

PROGRAM COMPLETION REPORT  
COVER SHEET

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1. Name of Grantee

2. Address of Grantee

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3. Contract Number

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4. Citizen participation information submitted with this report includes the following:

- a) A summary of each citizen comment received during program implementation, the grantee assessment of the comment, and a description of actions taken or to be taken in response to the comment.
- b) Specific information on each required public hearing held which includes the purpose of the public hearing and the date(s) of each; and a copy of the public notice, attendance roster, and minutes of the public hearing on performance.

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5. The grantee's chief elected official certifies that:

- a) To the best of his/her knowledge and belief the data in this report is true and correct as of the date identified below;
- b) The records described in this report are being maintained and will be made available upon request.

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6. Typed name and title of chief elected official

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7. Signature

8. Date

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## INSTRUCTIONS FOR THE COVER SHEET

ITEM  
NUMBER

1. Enter the name of your local government (municipality or parish).
2. Enter the official address of the local government.
3. Enter the contract number for the LCDBG program that is being closed out.
4. Attach the citizen participation information as identified and required. As a reminder, public hearings are required: a) for the development of the LCDBG application, b) for comments regarding any amendments to the Program, and c) for review of the grantee's program performance as a part of closeout. Identify the date and purpose of each public hearing. Also include a summary of each comment received during the program and the local government's response to each comment received. These comments must also include any complaints received regarding the program.
5. The Mayor's/President's signature on this page certifies that the data in the report is correct and the LCDBG Program files are being maintained in the local government's offices.
6. Type in the name and title of the chief elected official, e.g., the Mayor/President.
7. The Mayor/President must sign in this block.
8. Enter the date signed.

# CITIZEN PARTICIPATION INFORMATION

Attach the citizen participation information as identified and required. As a reminder, public hearings are required: a) for the development of the LCDBG application, b) for comments regarding any amendments to the Program, and c) for review of the grantee's program performance as a part of closeout. Identify the date and purpose of each public hearing. Also include a summary of each comment received during the program and the local government's response to each comment received. These comments must also include any complaints received regarding the program.

LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAMM  
GRANT PROGRESS FORM

1. Grantee

2. Contract Number:

3. Name of Activity	4. National Objective Addressed	5. Actions Accomplished	6. Actions Remaining to be completed and Anticipated Completion Date	7.* Current LCDBG Budget	8.* LCDBG Funds Obligated	9.* LCDBG Funds Expended
			10. TOTAL	\$	\$	\$

\*If other funds were injected into the project, attach a separate sheet identifying the amount of, source of, and use of funds for each activity. This is required for all economic development projects; however, it may also pertain, to housing, public facilities, demonstrated needs, or other types of projects. The amounts shown in columns 7, 8, and 9 should involve only LCDBG funds.

## INSTRUCTIONS FOR THE GRANT PROGRESS FORM

### ITEM NUMBER

1. Type in the name of your City/Parish.
2. Type in the contract number.
3. List the name of each activity identified exactly as it is shown in the contract or as established by any program amendments; for example, sewer system improvements, housing rehabilitation, demolition, etc.
4. Note the national objective served by each activity, e.g., "benefit to low moderate income persons" or "prevention/elimination of slums and blight." Although administration will be identified as an activity, do not identify that a national objective has been addressed by this activity.
5. Identify the specific actions accomplished under this activity, e.g., "replacement of 750 linear feet of sewer line, rehab of 24 houses, demolition of 3 houses," etc.
6. List the actions remaining to complete the activity and anticipated completion date, e.g., "finishing, inspection, and acceptance (5/03)" or identify the activity as "completed". In most instances, all of the activities will be completed when this form is prepared.
7. Show the current approved LCDBG amount budgeted for each activity.
8. List the total amount of LCDBG funds obligated for each activity as of the date of the report. The amount obligated generally means the amount under contract or for which expenses have been incurred. If other funds (state, local, or federal) were injected into the project, attach a separate sheet identifying the source of funds and use of funds for each activity. All economic development projects involve other funds; therefore, the amount, source and use of other funds (private and/or public) must be identified for economic development projects. Other funds may also have been used in conjunction with a housing, public facilities, demonstrated needs, or technology project.
9. Show the total LCDBG funds expended for each activity as of the date of the report.
10. Enter the total amounts under columns 7, 8, and 9.

**Louisiana Community Development Block Grant -- Program Beneficiary Form**

1 Name of Grantee \_\_\_\_\_

4 FY / Type \_\_\_\_\_

2 Contract Number \_\_\_\_\_

5 Comments \_\_\_\_\_

3

6	Name of Activity	
7	(Income Levels)	Persons
8	Total--All Income Levels	
9	LMI Percentage	
10	Extremely Low Income	
11	Low Income	
12	Moderate Income	
13	Above Income	
14	(Racial Groups) American Indian or Alaskan Native	Total
		Hispanic
15	Asian	Total
		Hispanic
16	Black or African American	Total
		Hispanic
17	Native Hawaiian or Pacific Islander	Total
		Hispanic
18	White	Total
		Hispanic
19	American Indian and White	Total
		Hispanic
20	Asian and White	Total
		Hispanic
21	Black and White	Total
		Hispanic
22	American Indian and Black	Total
		Hispanic
23	Other Multi-racial	Total
		Hispanic
24	Total--All Racial Groups	Total
		Hispanic
25	Disabled Persons	
26	Disabled Head of HH	
27	Female-Headed Households	
28	Elderly-Occupied Households	
29	Total Occupied Households	

30	Rehabilitation Loans and Grants			
31	Persons		Households	
	Owner	Renter	Owner	Renter
32				
33				
34				
35				
36				
37	Persons		Owner	Renter
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49	Disab. Pers			
50	Disabled Head of HH			
51	Fem. Headed O/R HH			
52	Elderly-Occupied HH			
53	Total HH			

54	Source(s) for determining beneficiary data:		
55	We certify that to the best of our knowledge and belief the beneficiary data on this form is correct. For those projects involving utility line connections on private property, the household information reflects only households physically connected to the system with LCDBG funds. For Economic Development projects, the engineer's signature is not required.		
56	Signature, Chief Elected Official		Date
57	Signature, Grant Consultant		Date
58	Signature, Engineer/Architect		Date

## Instructions for the Program Beneficiary Form

**Objective:** The Program Beneficiary Form reports actual beneficiaries of an LCDBG project which has been completed. In contrast, the Activity Beneficiary Form(s) of the original LCDBG application reported the anticipated beneficiaries of the proposed project.

**Data Sources:** Data sources for the completion of the Program Beneficiary Form may include:

- The original Activity Beneficiary Form or original combined Activity Beneficiary Form
- A revised Activity Beneficiary Form as prepared during the application revision stage of the grant
- Known beneficiary changes that occurred during the project
- Beneficiary data from a Program Amendment
- An actual count of beneficiaries

**Row 1:** “Name of Grantee”: Enter the name of the grant recipient. Example: Abbeville

**Row 2:** “Contract Number”: Enter the six digit LCDBG contract number. Example: 555555

**Row 3:** This blank line will normally remain blank but may be used for extra comments.

**Row 4:** “FY / Type”: For “FY” Enter the funding year of the grant. Example: 2008 “Type” refers to the program type which may be one of the following: DN, DR, ED, HO, LS, PA, PF, or TE. Enter the type.

**The Left Panel, Rows 6 through 29, and the Right Panel, rows 30 through 53:** The left panel is used to report beneficiaries for a non-housing activity. The right panel is used to report beneficiaries for a housing grant and any other grant with “Rehabilitation Loans and Grants” as an activity. Examples:

- Only the left panel would be completed on a Public Facilities sewer project with no utility line connection work on private property.
- Both the left and right panels would be completed on a Public Facilities sewer project with utility line connection work on private property paid for with LCDBG funds.
- Only the right panel would be completed for a Housing grant.
- Only the left panel would be completed for an Economic Development grant. The number of persons should correspond to the number of jobs created/retained.

**Row 6:** Name of Activity—Enter a primary activity name that, in general, describes the purpose of the grant. Examples: sewer, water, or streets. Do not enter activity names or report beneficiaries for acquisition or administration.

**Rows 8-13:** Enter persons benefiting according to their income level as determined by HUD. The low to moderate income (LMI) percentage may be transferred from the original application if no changes have been made. If there were changes then this formula may be used: (rows 10+11+12) divided by row 8 equals the LMI percentage. Round the LMI percentage to two decimal places. Example: 63.94%

**Rows 14-23:** Enter beneficiary data by racial groups. The definitions of each racial group remain the same as defined in the original LCDBG application package. Note that “Hispanic” is not considered a race but rather as an “ethnicity”. Of each racial group having beneficiaries, enter the persons of that racial group who also consider themselves as being of Hispanic ethnicity. The number entered for “Hispanic” will be a subset of the “Total” for each racial group.

**Row 24:** Enter the sum of all racial group totals in the upper data cell of row 24. Enter the sum of all of the persons of Hispanic ethnicity in the lower data cell of row 24. The upper data cell of row 24, total by racial group, must equal the number of persons as listed in row 8, total by income level. If these figures do not agree then there is an error that must be corrected.

**Rows 25-29:** Enter data for the indicated beneficiary categories. On row 25 enter the number of disabled persons. An elderly-occupied household, row 28, means a household that has at least one elderly person, of age 62 and up, who lives in the household—regardless of whether any elderly person is the head of the household.

**The Right Panel:** If a grant has the activity of “Rehabilitation Loans and Grants” then rows 30 through 53 must be completed. Otherwise, the right panel will be left blank.

**Rows 30-53:** The “Income Levels” listed in rows 8-12 will also be applied to rows 32-36 respectively. The “Racial Groups” listed in rows 14 through 24 will also be applied to rows 38 through 48, respectively. Additionally, beneficiary data for the right panel must also include the reporting of categories based on number of households and owner/renter status with such data to be entered according to the manner in which the column headings are labeled.

**Row 33:** This row should be left blank since beneficiaries in the right panel will always be 100% LMI.

**Row 49:** Enter only disabled persons. Leave the cell for disabled households blank.

**Row 50:** Enter the number of disabled heads of household.

**Row 51:** Enter female headed households by owner/renter status.

**Row 52:** Enter elderly-occupied households without regard to owner/renter status.

**Row 53:** Enter total households without regard to owner/renter status. Make sure that total households, as entered on row 53 agrees with total “racial” household information from the upper right data cells of row 48 and with total “income” household information from the right data cells of row 32. If the figures do not agree then there is an error that must be corrected.

**Row 54:** Enter the data source(s). If necessary, attach a separate page describing the data source(s).

**Rows 55-58:** The beneficiary data on this form must be verified by signatures/dates of the chief elected official, administrative consultant and engineer/architect. The engineer’s signature is not required on Economic Development projects.

**PRINT**

<b>Louisiana Community Development Block Grant Program—Applicant Data Form*</b>			
		1. Name of Grantee	
		2. Contract Number	
		3. Name of Activity	
4. Persons in Applicant Households	All Income Levels	#	
5. Persons in Applicant Households	Moderate, Low, & Extremely Low Income Levels	#	0
		%	0.00%
6-A. Persons in Applicant Households	Moderate Income Level	#	0
		%	0.00%
		Own	
		Rent	
		Rent	
6-B. Persons in Applicant Households	Low Income Level	#	0
		%	0.00%
		Own	
		Rent	
		Rent	
6-C. Persons in Applicant Households	Extremely Low Income Level	#	0
		%	0.00%
		Own	
		Rent	
		Rent	
Items 7 & 8 will be based on all persons in applicant households regardless of income level			
7-A. American Indian or Alaskan Native	Total	#	
	Hispanic	#	
7-B. Asian	Total	#	
	Hispanic	#	
7-C. Black or African American	Total	#	
	Hispanic	#	
7-D. Native Hawaiian or Other Pacific Islander	Total	#	
	Hispanic	#	
7-E. White	Total	#	
	Hispanic	#	
7-F. American Indian and White	Total	#	
	Hispanic	#	
7-G. Asian and White	Total	#	
	Hispanic	#	
7-H. Black and White	Total	#	
	Hispanic	#	
7-I. American Indian and Black	Total	#	
	Hispanic	#	
7-J. Other Multi-Racial	Total	#	
	Hispanic	#	
8-A. Disabled Persons		#	
8-B. Disabled Head of Households		#	
8-C. Female-Headed Households		#	
8-D. Elderly Occupied Households		#	
8-E. Total Households		#	
9. Source for determining applicant data:			
*This form must be completed only for housing programs and public facilities programs which include work undertaken on private property.			



## INSTRUCTIONS FOR THE APPLICANT DATA FORM

**In accordance with the federal regulations governing the Community Development Block Grant Program, the Applicant Data Form must be completed by all LCDBG recipients who utilized LCDBG funds for a housing program or for a public facilities program which included the activity of rehabilitation loans and grants. The information reported on this form must include the data for all persons who applied for financial assistance for housing rehabilitation or replacement housing and all persons who applied for financial assistance for the installation and/or repair of water and/or sewer service lines on private property. The numbers on this form will include all persons who applied for financial assistance, including those who received the assistance and those who did not receive the assistance. Often, the number of persons who applied for assistance will exceed the number of beneficiaries since all who applied may not have received the assistance.**

**Any time an activity is included on this form, the same activity must also be listed on the Program Beneficiary Form. Whereas the Applicant Data Form identifies all applicants, the Program Beneficiary Form identifies only those applicants who received assistance (beneficiaries).**

1. Grantee: Enter the name of the local government.
2. Contract Number: Enter the grantee's contract number.
3. Name of Activity: Enter the name of the activity. The only activities applicable to this form are housing rehabilitation loans and grants, public facilities rehabilitation loans and grants (hook-ups), and relocation payments and assistance. If the program did not have monies budgeted for any of these activities, do not complete this form. Any activity listed on this form should also be listed on the Program Beneficiary Form.
4. Persons In Applicant Households—All Income Levels: For the activity shown in row 3, provide the total number of persons in applicant households for “All Income Levels”. “All Income Levels” includes the following four income levels: High, Moderate, Low, and Extremely Low. This means that all persons in the households applying for assistance, regardless of income level, must be shown.
5. Persons in Applicant Households—Moderate Plus Low Plus Extremely Low Income: Enter the total number and percent of moderate, low and extremely low income persons in the applicant households.
6. Component Listing of Persons in Applicant Households: Enter the number and percent of persons in applicant households according to the following income level components: (6-A) Moderate, (6-B) Low and (6-C) Extremely Low. This data can be obtained from the applications for assistance which were completed by the applicants. The numbers in these three categories, when combined, should equal the number on row 5. **For housing rehabilitation, relocation, and public facilities rehabilitation activities which take place on private property, the number of owners and renters must also be identified by each income category.**
7. Racial/Ethnic Origin: Item 7 pertains to all persons in applicant households regardless of income level. Enter the number of persons in the applicant households by their racial origin (7-A through 7-J); then enter the number of persons in that racial origin that are of Hispanic or Latino ethnicity. All persons who applied for assistance will be included whether they received assistance or not. The total number of persons listed in rows 7-A through 7-J by racial/ethnic characteristics should equal the number of persons listed in row 4.
8. Household Characteristics: Item 8 pertains to all households/persons who applied for assistance regardless of income level. In 8-A, enter the number of disabled persons who reside in households which applied for assistance. In 8-B, enter the number of applicant households which were headed by disabled persons. In 8-C, enter the number of applicant households which were headed by females. In 8-D, enter the number of households which have at least one elderly (age 62+) occupant. In 8-E, enter the total number of applicant households.
9. Source: State the source/methodology used for determining the applicant data.

Definitions: Refer to the back of the “Program Beneficiary Form” for definitions on race, ethnicity, disabled and elderly.

<p>LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM</p> <p>HOUSING OPPORTUNITIES FORM</p>	<p>1. GRANTEE:</p> <p>2. CONTRACT NUMBER:</p>				
<p>3. Actions taken to affirmatively further fair housing in the grantee's community:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 50%;"><u>Actions Taken</u></th> <th style="text-align: left; width: 50%;"><u>Results</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>		<u>Actions Taken</u>	<u>Results</u>		
<u>Actions Taken</u>	<u>Results</u>				
<p>4. Actions taken to increase housing opportunities for lower income:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 50%;"><u>Actions Taken</u></th> <th style="text-align: left; width: 50%;"><u>Results</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>		<u>Actions Taken</u>	<u>Results</u>		
<u>Actions Taken</u>	<u>Results</u>				

INSTRUCTIONS FOR THE HOUSING OPPORTUNITIES FORM

ITEM  
NUMBER

1. Type in the name of the local government.
2. Type in the contract number.
3. List all actions taken to affirmatively further fair housing in the community and the results of those actions.
4. Identify all actions taken to increase housing opportunities for lower income households in the community and the results of those actions.

3. Did the grantee receive any program income during the course of this grant? Yes \_\_\_\_\_ No \_\_\_\_\_  
(See the instructions on the back of this form.)

4. If yes,
- a. Enter the sum of program income received during this program \$ \_\_\_\_\_
  - b. For all program income received, list separately the source and original LCDBG Program year which generated the program income and the amount received.

<u>SOURCE</u>	<u>ORIGINAL LCDBG PROGRAM YEAR</u>	<u>AMOUNT</u>
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5. Was any property or equipment (property having a useful life of more than one year and an acquisition cost of \$300 or more per unit) purchased with LCDBG funds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide a description and dollar amount paid for such purchases.

<u>DESCRIPTION</u>	<u>AMOUNT</u>
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Disposition of property acquired with federal funds must be in compliance with OMB Circular A-87. Notification will be provided for the proper procedures for disposition of the property described above.

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6. Was any land acquired/donated in order to complete the project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the number of parcels donated \_\_\_\_\_ and acquired \_\_\_\_\_.  
(number) (number)

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7. Has or will the local government transfer ownership of the system/asset to another entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of the executed intergovernmental cooperative agreement must be attached to the closeout documents.

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8. If the project included infrastructure construction, a copy of the recorded clear lien certificate must be submitted with the closeout documents.

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9. If the project involved infrastructure construction which was subject to Davis Bacon and Related Acts, a Final Wage Compliance Report must be submitted.

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## INSTRUCTIONS FOR THE MISCELLANEOUS INFORMATION FORM

### ITEM NUMBER

1. Type in the name of the City/Parish.
2. Type in the contract number.
3. Program Income

The LCDBG program requires that Economic Development loan repayments be submitted to the State as program income. The rules governing Program Income requirements are explained in Section IV(J) of the Financial Management Manual. There are some situations which may arise whereby the State will allow a unit of local government to keep program income; this does not include ED loan repayments. If you have received our permission to earn and retain program income, the following information is needed.

Identify whether or not any program income was received during the course of the grant for which these closeout documents are being prepared. The program income, however, may have been received as a result of a previous grant. For example, during the life of a FY 2009 CDBG program, the Town may receive program income from a FY 2006 economic development grant award.
4.
  - a. Enter the sum of program income received during the life of the program being closed out, if applicable.
  - b. Identify the source and dollar amount of all program income received. If applicable, distinguish between principal and interest. Also, identify the original grant year from which these funds were generated. If additional space is needed, provide the information on a separate sheet.
5. Indicate if any property or equipment was purchased with LCDBG funds and, if applicable, provide a description and cost.
6. If any land was acquired or donated in order to complete the project, please identify the number of parcels acquired and/or donated.
7. For all projects which involve the transfer of ownership of the system or asset purchased, improved, or constructed with LCDBG funds, a copy of the executed intergovernmental cooperative agreement must be attached to the closeout documents.
8. For all projects involving infrastructure construction (including economic development), a copy of the recorded clear lien certificate must be submitted with the closeout documents.
9. Attach a Final Wage Compliance Report for those projects which were subject to Davis Bacon and Related Acts.

## **SECTION 3 UTILIZATION REPORT**

(To be Completed by the prime contractor(s) and include data for all subs for all Projects at or Exceeding \$200,000)

### **A. SECTION 3 EMPLOYEE LABOR INFORMATION**

- a) Name of CDBG Grantee: \_\_\_\_\_
- b) Name of Project: \_\_\_\_\_
- c) CDBG Project Number: \_\_\_\_\_ Wage Decision Number: \_\_\_\_\_
- d) Total number of Labor Hours on the project \_\_\_\_\_
- e) Total number of Section 3 Labor Hours on the project \_\_\_\_\_ = \_\_\_\_\_% of total labor hours.
- f) Total number of Targeted Section 3 Labor Hours on the project \_\_\_\_\_ = \_\_\_\_\_% of total labor hours.
- g) Number of Section 3 Employees Utilized on Project by Prime Contractor: \_\_\_\_\_
- h) Number of Section 3 Employees Utilized on Project by Subcontractors: \_\_\_\_\_
- i) Total Number of Section 3 Employees Utilized on Project: \_\_\_\_\_
- j) Names of all sub-contractors \_\_\_\_\_
- \_\_\_\_\_

### **B. CERTIFICATION OF PRIME CONTRACTOR**

As officer and representative of: \_\_\_\_\_  
Name of Prime Contractor

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

On behalf of the Company, I hereby certify that the above information is true and accurate and is reported fully as required by the Section 3 Plan as part of the contract for this CDBG assisted construction project. It is further understood that final payment from the State of Louisiana CDBG Program for this project cannot be made until this Report is submitted to the CDBG Grantee or authorized designee.

\_\_\_\_\_  
Name and Title of Authorized Representative (print or type)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## DIRECTIONS FOR COMPLETION OF SECTION 3 UTILIZATION REPORT

(For Projects at or Exceeding \$200,000)

1. Determine the level Section 3 participation in the construction project.
  - a. All Section 3 employees of the General Contractor and any subcontractor must fill out a Resident Employment Opportunity Data Form and return it to you. If you hire new employees who reside in the parish where the construction is taking place to work on the CDBG project, have them complete the Resident Employment Opportunity Data Form and return it to you.
  - b. Distribute copies of the Resident Employment Data Form to all subcontractors you engage for the project. All Section 3 employees of any and all subs must fill out the Resident Employment Data Form and return it to you. Instruct all subs to have any new employees they hire who reside in the parish where the construction is taking place complete the worksheet and have the subcontractors return the forms to you. Compare as in (a.), above to determine Section 3 eligibility.
2. Retain all Section 3 Income Worksheets with your project records.
3. Complete (A) Section 3 Employee Information area of the report.
  - a. Enter name of the community where the project is located.
  - b. Enter project name.
  - c. Enter CDBG Project Number & Federal Wage Decision Number. (located in wage decision documents)
  - d. Enter the total number of labor hours on the project.
  - e. Enter the number of Section 3 labor hours on the project and calculate what percentage it is of the total labor hours on the project (using the number entered in d)
  - f. Enter the number of Section 3 labor hours on the project and calculate what percentage it is of the total labor hours on the project (using the number entered in d)
  - g. Enter number of Section 3 Employees you utilized on project.
  - h. Enter number of Section 3 Employees utilized by subcontractors on project.
  - i. Enter total number (f + g) of Section 3 Employees utilized on project.
  - j. Include the names of all sub-contractors.
4. Complete (B) Certification by Prime Contractor area of Report
  - a. List your name, address and telephone number of your company.
  - b. Print or type name and title of authorized company representative.
  - c. Have authorized representative sign and date Report.

**IMPORTANT REMINDER!**

Final payment of CDBG funds will not be made until Section 3 Utilization Report is submitted to CDBG grantee or designee.

Louisiana Community Development  
Block Grant Program

1. Grantee:

2. Contract Number:

CERTIFICATE OF COMPLETION

FINAL STATEMENT OF COSTS

Program Activity Categories	3. Paid Costs	4. Unpaid Costs	5. Total Grant Costs	6. State Use Only
A. Acquisition of Real Property	\$	\$	\$	\$
B. Public Works, Facilities, Site Imp.				
1. Sewer				
2. Streets				
3. Water (Fire Protection)				
4. Water (Potable)				
5. Multi-purpose Community Centers				
6. Other				
C. Rehabilitation Housing				
D. Rehabilitation Administration				
E. Clearance, Demolition				
F. Relocation Payments				
G. Economic Development				
1. Commercial/Industrial Infrastructure Development				
2. Loan				
3. Other				
H. Planning and Management Development				
I. Administration				
1. Pre-Agreement Costs				
2. Public Facilities, Housing & Economic Development				
J. Other				
K. Other				
L. TOTAL GRANT 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. Total Grant. 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

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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.

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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.)

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	Typed Name and Title of State Authorized Official	Signature of State's Authorized Official
Date		

Traci M. Watts  
Director, Louisiana Community  
Development Block Grant Program

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CLOSEOUTS

INSTRUCTIONS FOR THE CERTIFICATE OF COMPLETION FORM

Item Number

1. Type in the name of the 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 Contract# \_\_\_\_\_
3. Fiscal Year of Grant \_\_\_\_\_
4. Date of this Report \_\_\_\_\_
5. Report Prepared By \_\_\_\_\_
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 the 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***

<b><u>Item # and Description</u></b>	<b><u>Instructions</u></b>
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.