



Administrative Closeout Report

Section I. Contract Information

Contract Number:		Beginning Date:		
		Ending Date:		
Recipient:		Recipient's FEIN:		
Recipient's DUNS Number:				
Local Contact Name:		Contact's Phone Number:		
1. Indicate how the project was carried out (administration and construction):	Recipient Employees <input type="checkbox"/>	Contractors <input type="checkbox"/>	Both <input type="checkbox"/>	
2. Indicate how beneficiary data was collected: (Check all that apply.)	Census <input type="checkbox"/>	Survey <input type="checkbox"/>	Income Verification Form <input type="checkbox"/> (for Housing or ED)	
3. Enter the Census Tract and Block Group numbers for all service areas or the project area: N/A <input type="checkbox"/>	Census Tracts and Corresponding Block Groups:			
4. If location of activities has changed since the initial award was made, and a revised map was not previously submitted, is a map included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Is a Property Management Register included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. If an infrastructure project, is an engineering certification included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Are project photos included, if required by the subgrant agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Is documentation of all fair housing activities conducted after the last monitoring visit included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. Is a copy of the final construction draw request, including any change orders, included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Is the project located in a Historic District?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Is the project located in a Presidentially Declared Disaster Area?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Is the project a Brownfield Activity?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Did the local government provide the assistance (to the beneficiaries) in the form of a loan or a grant?	Grant <input type="checkbox"/>	Loan <input type="checkbox"/>	Deferred, forgivable loan <input type="checkbox"/>	
14. If a loan, indicate:	Interest Rate: %	Monthly Loan Amount: \$	Amortization Period in Months:	



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15. List all other funds, along with the source, used to support the activities funded with this subgrant:			
Type	Source	Amount	
Local Funds (i.e., General Revenue)		\$	
Grant(s)		\$	
Private Funds (i.e., Participating Party)		\$	
Loan(s)		\$	
Other, including Program Income (Specify)		\$	
16. Will the project result in program income? <i>Program income earned as a result of Small Cities CDBG and Disaster Recovery subgrants, but not expended before closeout, must be returned to DEO. Make check payable to the Department of Economic Opportunity – CDBG Program and include it with the Closeout.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• If program income has already resulted, indicate amount:		\$	
• Indicate amount of program income that has been expended to date:		\$	
17. Does the local government have CDBG funds on hand? (If yes, you cannot close the contract.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes : \$			
18. Has a final Request for Funds been submitted? (If not, you cannot close the contract.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section II. Public Services, Public Facility and Infrastructure

(To be completed by Commercial Revitalization, Disaster Recovery and Neighborhood Revitalization subgrant recipients. If water or sewer hookups were provided, Section IV must also be completed.)

1. Service (Housing Counseling, etc.)	
a. Number of persons with new access to this service or benefit	
b. Number of persons with improved access to this service or benefit	
c. Number of persons now receiving a service or benefit that is no longer substandard	
2. Public Facility or Infrastructure Improvement (i.e., Water and Sewer Facilities, Drainage, Street Paving)	
a. Number of persons with new access to this type of public facility or infrastructure improvement	
b. Number of persons with improved access to this type if public facility or infrastructure improvement	
c. Number of persons served by public facility or infrastructure that is no longer substandard	



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Section III. Commercial Revitalization and Economic Development

Recipients of Commercial Revitalization grants should only respond to items with an asterisk ().*

Number of businesses assisted with commercial facade treatment*	
Number of businesses assisted that provide goods or services to meet the needs of a service area, a neighborhood, or a community*	
Number of businesses assisted*	
Number of new businesses assisted	
Number of existing businesses assisted	
Number of existing businesses expanding	
Number of existing businesses relocating	
Number of full-time positions created	
Number of full-time positions retained	
Number of full-time low- and moderate-income positions created	
Number of full-time low- and moderate-income positions retained	
Number of persons who were unemployed prior to taking jobs created by this activity	
Number of retained jobs with employer-sponsored health care benefits	
Number of jobs created with employer-sponsored health care benefits	
Enter in the spaces below the number of jobs created and retained by type:	
Classification	Created Retained
Officials and Managers	
Professional	
Office and Clerical	
Sales	
Technicians	
Service Workers	
Craft Workers (skilled)	
Operatives (semi-skilled)	
Laborers (unskilled)	

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Section III. Commercial Revitalization and Economic Development – Page 2

For each business assisted, enter the business name and the DUNS number for the business, if available. Commercial Revitalization projects that consist of infrastructure activities (road paving; lighting, water, sewer or drainage improvements; parking facilities; or pedestrian malls) provide a benefit to the adjacent businesses. Therefore, the businesses that benefit from the improvements must be reported here. A DUNS number must be reported, if available, for each business.

Business:	DUNS #:
Business:	DUNS #:
Business:	DUNS #:
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Business:	DUNS #:
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Section IV. Housing Rehabilitation and Hookups

(To be completed by Small Cities CDBG and Disaster Recovery Program subgrant recipients if housing or hookup activities were undertaken. If water/sewer/electrical hookups were provided, please complete all information requested in Section IV.)

Number of single family owner-occupied houses rehabilitated.		
Number of single family owner-occupied houses replaced one-for-one.		
Total number of single family owner-occupied houses rehabilitated and replaced.		
Did the activity involve rental housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of single family rental houses addressed.		
Number of multi-family properties addressed.		
Number of units within the multi-family properties.		
Number of permanent displacements/relocations.		
Number of units with elderly residents (62 or older).		
Number of units with a female head of household.		
Number of units made handicapped accessible.		
Number of units that qualify as “Energy Star.”		
Number of units brought into compliance with lead safety requirements		
If applicable, number of beds created in overnight shelter or emergency housing		
Did the project include:		
• Installing security devices,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Installing smoke detectors,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Performing emergency housing repairs,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Providing supplies and equipment for painting houses,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Operating a Tool Lending Library, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Mitigation to prevent future damages (strengthened roof, doors, windows, elevations, etc.).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For Small Cities CDBG Housing Rehabilitation scoring review only, complete the following:	Proposed	Actual
• Number of Low Income housing units (30.01%-50.0% of area median family income) rehabilitated.		
• Number of Very Low Income housing units (30.0% or less area median family income) rehabilitated.		



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Section IV: Housing Rehabilitation and Hookups – Page 2

(Housing rehabilitation and hookup beneficiaries are measured in households (HH), not the number of people living in each housing unit. Race and ethnicity data also applies only to the heads of households (HoH). HUD defines elderly as persons 62 or older. Additional pages are located after the instruction page, if needed. MI = 50.01% – 80.0% AMI. LI = 30.01% – 50.0% AMI. VLI = 30.0% or less of AMI. RH = Rehabilitation. RP = Replacement.)

Owner (Last name, first initial)	Occupant (Last name, first initial)	Street Address (street, city and zip) <i>(If replacement, new address.)</i>	Rental (R) or Owner- Occupied (O)	Race (HoH)	Hispanic/ Latino HoH (Y or N)	Indicate MI, LI or VLI	Female HoH (Y or N)	Elderly Resident (Y or N)	Disabled Resident (Y or N)	Total Cost of Rehab or Replacement	Total CDBG Funds Invested	Date Completed mm/dd/yy	RH or RP	Number of Bedrooms
										\$	\$			
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Codes for the Race of the Head of Household:

W = White
AA = African American
A = Asian

AI, AN = American Indian or Alaskan Native
NHPI = Native Hawaiian/Pacific Islander
AI, AN, W = American Indian or Alaskan Native and White
A, W = Asian and White

AA, W = African American and White
AI, AN, AA = American Indian/Alaskan Native and African American
OMR = Other Multi-Racial



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Section V. Status of Accomplishments and Expenditures (Use additional pages, if necessary.)

(A) National Objective (See codes.)	(B) Activity Number	(C) Activity Name	(D) IDIS Number (for Small Cities CDBG)	(E) CDBG Accomplishments		(F) Current Approved CDBG Budget	(G) CDBG Funds Received To Date	(H) Other Leverage Funds Expended
			DEO Use Only	Contracted	To Date			
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
Totals						\$	\$	\$
I. Total CDBG Approved Budget:						(Total of Column F)	\$	
J. Total CDBG Funds Received To Date:						(Total of Column G)	\$	
K. Refund Due to DEO:						(If Line J is greater than Line I, indicate the difference.)	\$	
L. Amount to be Deobligated:						(If Line J is less than Line I, indicate the difference.)	\$	

National Objective Codes: 1 - LMI 2 - Urgent Need 3 - Slum and Blight



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Section VI. Beneficiary Data (Do not enter Administration or Engineering. Housing and hookup beneficiaries are measured in households (HH). Area Median Family Income – AMI. Use additional pages if needed.)

	Activity Number	Activity Number	Activity Number	Activity Number	Activity Number	Activity Number								
Total Beneficiaries Proposed														
Total Beneficiaries Actual														
Moderate-Income Beneficiaries Proposed (50.01% – 80.0% AMI)														
Moderate-Income Beneficiaries Actual														
Low-Income Beneficiaries Proposed (30.01% – 50.0% AMI)														
Low-Income Beneficiaries Actual														
VLI Beneficiaries Proposed (30.0% or less of AMI)														
VLI Beneficiaries Actual														
Female Heads of Household														
Disabled Persons														
Elderly Persons (62 or older)														
Race	For Housing Grants Only		Total	Hispanic/ Latino Ethnicity	Total	Hispanic/ Latino Ethnicity	Total	Hispanic/ Latino Ethnicity	Total	Hispanic/ Latino Ethnicity	Total	Hispanic/ Latino Ethnicity	Total	Hispanic/ Latino Ethnicity
	# Owner Occupied	# Renter Occupied												
White														
African American														
Asian														
American Indian or Alaskan Native														
Native Hawaiian/Pacific Islander														
American Indian or Alaskan Native and White														
Asian and White														
African American and White														
American Indian or Alaskan Native and African American														
Other Multi-Racial														



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Section VII. Property Management Register

Attachment A (If required.)

Recipient:			Contract End Date:		
Contract Number:			Local Contact:		
	1	2	3	4	5
Description of Property or Type of Equipment					
Identification Number					
Date of Purchase or Acquisition					
Total Cost of Property	\$	\$	\$	\$	\$
CDBG Cost	\$	\$	\$	\$	\$
CDBG % of Total Cost					
Physical Location					
Condition (New or Used)					
Residual Value	\$	\$	\$	\$	\$
Disposition Date					
Disposition Amount	\$	\$	\$	\$	\$
Method of Disposition					



Administrative Closeout Report

Section VIII. Closeout Approval

I certify that, to the best of my knowledge, all activities undertaken by the local government with funds under this grant agreement have been carried out in accordance with the grant agreement, that proper provision has been made for the payment of all paid costs identified; that the State of Florida is under no obligation to make further payment to the local government under the grant agreement in excess of the amount identified on **Line I** of **Section V. Status of Accomplishments and Expenditures** submitted with this closeout report; that every statement and amount set forth in this instrument is true and correct as of this date; that all required audits as of this date have been submitted and approved; and I acknowledge that DEO reserves the right to recover any disallowed costs identified in an audit completed after this closeout.

Chief Elected Official or Authorized Designee

Signature

Name and Title Typed

Date

For DEO use only:

Approval of this Closeout Package authorizes the deobligation of unexpended CDBG contract funds in the amount of \$ _____

Division of Community Development

Name and Title

DEO Finance and Accounting Section

Name and Title

Date

Date

Instructions for Community Development Block Grant Closeout Small Cities CDBG and Disaster Recovery Programs

Do not include this page when you mail the *Closeout Report Form* to the Department. Mail two copies of the form with original signatures – one will be retained for the Department’s project file, and one will be mailed back for your local file.

The *Closeout Report Form* must be submitted to the Department within 45 days after the contract termination or expiration date. Please note the following important instructions:

- Closeouts can only be submitted after all modifications have been executed and all *Request For Funds* have been submitted. The Department will not process a *Request For Funds* or a *Modification to Subgrant Agreement* request that is submitted with a closeout package.
- A final *Request For Funds* must be submitted prior to submission of the closeout package since funds that have not been requested will be deobligated.
- Any modification that is necessary for final reconciliation of the subgrant funds must be executed prior to the submission of the closeout package.
- All subgrant recipients must complete *Section I. Contract Information*.
- Commercial Revitalization, Disaster Recovery (if infrastructure or public facility projects were carried out) or Neighborhood Revitalization subgrant recipients must complete *Section II. Public Services, Public Facility and Infrastructure*.
- Recipients of Commercial Revitalization or Economic Development subgrants must complete *Section III. Commercial Revitalization and Economic Development*.
- Housing Rehabilitation and Disaster Recovery (if housing activities were carried out) subgrant recipients must complete *Section IV. Housing Rehabilitation and Hookups*.
- Neighborhood Revitalization subgrant recipients must complete *Section IV. Housing Rehabilitation and Hookups* if water/sewer/electrical hookups were made as part of the project activities.
- All subgrant recipients must complete *Section V. Beneficiary Data* and *Section VI. Status of Accomplishments and Expenditures*.
- *Section VIII. Closeout Approval* must be signed by the Chief Elected Official or another individual authorized by resolution to sign CDBG documents. Enter the information requested or circle the response.

Please complete and return only the sections that are applicable to your contract. Contact your grant manager if you have questions. Use the tab key or the cursor to move between form fields and check boxes. Click on the appropriate check box to put an “X” for “Yes, No or N/A” questions.

Provide copies of the following support documents that are applicable to your contract:

1. The final statement of costs and copies of the final construction invoices;
2. A certification letter from the project engineer that all construction has been completed, inspected and approved by all parties prior to the subgrant end date and submission of the administrative closeout;
3. Photos of project activities, copies of revised maps, documentation of fair housing activities that were conducted after the last monitoring visit, proof that all citizen complaints have been resolved, and responses to any outstanding monitoring issues;
4. Certification that all costs, except those reflected on the closeout report, have been paid;
5. Documentation of the expenditure of any leverage not previously provided;
6. Certification that each housing unit assisted was within the local government’s jurisdiction for Housing Rehabilitation.



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Section IV: Housing Rehabilitation and Hookups - Page 3 (if needed)

(Housing rehabilitation and hookup beneficiaries are measured in households (HH), not the number of people living in each housing unit. Race and ethnicity data also applies only to the heads of households (HoH). HUD defines elderly as persons 62 or older. Additional pages are located after the instruction page, if needed. MI = 50.01% – 80.0% AMI. LI = 30.01% – 50.0% AMI. VLI = 30.0% or less of AMI. RH = Rehabilitation. RP = Replacement.)

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										\$	\$			
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Administrative Closeout Report

Section IV: Housing Rehabilitation and Hookups - Page 4 (if needed)

(Housing rehabilitation and hookup beneficiaries are measured in households (HH), not the number of people living in each housing unit. Race and ethnicity data also applies only to the heads of households (HoH). HUD defines elderly as persons 62 or older. Additional pages are located after the instruction page, if needed. MI = 50.01% – 80.0% AMI. LI = 30.01% – 50.0% AMI. VLI = 30.0% or less of AMI. RH = Rehabilitation. RP = Replacement.)

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										\$	\$			
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AA, W = African American and White
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