

# EXHIBIT 1-D-1 FINAL REPORT

## CDBG Final Report

1. List other public/private funds used in conjunction with this project:

Public \_\_\_\_\_ Private \_\_\_\_\_ In-Kind \_\_\_\_\_

2. State/national objectives the project addresses:

If project addresses multiple objectives explain:

3. Indicate Project Impact by providing the following information, if applicable:

	Projected	Actual
Number of Housing Units Rehabilitated	_____	_____
Number of Jobs Created	_____	_____
Number of Jobs Retained	_____	_____
Number of Persons Served by Community Facilities	_____	_____

a. Type of Facility \_\_\_\_\_

b. Number of Facilities \_\_\_\_\_

4. a. Provide the total number of direct beneficiaries of this project:

Projected # \_\_\_\_\_ Actual # \_\_\_\_\_

Projected Minorities (if available) # \_\_\_\_\_ Actual Minorities (if available) # \_\_\_\_\_

- b. Indicate the number of low/moderate income persons benefiting from this project:

Total LMI beneficiaries = \_\_\_\_\_

Total Minority LMI beneficiaries (if available) = \_\_\_\_\_

- c. Indicate the percentage of low/moderate income persons benefiting from this project:

(total # LMI beneficiaries / actual # beneficiaries) = \_\_\_\_\_

[(total # minority beneficiaries / actual # beneficiaries), if available] = \_\_\_\_\_

- d. Indicate the dollar amount of funds directly benefiting low/moderate income persons:

(total amount of CDBG funding X percentage of LMI beneficiaries) = \$ \_\_\_\_\_

[(total amount of CDBG funding X percentage of minority LMI beneficiaries), if available] =

\$ \_\_\_\_\_

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4. e. Total number of direct beneficiaries:

1. Ethnicity:

- (a) Hispanic or Latino # \_\_\_\_\_
- (b) Not Hispanic or Latino # \_\_\_\_\_

2. Race:

- (a) American Indian or Alaskan Native # \_\_\_\_\_
- (b) Asian # \_\_\_\_\_
- (c) Black or African American # \_\_\_\_\_
- (d) Native Hawaiian or  
Other Pacific Islander # \_\_\_\_\_
- (e) White # \_\_\_\_\_
- (f) American Indian or  
Alaska Native *and* White # \_\_\_\_\_
- (g) Asian *and* White # \_\_\_\_\_
- (h) Black or African American  
*And* White # \_\_\_\_\_
- (i) American Indian or Alaska Native  
*And* Black or African American # \_\_\_\_\_

3. Gender:

- (a) Male # \_\_\_\_\_
- (b) Female # \_\_\_\_\_
- (c) Female-Head of Household # \_\_\_\_\_

5. Indicate the amount of CDBG money used in the following categories.

	Projected	Completed
Community Infrastructure	_____	_____
Housing Rehabilitation	_____	_____
Public Service Capital Outlay	_____	_____
Economic Development	_____	_____
Administration (Planning Technical Assistance)	_____	_____

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6. Based on the applicable national objective(s) identified in question #2, how did this project meet this requirement? Describe the need and impact of this project on the community as a whole and specifically on the LMI beneficiaries. Attach additional sheets if necessary.

7. Did any wage and/or overtime violations occur at any time during the grant?

Yes

No (skip to #8)

1. If "Yes", have all documents pertaining to wage/overtime violations been submitted to DFA?

- Final Wage Compliance Report (Exhibit 4-R)

- Employee Restitution Receipt(s) (Exhibit 4-R-1)

- Employee Restitution Summary (Exhibit 4-R-2)

- UPDATED Contractor and Subcontractor Activity Form (Exhibit 1-E)

- Overtime Violation Report (Exhibit 4-Q) [if applicable]

8. Grant Monitoring

Was an annual monitoring conducted by DFA for this project?

Yes

N/A

Was a closeout monitoring conducted by DFA for this project?

Yes

No

Certification

Under penalty of law, I hereby certify that to the best of my knowledge and belief that the information contained in this report is correct and true.

\_\_\_\_\_  
Signature of Grantee Representative

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date