

Louisiana Community Development
Block Grant Program

1. Grantee:

2. Contract Number:

CERTIFICATE OF COMPLETION

FINAL STATEMENT OF COST

Program Activity Categories	3. Paid Costs	4. Unpaid Costs	5. Total Costs	6. State Use Only
A. Acquisition of Real Property	\$	\$	\$	\$
B. Public Works, Facilities, Site Imp.				
1. Sewer				
2. Water (Potable)				
3. Water (Fire Protection)				
4. Streets				
5. Multi-purpose Community Centers				
6. Other				
C. Code Enforcement				
D. Clearance, Demolition				
E. Rehabilitation Loans and Grants				
1. Housing				
2. Public Facilities				
F. Provision of Public Services				
G. Relocation Payments and Assistance				
H. Economic Development				
1. Acquisition-Land-Building				
2. Infrastructure Improvements				
3. Building Construction/Imprmts.				
4. Industrial and Commercial Fac.				
5. Inventory				
6. Working Capital				
7. Capital Equipment				
8. Other				
I. Administration (TOTAL)				
1. Pre-Agreement Costs				
2. Housing Rehabilitation				
3. Public Facilities				
4. Economic Development				
J. Other				
K. Other				
L. TOTAL PROGRAM COST				
M. Prog. Income Applied to Prog.Cost				

COMPUTATION OF GRANT BALANCE

Description	To be completed by Grantee	State Use Only
	7. Amount	8. Approved Amount
A. Grant amount applied to Prgm. Cost	\$	\$
B. Unsettled third party claims		
C. Subtotal		
D. Grant amount as per contract		
E. Unutilized Grant		
F. Grant Funds Received		
G. Balance of Grant Payable		

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9. List any unpaid costs and unsettled third-party claims against the LCDBG Program. Describe circumstances and dollar amounts involved.

_____ Check if continued on additional sheet and attach

CERTIFICATION OF RECIPIENT

It is hereby certified that all activities undertaken by the recipient with funds provided under the contract identified hereof, have, to the best of my knowledge, been carried out in accordance with the contract; that proper provision has been made by the recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof; that the State of Louisiana is under no obligation to make any further payment to the recipient under the contract in excess of the amount identified in line 7.C. hereof, and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

10. Date	11. Typed Name and Title of Recipient's Chief Elected Official	12. Signature of Recipient's Chief Elected Official
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LCDBG APPROVAL

13. This Certificate of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$_____ less \$_____ previously authorized for cancellation.
(from Line 7.E.)

Date	Typed Name and Title of State Authorized Official	Signature of State's Authorized Official
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Carol M. Newton
Director, Louisiana Community
Development Block Grant Program

CLOSEOUTS

INSTRUCTIONS FOR THE CERTIFICATE OF COMPLETION FORM

Item Number

1. Type in the name of your local government.
2. Type in the contract number for the LCDBG program being closed out.
3. List the costs paid as of the date of the report for all program activity categories shown (A through K). Identify LCDBG funds only.
4. Show any unpaid costs as of the date of the report for all program activity categories shown (A through K). Identify LCDBG funds only.
5. Total the paid and unpaid costs (3 + 4) as of the date of the report for all program activity categories shown (A through K).
3-5. L. Add lines A-K and enter the total on line L under columns 3, 4, and 5.
3-5. M. Enter program income received that was applied to the program cost on line M; do not include program income dedicated to the economic development revolving loan fund.
6. Leave blank for State use.
7. Complete as follows:
 - A. Enter amount shown on line 5.L.
 - B. Enter estimated amount of any unsettled third-party claims; do not enter unpaid costs on this line.
 - C. Add 7.A. and 7.B. and enter the total.
 - D. Enter grant amount per LCDBG contract.
 - E. Subtract 7.C. from 7.D. and enter difference.
 - F. Enter grant funds actually received.
 - G. Subtract 7.F. from 7.C. and enter amount (if 7.F. exceeds 7.C. enter amount of the excess in 7.G. as a negative amount; this amount must be repaid to the State by check made payable to the Division of Administration).
8. Leave blank for completion by State staff.
9. List any unpaid costs and unsettled third-party claims against the LCDBG Program. Describe circumstances and dollar amounts involved.
10. Type in the preparation date of the report.
11. Type in the name and title of the chief elected official.
12. Have the Mayor/President sign in the space provided.
13. Leave blank for completion by State staff

Final Wage Compliance Report

(Not required for Housing grants)

1. Grantee Name _____
2. LCDBG _____
3. Fiscal Year of _____
4. Date of this _____
5. Report Prepared _____
6. Was there any wage underpayment(s)? Yes No
7. Listing of any contractors associated with underpayment(s):

Prime contractor (above) Sub(s) to this prime (below)	Prime contractor (above) Subs to this prime (below)	Prime contractor (above) Subs to this prime (below)

8. Are any labor issues unresolved? Yes No If yes, explain on line below:

9. Provide enforcement activity information for each contractor who had underpayment(s) using the format provided in 10-15.

10. Contractor (prime or sub)	11. Type of work	12. # of workers underpaid	13. Restitution under Davis Bacon	14. Restitution under CWHSSA	15. Liquidated Damages collected

Instructions for the *Final Wage Compliance Report* (Exhibit B-19)

<u>Item # and Description</u>	<u>Instructions</u>
1-4 Name, #, FY, Date	Self-explanatory.
5. Prepared by	Usually the name of the grantee’s Labor Compliance Officer (LCO).
6. Wage underpayment(s)?	Answer “Yes” or “No” based on the duration of the project from start to finish.
7. Listing of contractors....	If the underpayment was to an employee of the prime contractor then list the prime contractor on the “above” line. If the underpayment was to an employee of a subcontractor(s), list both the name of the prime contractor on the “above” line and the name of the subcontractor(s) on the “below” line. If there were no underpayments leave this section blank.
8. Issues unresolved?	Possible issues: An employee due restitution has not yet been located. An ongoing dispute may be in litigation. Some issues must be resolved prior to grant closeout while others can be resolved after closeout. If there is an unresolved issue, provide enough information for the Office of Community Development to understand the situation. Attach a supplementary page if necessary.
9. Enforcement activity	Include enforcement activity from the start to finish of the project. Some activity may have been previously reported in a Labor Standards Enforcement Report but that does not matter—it must be reported again along with any previously unreported activity.
10. Contractor	List the name of any contractor who underpaid the employee(s) regardless of their status as prime or sub. If there were no underpayment(s) then leave items 10-15 blank.
11. Type of work	Use one or two words to describe the work that most accurately describes what was constructed by the contractor. Examples: water lines, fire station, sewer lines, sewer plant, fence, elevated tank, water well, painting, street reconstruction, etc.
12. Number of workers underpaid	Number of workers, per contractor, for whom wage restitution was disbursed or at least collected and put in escrow (in the event the worker could not be located).
13. Restitution, Davis-Bacon	Total amount of Davis-Bacon restitution per contractor.
14. Restitution, CWHSSA	Total amount of CWHSSA overtime restitution per contractor.
15. Liquidated Damages	Total amount of liquidated damages per contractor collected for CWHSSA overtime violations.

EXAMPLEAUDIT REPORT EXCERPTS

Honorable I.B Good
City of Good Hope

**REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH
MAJOR PROGRAM ON INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH OMB CIRCULAR 133**

We have audited the compliance of the City with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2004. The City's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the City's management. Our responsibility is to express an opinion on the City's compliance based on our audit.

As described in item 2004-03 in the accompanying schedule of findings and questioned costs, the City did not comply with the requirements regarding documentation of related expenses.

Section – Federal Awards Findings and Questioned Costs

Finding 2004-3

Statement of Condition. During our review of required documentation supporting requested reimbursements we noted the following two items lacked sufficient documentation:

1. An expenditure of \$145.92 to Xerox is unsupported by documentation indicating it was an LCDBG expense as opposed to a general City administrative cost.
2. The \$4,700.00 expended for the salary of Ellen Smith, City Clerk, is unsupported by payroll records documenting the hours spent on LCDBG activities as opposed to general City administration.

Criteria. The 2003 LCDBG Handbook states:

1. Office equipment may be purchased or leased with LCDBG funds when it is needed to carry out the LCDBG Program. ... any LCDBG funds expended to lease or purchase equipment will result in disallowed costs unless the grantee can establish - and has fully documented in the grant files - that the expenditure(s) was reasonable, necessary, and allowable to the grant, and was not a general expense required to carry out the overall responsibilities of local government as required by OMB Circular A-87 Cost Principles for State and Local Governments.

2. All employees paid in whole or in part from LCDBG funds should prepare a timesheet indicating the hours worked and detailed duties performed on LCDBG projects for each pay period.

Effect of Condition Potential misuse of federal funds.

Cause of condition Not following standard booking procedures and recording keeping.

Recommendation Accounting department should conduct a review of procedures.

Questioned Costs \$4,845.92

EXAMPLE

RESPONSE TO AUDIT LETTER

Dear Mr. State:

In response to the Audit Report by John Sean and Associates of the City's LCDBG Program:

1. The \$145.92 Xerox bill was paid with LCDBG funds based upon a six-cent/unit page cost for 2,432 units of copying recorded for the LCDBG Program over the year ($2,432 \times \$0.06 = \145.92). Our Xerox machine is equipped with a counter and all charges made to #4 are LCDBG costs. We paid the \$145.92 invoice in lieu of transferring funds from one account to another. A copy of the record is enclosed for your review.
2. Journal entries in Capital Project Fund show a Due from Intergovernmental Grant accounts for a total of 423 hours at \$8.05 per hour. A copy is attached. However the General Ledger did not report the entries in the regular payroll account. This accounts for \$3,405.15 of the disallowed \$4,700.00, leaving \$1,294.85 as an ineligible cost. It will be paid out of the City's General Fund. We have instituted a time sheet procedure to avoid a recurrence of this problem.

We look forward to your response.

Sincerely,

I. B. Goode,
Mayor