# CDBG Project Status Report (PSR)

**Browser:** Log into AmpliFund, https://ne.amplifund.com using Google Chrome, Mozilla Firefox, or Microsoft Edge.

## Overview

This user guide provides instructions for submitting the CDBG Project Status report through AmpliFund. As of 6/30/2021, DED is no longer accepting PDF or paper forms. The report must be submitted through AmpliFund.

## Completing the Project Status forms

1. Navigate to the Award and click on the word "**Custom**" to display the project status forms that need to be completed.



2. Select the "Project Status" forms you need to complete. See the following pages for additional instructions on how to complete each form.

3. The "Project Status" forms listed are specific to your grant based on the activity being implemented.

> **NOTE:** *If your award was migrated into AmpliFund in 2021 (awarded prior to 2020), you will see every possible PSR form, regardless of your national objective and beneficiary type. You do NOT need to submit forms that are not applicable to your award.*

*If you were awarded during or after 2020, you will only see the forms that are applicable to your award.*

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# Project Status – LMI on an Area Basis (LMA)

5.  Select the "Project Status – LMI on an Area Basis (LMA)" form from the "Custom" drop down menu.
6.  A new screen will appear.
7.  A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



8.  A new form will appear, the following fields need to be completed:
    a.  **Project Status**
        i.   **Report #:** Enter the report number you are completing
        ii.  **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1.  January 1 – June 30
            2.  July 1 – December 31
            3.  Final Report: Select this option if this is your final report.
        iv.  **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.
    b.  **National Objective / Activity Eligibility / Fundability:**
        i.   List the Activities that meet the LMA National Objective identified in your contract. List in the order of largest dollar amount of CDBG funds identified in the CDBG contract.

            1.  Note: General Administration is not listed. However, narrative should be provided within the section of "Progress of Activities" and "Planned Activities" on the progress of this activity as it relates to the implementation of the activities being implemented under this national objective.

        ii.  Identify if each activity met eligibility requirements during the reporting period.

    c.  **Progress of Activities:** Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. In this section, report progress toward project and activity milestones. Description should include activities undertaken, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind, indicate if an extension request will be submitted. If reporting no progress or completing no activities during the reporting period, please explain. Also, if reporting completion of activity, include the project location (address) and accomplishments/beneficiaries.

    d.  **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

    e.  **Low & Moderate Income on an Area Basis National Objective:** Enter the actual total beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, enter zero in each field. This section is completed once all LMA activities have been completed, the data entered here should align with the beneficiary data identified in the contract between DED and the grantee.

f. **Race and Ethnicity – Total Population:** Enter the actual total beneficiaries assisted during this reporting period, identified by race. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Income Levels"

g. **Race and Ethnicity – Hispanic:** Of the actual total beneficiaries assisted during this reporting period, identify the number of beneficiaries that identify by the ethnicity of Hispanic. If no beneficiaries have been assisted during the reporting period, input zero in each field.

h. **Income Levels:** Identify the income levels of the actual beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Race and Ethnicity – Total Population"

   i. NOTE: If you conducted a census survey and collected the information, enter the total number of persons benefited based on their annual incomes as they relate to the income breakdown, https://www.huduser.gov/portal/datasets/il.html. 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%".

i. **Certification**
   i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
   ii. **Certified Administrator First and Last Name:** Type out your full name.

j. **Form Completion**
   i. The completion of this section indicates to the Department if the report is completed and ready for submission.
   ii. Has the Project Status form been completed and is it now ready for submission?
      1. Answer "Yes" if the required fields above are finalized.
      2. Answer "No" if the required fields are not complete.
   iii. Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – LMI on a Limited Clientele Basis (LMC)

9. Select the "Project Status – LMI on a Limited Clientele Basis (LMC)" form from the "Custom" drop down menu.
10. A new screen will appear.
11. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



12. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.
    b. **National Objective / Activity Eligibility / Fundability:**
        i. List the Activities that meet the LMC National Objective identified in your contract. List in the order of largest dollar amount of CDBG funds identified in the CDBG contract.

            1. Note: General Administration is not listed. However, narrative should be provided within the section of "Progress of Activities" and "Planned Activities" on the progress of this activity as it relates to the implementation of the activities being implemented under this national objective.

        ii. Identify if each activity met eligibility requirements during the reporting period.

    c. **Progress of Activities:** Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. In this section, report progress toward project and activity milestones. Description should include activities undertaken, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind, indicate if an extension request will be submitted. If reporting no progress or completing no activities during the reporting period, please explain. Also, if reporting completion of activity, include the project location (address) and accomplishments/beneficiaries.

    d. **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

    e. **Low & Moderate Income on a Limited Clientele Basis National Objective:** Enter the actual total beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, enter zero in each field. This section is completed depending on the activity:

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    i.    <u>Architectural Barrier Removal:</u> 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.

    ii.    <u>Daycare</u>: 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.

    iii.    <u>Senior Center</u>:  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.

f.  **Race and Ethnicity – Total Population:**  Enter the actual total beneficiaries assisted during this reporting period, identified by race. If no beneficiaries have been assisted during the reporting period, input zero in each field.  The total in this section should align with the total in "Income Levels"

g.  **Race and Ethnicity – Hispanic:**  Of the actual total beneficiaries assisted during this reporting period, identify the number of beneficiaries that identify by the ethnicity of Hispanic.  If no beneficiaries have been assisted during the reporting period, input zero in each field.

h.  **Income Levels:** Identify the income levels of the actual beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Race and Ethnicity – Total Population"

i.  **Certification**
    i.    **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
    ii.    **Certified Administrator First and Last Name:** Type out your full name.

j.  **Form Completion**
    i.    The completion of this section indicates to the Department if the report is completed and ready for submission.
    ii.    Has the Project Status form been completed and is it now ready for submission?
        1.  Answer "Yes" if the required fields above are finalized.
        2.  Answer "No" if the required fields are not complete.
    iii.    Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – LMI Housing (LMH)

13. Select the "Project Status – LMI Housing (LMH)" form from the "Custom" drop down menu.
14. A new screen will appear.
15. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.
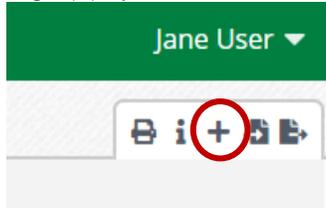


16. A new form will appear, the following fields need to be completed:

   a. **Project Status**
      i. **Report #:** Enter the report number you are completing. Reports are completed in sequential order.
      ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
      iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
         1. January 1 – June 30
         2. July 1 – December 31
         3. Final Report: Select this option if this is your final report.
      iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.

   b. **National Objective / Activity Eligibility / Fundability:**
      i. List the Activities that meet the LMH National Objective identified in your contract. List in the order of largest dollar amount of CDBG funds identified in the CDBG contract.

         1. Note: General Administration is not listed. However, narrative should be provided within the section of "Progress of Activities" and "Planned Activities" on the progress of this activity as it relates to the implementation of the activities being implemented under this national objective.

      ii. Identify if each activity met eligibility requirements during the reporting period.

   c. **Progress of Activities:** Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. In this section, report progress toward project and activity milestones. Description should include activities undertaken, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind, indicate if an extension request will be submitted. If reporting no progress or completing no activities during the reporting period, please explain. Also, if reporting completion of activity, include the project location (address) and accomplishments/beneficiaries.

   d. **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

   e. **Low & Moderate Income Housing National Objective:** Enter the actual total beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, enter zero in each field. This section is completed as the rehabilitation of individual units is complete.

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f. **Race and Ethnicity – Total Population:** Report the race based on the head of household for each unit assisted. Enter the actual total beneficiaries assisted during this reporting period, identified by race. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Income Levels"

g. **Race and Ethnicity – Hispanic:** Report the ethnicity based on the head of household for each unit assisted. Of the actual total beneficiaries assisted during this reporting period, identify the number of beneficiaries that identify by the ethnicity of Hispanic. If no beneficiaries have been assisted during the reporting period, input zero in each field.

h. **Income Levels:** Identify the income levels of the actual beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Race and Ethnicity – Total Population".

i. **Female Head of Household:** Identify the total female head of households of the actual beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, input zero in the field.

j. **Housing Rehabilitation Projects**

   i. **Lead Paint Requirement:** Identify the number of units that have completed their rehabilitation that met the applicable lead paint requirement during the reporting period:
      1. Housing constructed before 1978
      2. Exempt: housing constructed 1978 or later
      3. Otherwise Exempt
      4. Exempt: No Paint Disturbed.
      5. The total of this section should align with the total identified within the "Low & Moderate Income Housing National Objective"

   ii. **Lead Hazard Remediation Actions:** Identify the number of units that have completed their rehabilitation that met the applicable lead hazard remediation actions during the reporting period:
      1. Lead Safe Work Practices (Hard Costs <= $5,000)
      2. Interim Controls or Standard Practices (Hard Costs $5,000 - $25,000)
      3. Abatement (Hard Costs > $25,000)

k. **Indicator / Beneficiary Data: LMI Housing**
   i. **1A) Proposed – Total Number of Rehabilitated Units – LMI:** The LMI beneficiaries identified in this section should align with the beneficiaries in the contract.
   ii. **1B) Proposed – Total Number of Rehabilitated Units – TOTAL:** The Total beneficiaries identified in this section should align with the beneficiaries in the contract.

   iii. **2A) This Report – Total Number of Rehabilitated Units – LMI:** Identify the LMI beneficiaries assisted during this reporting period
   iv. **2B) This Report – Total Number of Rehabilitated Units – TOTAL:** Identify the LMI beneficiaries assisted during this reporting period

   v. **2A .1-.4 – LMI:** Of the number of beneficiaries identified in 2A, identify the number of LMI persons that meet the descriptions below:
      1. .1) Number of Units Occupied by Elderly Households
      2. .2) Number of Units brought from Substandard to NDED Rehab Standards
      3. .3) Number of Units made Lead Safe: This number should align with the number reported in "Lead Hazard Remediation Actions".
      4. .4) Number of Units that Grantee Chose to Make Accessible Under Section 504.

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      **vi.** **2B .1-.4 – Total:** Of the number of beneficiaries identified in 2B, identify the number of Total persons that meet the descriptions below:

1. .1) Number of Units Occupied by Elderly Households
2. .2) Number of Units brought from Substandard to NDED Rehab Standards
3. .3) Number of Units made Lead Safe: This number should align with the number reported in "Lead Hazard Remediation Actions".
4. .4) Number of Units that Grantee Chose to Make Accessible Under Section 504.

**l.** **Certification**

    **i.** **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.

    **ii.** **Certified Administrator First and Last Name:** Type out your full name.

**m.** **Form Completion**

    **i.** The completion of this section indicates to the Department if the report is completed and ready for submission.

    **ii.** Has the Project Status form been completed and is it now ready for submission?

1. Answer "Yes" if the required fields above are finalized.
2. Answer "No" if the required fields are not complete.

    **iii.** Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – Slum and Blight on an Area Basis (SBA)

17. Select the "Project Status – Slum and Blight on an Area Basis" form from the "Custom" drop down menu.
18. A new screen will appear.
19. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



20. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.
    b. **National Objective / Activity Eligibility / Fundability:**
        i. List the Activities that meet the SBA National Objective identified in your contract. List in the order of largest dollar amount of CDBG funds identified in the CDBG contract.

            1. Note: General Administration is not listed. However, narrative should be provided within the section of "Progress of Activities" and "Planned Activities" on the progress of this activity as it relates to the implementation of the activities being implemented under this national objective.

        ii. Identify if each activity met eligibility requirements during the reporting period.

    c. **Progress of Activities:** Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. In this section, report progress toward project and activity milestones. Description should include activities undertaken, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind, indicate if an extension request will be submitted. If reporting no progress or completing no activities during the reporting period, please explain. Also, if reporting completion of activity, include the project location (address) and accomplishments/beneficiaries.

    d. **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

    e. **Slum and Blight on an Area Basis National Objective:**
        i. **1 ) Have changes been made to your SBA Compliance Review Record?**
            1. Select Yes – if changes have occurred to the record.
            2. Select No – if no changes have occurred since the submission of the application.
        ii. **2) SBA Compliance Review Record**: if "yes" was selected above, upload the updated SBA Compliance Review Record.

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iii. **3) Has the Area been officially designated as slum or blighted by local/county government**?
1. Select "yes" if the Area has been officially designated.
2. Select "no" if the Area has **not** been officially designated. CDBG-funded activities meeting this National Objective Subcategory must be designated to be eligible.

iv. **4) Is there proper documentation for designation?** Designation must be within 10 years of the program year or as otherwise provided by DED.
1. Select "yes" if there is proper documentation for designation.
2. Select "no" if there is not proper documentation for designation.

v. **5) Designated Year:** Identify the year that that the Area was officially designated.

vi. **6) Re-Designated Year:** Identify the year that that the Area was officially re-designated.

vii. **7) Number of Qualified Buildings/Properties:** Identify the number of qualified buildings/properties that are designated. This number aligns with the number on Application Exhibit F-1.

viii. **8) Percentage of Qualified Buildings/Properties:** Identify the percentage of qualified buildings/properties that are designated. This number should align with the number on the Application Exhibit F-1.

ix. **9) Number of Actual Business Assisted – Total this Report:** Enter the actual total businesses assisted during the reporting period.

1. NOTE: For Planning Grants that meet SBA national objective, enter zero.

f. **Race and Ethnicity – Total Population:** Currently for this national objective, enter zero for all fields.

g. **Race and Ethnicity – Hispanic:** Currently for this national objective, enter zero for all fields.

h. **Income Levels:** Currently for this national objective, enter zero for all fields.

i. **Certification**
i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
ii. **Certified Administrator First and Last Name:** Type out your full name.

j. **Form Completion**
i. The completion of this section indicates to the Department if the report is completed and ready for submission.
ii. Has the Project Status form been completed and is it now ready for submission?
1. Answer "Yes" if the required fields above are finalized.
2. Answer "No" if the required fields are not complete.
iii. Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – LMI Jobs (LMJ)

21. Select the "Project Status – LMI Jobs (LMJ)" form from the "Custom" drop down menu.
22. A new screen will appear.
23. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



24. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.
    b. **National Objective / Activity Eligibility / Fundability:**
        i. List the Activities that meet the LMJ National Objective identified in your contract. List in the order of largest dollar amount of CDBG funds identified in the CDBG contract.

            1. Note: General Administration is not listed. However, narrative should be provided within the section of "Progress of Activities" and "Planned Activities" on the progress of this activity as it relates to the implementation of the activities being implemented under this national objective.

        ii. Identify if each activity met eligibility requirements during the reporting period.

    c. **Progress of Activities:** Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. In this section, report progress toward project and activity milestones. Description should include activities undertaken, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind, indicate if an extension request will be submitted. If reporting no progress or completing no activities during the reporting period, please explain. Also, if reporting completion of activity, include the project location (address) and accomplishments/beneficiaries.

    d. **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

    e. **LMI Jobs (LMJ) National Objective**

        i. **LMI Jobs (LMJ) - Number of Total Jobs:** Enter the actual total beneficiaries assisted during this reporting period.

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    **ii.** **LMI Jobs (LMJ) - Number of LMI Jobs (Portion of Total Jobs)** Enter the actual total beneficiaries assisted during <u>this reporting period.</u>

f. **Race and Ethnicity – Total Population:** Enter the actual total beneficiaries assisted during this reporting period, identified by race. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Income Levels".

g. **Race and Ethnicity – Hispanic:** Of the actual total beneficiaries assisted during this reporting period, identify the number of beneficiaries that identify by the ethnicity of Hispanic. If no beneficiaries have been assisted during the reporting period, input zero in each field.

h. **Income Levels:** Identify the income levels of the actual beneficiaries assisted during this reporting period. If no beneficiaries have been assisted during the reporting period, input zero in each field. The total in this section should align with the total in "Race and Ethnicity – Total Population"

i. **Indicator/Beneficiary Data: Jobs Created**
    **i.** **1A) Proposed - Number of Jobs Created – LMI** The beneficiaries identified in this section should align with the beneficiaries in the contract.

    **ii.** **1B) Proposed - Number of Jobs Created – Total** The beneficiaries identified in this section should align with the beneficiaries in the contract.

    **i.** **2A) This Report - Number of Jobs Created – LMI** Enter the actual LMI beneficiaries during this reporting period only.

    **iii.** **2B) This Report - Number of Jobs Created– Total**: Enter the actual total beneficiaries during this reporting period.
        1. Of the number identified in 2B, identify the total number of jobs that provided the following:
            a. 2B.1: This Report - Number of Jobs Created with Employer Sponsored Health Care Benefits - Total
            b. 2B.2: This Report - Number Unemployed Prior to Taking Jobs Created - Total

j. **Indicator/Beneficiary Data: Jobs Retained**
    **i.** **Proposed - Total Number of Jobs Retained – LMI** The beneficiaries identified in this section should align with the beneficiaries in the contract.

    **ii.** **1B) Proposed - Total Number of Jobs Retained - Total** The beneficiaries identified in this section should align with the beneficiaries in the contract.

    **ii.** **2A) This Report - Total Number of Jobs Retained - LMI** Enter the actual LMI beneficiaries during this reporting period only.

    **iii.** **2B) This Report - Total Number of Jobs Retained - Total**: Enter the actual total beneficiaries during this reporting period.
        1. Of the number identified in 2B, identify the total number of jobs that provided the following:
            a. 2B.1) This Report - Number of Jobs Retained with Employer Sponsored Health Care Benefits - Total

k.  **Job Creation/Retention Proposed/Actual Data**
   i.  **1A) Proposed Full Time Jobs Created** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   ii.  **1B) Proposed Full Time Jobs Retained** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   iii.  **1C) Proposed Full Time Low/Mod (LMI) Jobs Created** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   iv.  **1D) Proposed Full Time Low/Mod (LMI) Jobs Retained** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   v.  **2A) Full Time Jobs Created** Enter the actual total beneficiaries during this reporting period.

   vi.  **2B) Full Time Jobs Retained** Enter the actual total beneficiaries during this reporting period.

   iii.  **2C) Full Time Low/Mod (LMI) Jobs Created** Enter the actual LMI beneficiaries during this reporting period only.

   iv.  **2D) Full Time Low/Mod (LMI) Jobs Retained** Enter the actual LMI beneficiaries during this reporting period only.

   vii.  **3A) Proposed Part Time Jobs Created** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   viii.  **3B) Proposed Part Time Jobs Retained** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   ix.  **3C) Proposed Part Time Low/Mod (LMI) Jobs Created** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   x.  **3D) Proposed Part Time Low/Mod (LMI) Jobs Retained** The beneficiaries identified in this section should align with the beneficiaries in the contract.

   xi.  **4A) Part Time Jobs Created** Enter the actual total beneficiaries during this reporting period.

   xii.  **4B) Part Time Jobs Retained** Enter the actual total beneficiaries during this reporting period.

   v.  **4C) Part Time Low/Mod (LMI) Jobs Created** Enter the actual LMI beneficiaries during this reporting period only.

   vi.  **4D) Part Time Low/Mod (LMI) Jobs Retained** Enter the actual LMI beneficiaries during this reporting period only.

l.  **Economic Development Administration Job Categories**
   i.  **Jobs Created** For each occupation listed, enter the total number of actual jobs created for the project during this reporting period. The total amount listed in this section should align with the total amount in the previous section (Indicator/Beneficiary Data: Jobs Created/Retained).

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      ii.  **Jobs Retained** For each occupation listed, enter the number of actual jobs retained for the project during this reporting period. The total amount listed in this section should align with the total amount in the previous section (Indicator/Beneficiary Data: Jobs Created/Retained).

m.  **Certification**
      i.  **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
      ii.  **Certified Administrator First and Last Name:** Type out your full name.

n.  **Form Completion**
      i.  The completion of this section indicates to the Department if the report is completed and ready for submission.
      ii.  Has the Project Status form been completed and is it now ready for submission?
            1.  Answer "Yes" if the required fields above are finalized.
            2.  Answer "No" if the required fields are not complete.
      iii.  Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – Urgent Need

25. Select the "Project Status – Urgent Need" form from the "Custom" drop down menu.
26. A new screen will appear.
27. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



28. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.
    b. **National Objective / Activity Eligibility / Fundability:**
        i. List the Activities that meet the SBA National Objective identified in your contract. List in the order of largest dollar amount of CDBG funds identified in the CDBG contract.

            1. Note: General Administration is not listed. However, narrative should be provided within the section of "Progress of Activities" and "Planned Activities" on the progress of this activity as it relates to the implementation of the activities being implemented under this national objective.

        ii. Identify if each activity met eligibility requirements during the reporting period.

    c. **Progress of Activities:** Provide a concise account of progress that includes a detailed narrative description of accomplishments and/or actual beneficiaries. In this section, report progress toward project and activity milestones. Description should include activities undertaken, problems or setbacks resulting in delays, accomplishments, participating partnerships, and identify any circumstances or issues causing delays, such as budgeting concerns, environmental review items, contracting, labor standards, and/or compliance. Include whether the project is on or behind schedule, if behind, indicate if an extension request will be submitted. If reporting no progress or completing no activities during the reporting period, please explain. Also, if reporting completion of activity, include the project location (address) and accomplishments/beneficiaries.

    d. **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

    e. **Urgent Need (UN) National Objective**

        iv. Urgent Need (UN) - Total Persons Enter the actual total beneficiaries assisted during this reporting period.

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    **f.** **Certification**

        v. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.

        vi. **Certified Administrator First and Last Name:** Type out your full name.

    **g.** **Form Completion**

        i. The completion of this section indicates to the Department if the report is completed and ready for submission.

        ii. Has the Project Status form been completed and is it now ready for submission?

           1. Answer "Yes" if the required fields above are finalized.

           2. Answer "No" if the required fields are not complete.

       **iii.** Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – Indicator/Beneficiary Data: Public Facility and/or Public Infrastructure Activities

29. Select the "Project Status – Indicator/Beneficiary Data: Public Facility and/or Public Infrastructure Activities" form from the "Custom" drop down menu.
30. A new screen will appear.
31. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.

Jane User ▼
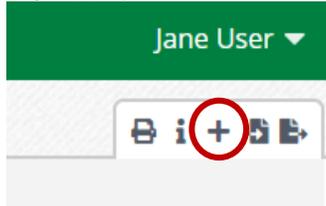
32. A new form will appear, the following fields need to be completed:
   a. **Project Status**
      i. **Report #:** Enter the report number you are completing
      ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
      iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
          1. January 1 – June 30
          2. July 1 – December 31
          3. Final Report: Select this option if this is your final report.
      **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.

   b. **Indicator/Beneficiary Data: Public Facility and/or Public Infrastructure Activities**
      i. **1A) Proposed – Total Number of Persons Assisted – LMI:** The beneficiaries identified in this section should align with the beneficiaries in the contract.
      ii. **1B) Proposed - Total Number of Persons Assisted – Total:** The beneficiaries identified in this section should align with the beneficiaries in the contract.

      iii. **2A) This Report - Total Number of Persons Assisted – LMI:** Identify the total number of LMI persons assisted by the project during this reporting period.
          1. Of the number identified in 2A, identify the number of LMI persons, who were provided the following:
             a. 2A.1: This Report - Number of Persons with New Access to a Facility or Infrastructure – LMI:
             b. 2A.2: This Report - Number of Persons Assisted with Improved Access to a Facility or Infrastructure – LMI
             c. 2A.3: This Report - Number of Persons that No Longer have Access to ONLY a Substandard Facility or Infrastructure – LMI

             d. Note: The fields 2A.1, 2A.2, and 2A.3 are subtotals of 2A, when adding the fields together, this entry should not exceed the amount identified in 2A.
      iv. **2B) This Report - Total Number of Persons Assisted – Total**: Identify the total number of persons assisted by the project during this reporting period.
          1. Of the number identified in 2B, identify the total number of persons, who were provided the following:
             a. 2B.1: This Report - Number of Persons with New Access to a Facility or Infrastructure – Total

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      b.  2B.2: This Report - Number of Persons Assisted with Improved Access to a Facility or Infrastructure – Total

      c.  2B.3: This Report - Number of Persons that No Longer have Access to ONLY a Substandard Facility or Infrastructure – Total

      ***NOTE:***  *The fields 2B.1, 2B.2, and 2B.3 are subtotals of 2B, when adding the fields together, this entry should not exceed the amount identified in 2B.*

c.  **Certification**

    i.  **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.

    ii.  **Certified Administrator First and Last Name:** Type out your full name.

d.  **Form Completion**

    i.  The completion of this section indicates to the Department if the report is completed and ready for submission.

    ii.  Has the Project Status form been completed and is it now ready for submission?

        1.  Answer "Yes" if the required fields above are finalized.

        2.  Answer "No" if the required fields are not complete.

    iii.  Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – Indicator/Beneficiary Data: Planning

33. Select the "Project Status – Indicator/Beneficiary Data: Planning" form from the "Custom" drop down menu.
34. A new screen will appear.
35. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



36. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.

    b. **Indicator/Beneficiary Data: Planning**
        i. **1A) Proposed – Number of Persons Assisted – LMI:** The beneficiaries identified in this section should align with the beneficiaries in the contract. NOTE: If you are meeting the national objective by Slum and Blight, enter zero.

        ii. **1B) Proposed – Number of Persons Assisted – Total:** The beneficiaries identified in this section should align with the beneficiaries in the contract.

        iii. **2A) This Report – Number of Persons Assisted – LMI:** Enter the actual LMI beneficiaries during this reporting period only. NOTE: If you are meeting the national objective by Slum and Blight, enter zero.

        iv. **2B) This Report – Number of Persons Assisted – Total:** Enter the actual total beneficiaries during this reporting period only.

    c. **Certification**
        i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
        ii. **Certified Administrator First and Last Name:** Type out your full name.

    d. **Form Completion**
        i. The completion of this section indicates to the Department if the report is completed and ready for submission.
        ii. Has the Project Status form been completed and is it now ready for submission?
            1. Answer "Yes" if the required fields above are finalized.
            2. Answer "No" if the required fields are not complete.
        iii. Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – Indicator/Beneficiary Data: Businesses Assisted

37. Select the "Project Status – Indicator/Beneficiary Data: Businesses Assisted" form from the "Custom" drop down menu.
38. A new screen will appear.
39. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



40. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.

    b. **Indicator/Beneficiary Data: Business Assisted**
        i. **1A) Proposed – Number of Businesses Assisted -Total:** The beneficiaries identified in this section should align with the beneficiaries in the contract or identified within the application.
        ii. **1B) This Report – Number of Businesses Assisted – Total:** Identify the total number of business assisted during this reporting period.
        iii. **1C) Enter legal names of all business and list the DUNS Number of all business assisted:** Enter the legal name of the businesses identified in 1B along with their DUNS number.

        *EXAMPLE: ABC Contracting Inc. 154859355; XYZ Engineering Firm 45552555*

        iv. **2A) This Report – Of those in 1B, Number of New Businesses:** Identify if any of the businesses assisted during this reporting period are new businesses.
        v. **2B) This Report – Of those in 1B, Number of Existing Businesses:** Identify if any of the businesses assisted during this reporting period were existing businesses.
            1. **2B.1: This Report – Number of Expansions:** Of those existing businesses assisted, how many were expanding?
            2. **2B.2: This Report – Number of Relocations:** Of those existing businesses assisted, how many were relocating?
    c. **Certification**
        i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
        ii. **Certified Administrator First and Last Name:** Type out your full name.

    d. **Form Completion**
        i. The completion of this section indicates to the Department if the report is completed and ready for submission.

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       ii.   Has the Project Status form been completed and is it now ready for submission?
- 1. Answer "Yes" if the required fields above are finalized.
- 2. Answer "No" if the required fields are not complete.

    iii.  Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status - Indicator/Beneficiary Data: Public Services

41. Select the "Project Status – Indicator/Beneficiary Data: Public Services" form from the "Custom" drop down menu.
42. A new screen will appear.
43. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.



44. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report: Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.

    b. **Indicator/Beneficiary Data: Public Services**
        i. **1A) Proposed – Persons Assisted This Report – Total:** The beneficiaries identified in this section should align with the beneficiaries in the contract or identified within the application.
        ii. **1B) Persons Assisted This Report – Total:** Identify the total number of persons assisted during this reporting period.
        iii. **2A) Number of persons with new or continuing access to a service or benefit.:** Identify the total number of persons assisted during this reporting period.
        iv. **2B) Number of persons with improved access to a service or benefit.:** Identify the total number of persons assisted during this reporting period.
        v. **2C) Number of persons that receive a service or benefit that is no longer substandard.:** Identify the total number of persons assisted during this reporting period.
        *NOTE: The fields 2A, 2B, and 23 are subtotals of 1B, when adding the fields together, this entry should not exceed the amount identified in 1B.*

    c. **Certification**
        i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
        ii. **Certified Administrator First and Last Name:** Type out your full name.

    d. **Form Completion**
        i. The completion of this section indicates to the Department if the report is completed and ready for submission.
        ii. Has the Project Status form been completed and is it now ready for submission?
            1. Answer "Yes" if the required fields above are finalized.
            2. Answer "No" if the required fields are not complete.
        iii. Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – MBE/WBE & Section 3 Reporting

45. If a new agreement with a contractor or subcontractor is executed during this reporting period, complete the MBE/WBE form (see step #46) for each contractor/subcontractor. If no contractual agreements have been executed during the reporting period, this form does not need to be completed and you can skip to the next section.
46. Select the "Project Status – MBE/WBE & Section 3 Reporting" form from the "Custom" drop down menu.
47. A new screen will appear.
48. A new form will need to be "created" for each executed contractual agreement associated with the CDBG grant.  In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.
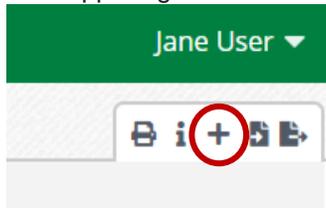


49. A new form will appear, the following fields need to be completed:
    a. **Project Status**
        i. **Report #:** Enter the report number you are completing
        ii. **Report Year:** Enter the year that the reporting period occurs.  Type out the full year, example: 2020.
        iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
            1. January 1 – June 30
            2. July 1 – December 31
            3. Final Report:  Select this option if this is your final report.
        iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.
    b. **Contractor/Subcontractor**
        i. **Name:** Enter the name of company or individual with whom a contract was entered into (Contractor and/or Subcontractor).
        ii. **Address Line 1:** Enter the Street Address
        iii. **Address Line 2:** Enter the PO Box Address
        iv. **City**
        v. **State**
        vi. **Zip +4:** Enter the zip code
        vii. **Contractor/Subcontractor Federal Tax ID Number or Last 4 Digits of SSN:** Enter the Federal Identification Number, or enter the last 4 digits of the Social Security Number (SSN) for the contractor/subcontractor
        viii. **Type of Trade Code:** Enter the number code(s) which best indicate the contractor's / subcontractor's service.
            1. 1a – New Construction
            2. 1b – Other Construction
            3. 2 – Education / Training
            4. 3 – Other
        ix. **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. 1 – White American
            2. 2 – Black American
            3. 3 – Native American
            4. 4 – Hispanic American
            5. 5 – Asian/Pacific American
            6. 6 – Hasidic Jew

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    x. **Woman Owned Business:**
       1. Enter "yes" if 51% of the business is owned by a woman
       2. Enter "no" if 51% of the business is not owned by a woman
    xi. **Amount of Contract/Subcontract:** Enter the dollar amount rounded to the nearest dollar.
    xii. **Section 3:** 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.
       1. Enter "yes" if the contractor meets the Section 3 requirements.
       2. Enter "no" if the contractor does not meet the Section 3 requirements.

c. **Certification**
    i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
    ii. **Certified Administrator First and Last Name:** Type out your full name.

d. **Form Completion**
    i. The completion of this section indicates to the Department if the report is completed and ready for submission.
    ii. Has the Project Status form been completed and is it now ready for submission?
       1. Answer "Yes" if the required fields above are finalized.
       2. Answer "No" if the required fields are not complete.
    iii. Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.

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# Project Status – New Hires

50. If a new agreement with a contractor or subcontractor is executed during this reporting period, you must complete the New Hires form (see step #51). This form must be completed regardless of whether the project includes a Section 3-covered contract. If no contractual agreements have been executed during the reporting period, this form does not need to be completed and you can skip to the next section.

51. Select the "Project Status – New Hires" form from the "Custom" drop down menu.

52. A new screen will appear.

53. A new form will need to be "created". In the upper right-hand corner, underneath your username, click on the plus sign (+) symbol.
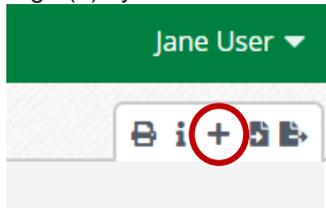


54. A new form will appear, the following fields need to be completed:

   e. **Project Status**
      i. **Report #:** Enter the report number you are completing
      ii. **Report Year:** Enter the year that the reporting period occurs. Type out the full year, example: 2020.
      iii. **Period of Time Report Covers:** Select the reporting period that the report covers.
         1. January 1 – June 30
         2. July 1 – December 31
         3. Final Report: Select this option if this is your final report.
      iv. **Final Report End Date:** If this is the final report, input the date you are completing the report. If this is not the final report, leave blank.

   f. **Job Category:** Complete this section for the contracts awarded during reporting period only. 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.

   g. **Certification**
      i. **Certification Statement:** Check the box to indicate that the form has been completed to the best of your knowledge and belief and that the information in this report is true and correct.
      ii. **Certified Administrator First and Last Name:** Type out your full name.

   h. **Form Completion**
      i. The completion of this section indicates to the Department if the report is completed and ready for submission.
      ii. Has the Project Status form been completed and is it now ready for submission?
         1. Answer "Yes" if the required fields above are finalized.
         2. Answer "No" if the required fields are not complete.
      iii. Date of Completion: Enter the date that the form was completed and is available to be reviewed by the Department.