

## EXHIBIT IX-B

### PROJECT COMPLETION REPORT INSTRUCTIONS (For Public Facilities and Economic Development Projects Only)

#### THE REPORT SHOULD INCLUDE THE FOLLOWING:

Grantee Name and Address

Project Title and Contract Number

Name and Telephone Number of Person Completing this Report

- A) PROJECT DESCRIPTION:** Summarize the Project Description from Paragraph A in Exhibit A, Scope of Services of the Contract. Be sure to include specifically which activities are being undertaken with CDBG funds.
- B) ACTUAL ACCOMPLISHMENTS:** If the accomplishments are identical to the Project Description in A., enter "Same as A above". If the accomplishments were different, describe the difference and reason for the difference.
- C) REMAINING ACTIONS:** Include any remaining actions and the date of anticipated completion.
- D) NATIONAL OBJECTIVE SERVED:** Indicate which national objective (low/moderate income benefit, slum/blight, urgent need). This can be found in the contract, Exhibit A, Scope of Services.
- E) AUDITS REQUIRED:** Name and address of firm selected to do audit(s) and the date when the audit(s) will be completed.
- F) TOTAL ACTUAL EXPENDITURES FOR THE ACTIVITY:** List CDBG actual expenditures for each activity and local expenditures, including sources and total. Refer to the proposed budget in the contract Scope of Services and compare. For new construction projects, the final cost certification can be submitted.
- G) PROJECT BENEFICIARIES/APPLICANTS**
- PERSONS BENEFITTING:** Complete table for persons benefiting from project for **each** activity except administration. Be sure to include ethnic breakdown.
  - PERSONS APPLYING:** List all individuals who formally applied for this project, including those that benefitted. The numbers entered in this section should be equal to or larger than those entered for #1.
- H) PROGRAM INCOME:** Complete section on Program Income, if applicable.
- I) ACTIONS TO AFFIRMATIVELY FURTHER FAIR HOUSING:**
- THIS PORTION OF THE PCR MUST BE FILLED OUT IN ALL CASES. DO NOT PUT N/A.** Describe all actions taken to affirmatively further fair housing. Merely posting Fair Housing Posters in many cases is not considered substantive. The CDBG manual contains a list of actions that are considered to "affirmatively further fair housing".
- J) SECTION 3 REPORTING.** If project is considered to be a "Section 3" project, complete, sign and submit along with the PCR a final Section 3 report found in Civil Rights Section V, Exhibit E. These reports are required to be submitted annually as long as funds are being drawn down and at time of project close-out.

**EXHIBIT IX-B, Cont.**

**K.) CITIZEN COMMENTS:**

- 1) Give the date and location of the post-award public hearing.
- 2) Include a summary of each written or verbal comment received by the local governing body or the local CDBG administering unit from the date of the grant award to the date of this report.
- 3) The summary should also include the grantee's assessment of the citizen comment and a description of any action taken in response to the comment.
- 4) Copies of newspaper articles on the project should be attached to this report.

- L.) CERTIFICATIONS AND SIGNATURES.** Complete, sign, and attach the certification and signature page which follows the Citizen Comments Section.

**SEE FOLLOWING PAGES FOR SAMPLE FORMAT**

EXHIBIT IX-B, Cont.

<b>PROJECT COMPLETION REPORT</b> <b>(Public Facilities and Economic Development Projects)</b>
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<b>GRANTEE NAME AND ADDRESS:</b>	<b>CONTACT PERSON:</b>
	<b>PHONE NUMBER:</b>
<b>PROJECT TITLE:</b>	<b>CONTRACT NUMBER:</b>

**A. PROJECT DESCRIPTION** (as stated in Paragraph A in Scope of Services outlining Proposed Accomplishments):

**B) ACTUAL ACCOMPLISHMENTS:** (Describe)

**C) REMAINING ACTIONS:** Are there any remaining actions? If yes, please explain what remains to be done and supply the anticipated date of completion?

**D) NATIONAL OBJECTIVE SERVED:** (Indicate the primary one – see contract if unsure)

\_\_\_\_\_ Benefit to Low and Moderate Income Persons  
\_\_\_\_\_ Prevention or Elimination of Slums or Blight; or  
\_\_\_\_\_ Urgent Need.

**E) AUDIT(S) REQUIRED:** (Include date and name of firm completing audit)

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**F. TOTAL ACTUAL EXPENDITURES FOR THE ACTIVITY:** (List CDBG **actual** expenditures for each activity and local expenditures, including sources and total. Refer to the proposed budget in the contract Scope of Services and compare. For new construction projects, the final cost certification can be submitted.)

	Activity #1	Activity #2	Activity #3	Total
CDBG \$				
Other \$				
Total				

**G. PROJECT BENEFICIARIES**

<b>1) PERSONS BENEFITTING</b>	<b>ACTIVITY #1</b>	<b>ACTIVITY #2</b>
Total Persons Benefitting		
Total LMI Benefitting		
% of LMI Persons		
* Handicapped		
* Female Head of Household		
<b>RACE OF BENEFICIARIES</b>		
White		
Black or African American		
Asian		
American Indian or Alaskan Native		
Native Hawaiian or Other Pacific Islander		
<b>MULTIPLE RACE CATEGORIES</b>		
American Indian or Alaskan Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaskan Native & Black African American		
Other Multi-Racial not listed Above		
TOTAL (Should equal total persons benefitting)		

<b>ETHNIC CATEGORIES by # of Persons</b>	<b>ACTIVITY #1</b>	<b>ACTIVITY #2</b>
Hispanic or Latino		
Not Hispanic or Latino		
<b>TOTAL</b>		

\* Breakdown by Handicapped and Female Head of Household is required of all projects except those that serve all persons within a designated area.

\*\* Hispanic or Latino is not a race, it is an ethnicity, and reporting families are either Hispanic or not Hispanic, therefore this category should count only those who have designated themselves Hispanic.

**G. PROJECT BENEFICIARIES/APPLICANTS (Cont.)**

For the "Persons Applying", list all individuals who formally applied for this project including the beneficiaries listed above. Enter into the appropriate boxes in #2 below. (#2 should be equal to or higher than the numbers listed in #1.)

<b>1) PERSONS APPLYING</b>	<b>ACTIVITY #1</b>	<b>ACTIVITY #2</b>
Total Persons Applying		
Total LMI Applying		
% of LMI Persons		
* Handicapped		
* Female Head of Household		
<b>RACE OF APPLICANTS</b>		
White		
Black or African American		
Asian		
American Indian or Alaskan Native		
Native Hawaiian or Other Pacific Islander		
<b>MULTIPLE RACE CATEGORIES</b>		
American Indian or Alaskan Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaskan Native & Black African American		
Other Multi-Racial not listed Above		
TOTAL (Should equal total persons benefitting)		

<b>ETHNIC CATEGORIES by # of Persons</b>	<b>ACTIVITY #1</b>	<b>ACTIVITY #2</b>
Hispanic or Latino		
Not Hispanic or Latino		
<b>TOTAL</b>		

**H. PROGRAM INCOME:**

(If no program income was earned, please answer question #1 only)

- 1) Was any program income earned on any of the project activities?
- 2) If yes, was any program income returned to the state?
- 3) How much Program Income is currently on hand?
- 4) If program income was retained, was it used for an eligible activity? Please describe:

**REQUIRED OF ALL GRANTEES REGARDLESS OF TYPE OF PROJECT**  
**DO NOT PUT N/A**

**I. ACTIONS TO AFFIRMATIVELY FURTHER FAIR HOUSING:** Describe actions and results of actions to affirmatively further fair housing. . PCR will not be accepted without this information. Attach separate sheet if more room is needed.

**J. DID SECTION 3 REGULATIONS APPLY TO THIS PROJECT? Yes\_\_\_\_\_ No\_\_\_\_\_**

If yes, please attach Section 3 report (See Section V, Exhibit F) to PCR with information regarding: (If not sure, see contract scope of services.)

- 1) Any new hires from each "covered" subcontractor including name, address and telephone number of the subcontractor, number of new positions available by job class or description, number of applications filed by Section 3 residents by job class or description; gender, ethnicity and disability status of all new hires;
- 2) All of the new hires for any "covered" activity including the name and location of the project and all of the information listed above under 1.

**K. CITIZEN COMMENTS**

Date and location of post-award public hearing:

Please include a **summary of each written citizen comment** received by the local governing body or the local CDBG administering unit from the date of the grant award to the date of this report **should be attached to this report**. The summary should include the grantee's assessment of the citizen comment and a description of any action taken in response to the comment. Copies of newspaper articles on the project should also be attached to this report.

**L. CERTIFICATIONS**

**AS CHIEF ELECTED OFFICIAL OF THE GRANTEE JURISDICTION, I CERTIFY THAT:**

- ◆ All project activities (including all related construction/rehabilitation activities), except required administration activities have been completed.
- ◆ The results/objectives specified in the grant contract have been achieved;
- ◆ All costs to be paid with CDBG funds have been incurred with the exception of any administrative costs related to project close-out (including audit costs) and any unsettled third party claims;
- ◆ The information contained in this report is accurate to the best of my knowledge;
- ◆ All records related to grant activities are available on request; and,
- ◆ CDBG funds were not used to reduce the level of local financial support for housing and community development activities.

\_\_\_\_\_  
Signature of Chief Elected Official Date .....

\_\_\_\_\_  
Typed Name/Title of Chief Elected Official

\_\_\_\_\_  
Name of Grantee Contract Number .....

**ACCEPTANCE BY THE STATE OF COLORADO**

\_\_\_\_\_  
Project Monitor Date: .....

\_\_\_\_\_  
Financial Management Date: .....

\_\_\_\_\_  
CDBG Coordinator Date: .....