwise exempt		Abatement (Hard costs >\$25,000)	
Exempt: No paint disturbed			
Cumulative Total		Cumulative Total	

SECTION 15. INDICATOR / BENEFICIARY DATA							
Activity	Outcome Indicator	A. PROPOSED		B. THIS REPORT		C. CUMULATIVE	
		LMI	TOTAL	LMI	TOTAL	LMI	TOTAL
1) Planning	* Total Number of persons assisted:						
2) Public Facility and/or Public Infrastructure Activities	* Total Number of persons assisted:						
	a. With new access to a facility or infrastructure						
	b. Assisted with improved access to a facility or infrastructure						
	c. That no longer have access to ONLY a substandard facility or infrastructure						
3) Rental Units	*Total number of units:						
	a. Number of affordable units						
	b. Total # units meeting section 504						
	c. Number of units created through conversion of nonresidential buildings to residential buildings						
	d. Number of units brought from substandard to NDED rehab standards						
	e. Number of units made lead safe						
	f. For Designated Affordable Units:						
	i. Number of years affordability restrictions apply						
	ii. Number of assisted units that are occupied by elderly households						
	iii. Number of units subsidized with project based rental assistance through a federal, state, or local program						
	iv. Number of units designated for persons with HIV/AIDS						
	v. permanent housing designated for homeless persons and families,						
	4) Owner Occupied Units Rehabilitated or Improved	* Total Number of Rehabilitated Units:					
a. Number of units occupied by elderly households							
b. Number of units brought from substandard to NDED rehab standards							
c. Number of units made lead safe							
d. Number of units that that grantee chose to make accessible under Section 504							

SECTION 15. INDICATOR / BENEFICIARY DATA							
Activity	Outcome Indicator	A. PROPOSED		B. THIS REPORT		C. CUMULATIVE	
		LMI	TOTAL	LMI	TOTAL	LMI	TOTAL
5) Homeownership units constructed, acquired, and/or acquired with rehabilitation activities	* Total number of housing units completed in the project:						
	a. Number of units available for purchase only by households below 80% of area median income						
	b. Number of years affordability restrictions apply (for applicable units)						
	c. Number of units made fully accessible under section 504						
	d. Number of units occupied by households previously living in subsidized housing						
	e. Number of units designated for persons with HIV/AIDS						
	i. of those, number of units designated for chronically homeless						
	f. Permanent housing designated for homeless persons and families						
	i. of those, number of units designated for chronically homeless						
6) Homebuyer Down-payment Assistance	* Total number of households receiving homebuyer assistance:						
	a. Number of those served who are first time buyers						
	b. Number of households receiving down payment assistance and/or closing cost assistance						
	c. Minimum per property affordability period in the program						
	d. Number with new (continuing access to homebuyer assistance						
	e. Number of persons assisted with new access to a service						
	f. Number of persons assisted with improved access to a service						
	g. Number of persons assisted who no longer have access to ONLY a sub-standard service						
NOTE: The service in “e-g” refers to a Down-payment Assistance Service							

SECTION 15. INDICATOR / BENEFICIARY DATA							
Activity	Outcome Indicator	A. PROPOSED		B. THIS REPORT		C. CUMULATIVE	
		LMI	Total	LMI	TOTAL	LMI	TOTAL
7) Jobs Created	* Total number of jobs created:						
	a. of total, number with employer sponsored health care benefits						
	b. number unemployed prior to taking jobs created						
	c. # jobs for each job type (EDA Classifications)**	Report in Section 17 of this report					
8) Jobs Retained	* Total number of jobs retained:						
	a. of total, number with employer sponsored health care benefits						
	b. # jobs for each job type (EDA Classifications)**	Report in Section 17 of this report					
9) Businesses Assisted <i>Commercial / industrial improvements by a grantee or nonprofit; Direct ED assistance to private for profit companies; Rehab for a publicly or privately owned commercial or industrial bldg</i>	* Total businesses assisted:						
	a. # of new businesses						
	b. # of existing businesses						
	i. Of those, number of expansions						
	ii. Of those, number of relocations						
	c. DUNS # of business(es)	If more than one business applies, attach a separate sheet with DUN's # for each business.					

SECTION 16. Job Creation/Retention Proposed / Actual Data							
	A. Proposed			B. THIS REPORT		C. CUMULATIVE	
	Created	Retained		Created	Retained	Created	Retained
Full Time:							
Full Time Low/Mod (LMI)							
Part Time:							
Part Time Low/Mod: (LMI)							
LMI%							

SECTION 17. Economic Development Administration Job Categories				
TOTAL	A. THIS REPORT		B. CUMULATIVE	
	JOBS CREATED	JOBS RETAINED	JOBS CREATED	JOBS RETAINED
1. Officials and Managers				
2. Professional				
3. Technicians				
4. Sales				
5. Office and Clerical				
6. Craft Worker				
7. Operatives (semi-skilled)				
8. Laborers (unskilled)				
9. Service Workers				
<i>Must match in Section 15, #7 or #8</i> TOTAL:				

SECTION 18. NEW HIRES

This table must include aggregate numbers for this reporting period including:

- New employees hired by the grantee, whether working on the CDBG project or not, that were hired for construction or construction-related jobs.
- New employees of contractors and sub-contractors working on the CDBG project that were hired for all jobs.

Job Category	Total number of New Hires	Total Section 3 Resident New Hires	Total staff hours worked by all new hires on the CDBG project	Total staff hours worked by all Section 3 Resident new hires on the CDBG project
Professional				
Technicians				
Office/clerical				
Construction by Trade (list)				
Trade:				
Trade:				
Trade:				
Other (list)				
TOTAL				

**Do not include employees reported on previous Project Status Reports.*

Indicate the efforts made to direct the employment and other opportunities generated by the CDBG grant toward low-to-moderate income persons, particularly those who are recipients of government assistance for housing. (check all that apply)

Narrative:

SECTION 19. MBE/WBE & SECTION 3 REPORTING

CONTRACTUAL OBLIGATIONS ¹ (COMPLETE THIS TABLE FOR ALL CONTRACTS)

Grant #:

(1) CONTRACTOR/SUBCONTRACTOR NAME & ADDRESS					(2)	(3)	(4)	(5)	(6)	(7)
					Contractor/ Subcontractor Federal Tax ID Number or SSN	Type of Trade Code (See Below)	Contractor or Subcontractor Business Racial/Ethnic Code (See Below)	Woman Owned Business (Yes/No)	Amount of Contract/ Subcontract (rounded to the nearest dollar)	Section 3 (Yes/ No)
Name	Street	City	State	Zip +4						

<p>Type of Trade Codes:</p> <p>1a – New Construction 1b – Other Construction 2 – Education/Training 3 – Other</p>	<p>¹Please report all Section 3 Contract Information on an annual basis from July 1st to June 30th on the June 30th Project Status Report.</p>	<p>Business Racial Ethnic Information:</p> <p>1 – White American 2 – Black American 3 – Native American 4 – Hispanic American 5 – Asian/Pacific American 6 – Hasidic Jew</p>
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Attach additional sheets as necessary.

SECTION 20. DRAW DOWN REVIEW

CDBG Drawdown Request #:			Amount: \$
Activity Code/ Activity Description	CDBG Amount	Match Amount	Source Documentation Submitted
1)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
2)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
3)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks

CDBG Drawdown Request #:			Amount: \$
Activity Code/ Activity Description	CDBG Amount	Match Amount	Source Documentation Submitted
1)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
2)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
3)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks

CDBG Drawdown Request #:			Amount: \$
Activity Code/ Activity Description	CDBG Amount	Match Amount	Source Documentation Submitted
1)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
2)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
3)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks

CDBG Drawdown Request #:			Amount: \$
Activity Code/ Activity Description	CDBG Amount	Match Amount	Source Documentation Submitted
1)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
2)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks
3)			<input type="checkbox"/> Invoices <input type="checkbox"/> Bank Statements <input type="checkbox"/> Cancelled Checks

Attach additional sheets as necessary.

SECTION 21. RISK ANALYSIS COMPLIANCE CHECKLIST

SECTION 21-A. STAGES / REPORTS

A. Stage/Report (check completed)	B. Anticipated Date to Meet	C. Date Met
<input type="checkbox"/> Notice of Award Letter		
<input type="checkbox"/> Executed Contract		
<input type="checkbox"/> Special Conditions Completed		
<input type="checkbox"/> Release of Funds		
<input type="checkbox"/> Monitoring Clearance		
Final Reports		
<input type="checkbox"/> Financial		
<input type="checkbox"/> Job Creation / Retention		
<input type="checkbox"/> Performance (Final PSR)		
<input type="checkbox"/> Planning Product		
<input type="checkbox"/> Wage Compliance		
<input type="checkbox"/> Other:		

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

A. Risk Analysis Checklist	B. Submitted	C. Date	Reference Only On-Site Monitoring Checklist
Notice of Award			
▪ Section 1-A	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section D. Part I: File Documents</i>
▪ Section 1-C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section D. Part I: File Documents</i>
Release of Funds/ ERR Clearance			
▪ Section 1-B	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section C. Environmental Review Record</i>
▪ Section 1-B Attachment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section C. Environmental Review Record</i>
Project Activity Implementation			
▪ Section 2-A	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section D. Part II: File Documents</i>
▪ 1 st Admin Draw Down	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section D. Part II: File Documents</i>
▪ Section 2-B	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section D. Part II: File Documents</i> <i>Section G. Professional Services Contracts</i>
▪ Professional Services Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Section D. Part II: File Documents</i> <i>Section G. Professional Services Contracts</i>

DED USE ONLY

Performance Review – Risk Analysis Compliance Checklist Submitted by Grantee				<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Type	Date Scheduled	Date Conducted	Report Issued	Clearance Letter
<input type="checkbox"/> Desktop, Semi-Annual				
<input type="checkbox"/> Desktop, Comprehensive				
<input type="checkbox"/> On-Site				