

**SMALL CITIES BLOCK GRANT
FINAL PERFORMANCE REPORT
COVER SHEET**

1. Name of Grantee:		2. Project Number:	
3. Address of Grantee		4. Name of Chief Elected Official:	
		6. County:	7. Region:
8. Name of Project:		9. Date of Award:	10. Amount of Award:
11. Approved Project Period: From: _____ To: _____		12. Amended Project Period: From: _____ To: _____	

13. CITIZEN'S WRITTEN COMMENTS: _____ **NO comments received (Check if applicable)**

13a. CITIZEN'S WRITTEN COMMENTS: Submitted to West Virginia Development Office with this report are:

- a. A copy of each written citizen comment on the grantee's community development performance under this grant which was received during the period since the grant was approved;
- b. The grantee's assessment of the comment, and;
- c. A description of any action taken or to be taken in response to the comment, as required by the Housing and Community Development Act of 1974, as amended.

14. THE GRANTEE'S AUTHORIZED OFFICIAL REPRESENTATIVE CERTIFIES THAT:

- a. To the best of its knowledge and belief that the data in this report was true and correct as of the date of the report in Item 18;
- b. The records described in the State's Grants Management handbook are being maintained and will be made available upon request;
- c. Federal assistance made available under the SCBG program is not being utilized to substantially reduce the amount of local financial support for community development activities below the level of such support prior to the start of the SCBG being reported here.

15. Name, Address & Telephone No. of Person Who Completed This Form	16. Typed Name/Title of Chief Elected Official:
	17. Signature of Chief Elected Official:
	18. Date:

SCBG GRANT FINAL PERFORMANCE REPORT <u>FINANCIAL</u>	1. Name of Grantee:	
	2. Project Number:	Date:

4. Project Expenditures By Activity:	Approved SCBG Budget	SCBG Expenditures	Program Income Expenditures	Other Funds* Expenditures	Total Program Expenditures
a. Administration					
b. Architectural/Engineering Services					
c. Legal Fees					
d. Land/ROWs					
e. Accounting					
f. Construction Improvements					
g. Permits					
h.					
i.					
j. (Other) Audit					
TOTAL					

5. Computation of Grant Balance: *Other fund expenditures must provide source of funding by Expenditure Activity.
(Provide separate sheet, if necessary)

	a.	b.	<u>Remarks</u>
a. Amount of SCBG Grant Award			
b. Program Income Earned During Project Period			
c. Total Expenditures from amount shown on lines a and b (1) SCBG Expenditures (2) PI Expenditures	c. (1)	c. (2)	
d. Balance of funds--d(1) (SCBG line a minus line c(1)) d(2) (PI line b minus line c(2))	d. (1) \$ -	d. (2)	
e. Balance of approved grant not drawn down	e. \$ -		
f. Cash on hand	f. \$ -		

1--Upon submission of this report, this balance will be canceled with no further drawdowns, with the possible exception of final audit costs.

2--A check for this amount made payable to the State of West Virginia should be submitted with this report.

3--The interim closeout letter will provide instruction regarding use of program income.

NOTE: THIS SHEET MAY HAVE TO BE RE-SUBMITTED AS A RESULT OF A FINAL AUDIT.

**SCBG GRANT
FINAL PERFORMANCE REPORT
STATUS OF AUDIT**

1. Name of Grantee:	
2. Project Number:	3. Date:

4. AUDIT SUMMARY:

List costs audited to date which have been included in the State Auditor audit reports or contracted audits.
If all costs claimed have not been audited, please indicate the anticipated date the final audit will be available.

AUDIT PERIOD	DATE OF AUDIT REPORT (MANAGEMENT LETTER)	AMOUNT OF SCBG EXPENDITURES AUDITED	FINDINGS		FINDINGS RESOLVED*	
			YES	NO	YES	NO
TOTAL AMOUNT AUDITED						

5. AUDIT STATUS

- a. Total Expenditures _____
- b. Total Expenditures Audited _____
- c. Total Expenditures Not Audited _____
- d. Period Covered by Next Audit _____ to _____
- e. Expenditures Covered by Next Audit _____

REMARKS:

***If there are any findings that have not been resolved, please explain.**

NOTE: This sheet may have to be resubmitted after the final audit.

SCBG GRANT
 FINAL PERFORMANCE REPORT
GRANT ACCOMPLISHMENTS & IMPACT

1. Name of Grantee:	
2. Project Number:	3. Date:

ACTIVITY NUMBER	CENSUS TRACT	ACTIVITY	\$ AMOUNT BY NATIONAL OBJECTIVE			PROPOSED ACCOMPLISHMENTS	ACTUAL ACCOMPLISHMENTS	IMPACT OF ACTIVITY
			LOW/MOD	SLUMS BLIGHT	URGENT NEED			
4	5	6	7	8	9	10	11	12
			TOTAL	TOTAL	TOTAL			
			\$0.00					



SCBG GRANT
FINAL PERFORMANCE REPORT
PROGRAM BENEFIT

(1) Name of Grantee:
(2) Project Number:

ACTIVITY NUMBER	TOTAL AMOUNT BENEFITING LOW-AND-MODERATE INCOME PERSONS	NUMBER OF LOW AND MODERATE INCOME BENEFICIARIES	AMENDED PROJECTS	DESCRIPTION OF AMENDMENT
(3)	(4)	(5)	(6)	(7)

(8) METHOD OF DETERMINING BENEFIT:

SCBG GRANT
FINAL PERFORMANCE REPORT
DIRECT BENEFIT ACTIVITIES

APPLICANTS FOR AND RECIPIENTS OF SERVICES

1. Name of Grantee:

2. Project Number:

ACTIVITY NUMBER	NAME OF DIRECT BENEFIT ACTIVITY	TOTAL # OF DIRECT BENEFICIARIES	LOW AND MODERATE INCOME	LOW-INCOME	WHITE NOT HISPANIC ORIGIN	BLACK NOT HISPANIC ORIGIN	AMERICAN INDIAN OR ALASKAN NATIVE	HISPANIC	ASIAN OR PACIFIC ISLANDER	FEMALE-HEADED HOUSEHOLD
(3)	(4)	(5)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

REPORT ON THE LOWER PORTION OF THIS FORM, ALL RECIPIENTS OF BENEFITS UNDER THIS PROGRAM

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SCBG GRANT
FINAL PERFORMANCE REPORT
AREA WIDE BENEFIT OF
ACTUAL ACCOMPLISHMENTS

1. Name of Grantee:
2. Project Number:

3. Primary Activities	4. Census Area	5. Total Number of Beneficiaries	6. Number of Beneficiaries Per Reporting Category				
			White Not Hispanic	Black Not Hispanic	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native

7. Explanation if #6 does not equal #5.

SCBG GRANT
FINAL PERFORMANCE REPORT
HOUSING ASSISTANCE PERFORMANCE
NEW-CONSTRUCTION

1. NAME OF GRANTEE:
2. PROJECT NUMBER:

3. SMALL CITIES ASSISTED RE-CONSTRUCTION AND SUBSTANTIAL REHABILITATION					
PROJECT NUMBER	PROJECT NAME	CENSUS AREA	NUMBER OF UNITS	CONSTRUCTION STARTED	CONSTRUCTION COMPLETE
(A)	(B)	©	(D)	(E)	(F)

SCBG GRANT
FINAL PERFORMANCE REPORT
HOUSING OPPORTUNITIES

1. NAME OF GRANTEE:

2. PROJECT NUMBER:

3. ACTIONS TAKEN TO AFFIRMATIVELY FURHTER FAIR HOUSING (RESPONSE REQUIRED FROM ALL GRANTEES).

ACTION TAKEN:

RESULTS:

4. ACTIONS TAKEN TO INCREASE HOUSING OPPORTUNITITES FOR LOWER-INCOME HOUSEHOLDS.

(RESPONSE REQUIRED FOR ALL GRANTEES WITH HOUSING ACTIVITIES AS A PART OF THEIR PROJECT.)

**SCBG GRANT
FINAL PERFORMANCE REPORT
RELOCATION AND REAL PROPERTY ACQUISITION**

1. NAME OF GRANTEE:
2. PROJECT NUMBER:

PART A. PERSONS DISPLACED BY ACTIVITIES SUBJECT TO THE UNIFORM ACT	(a) TOTAL	(b) NO. OF OWNERS	(c) NO. OF TENANTS
3. HOUSEHOLDS (FAMILIES AND INDIVIDUALS):			
4. BUSINESSES AND NONPROFIT ORGANIZATIONS:			
5. FARMS:			

PART B. RELOACTION PAYMENTS AND EXPENSES UNDER THE UNIFORM ACT	(a) NO. OF CLAIMS	(b) AMOUNT PAID
6. PAYMENTS FOR MOVING <small>ACTUAL EXPENSES---SECTION 202(a))</small>		
7. EXPENSES FOR HOUSEHOLDS <small>FIXED PAYMENT INCLUDING DISLOCATION ALLOWANCE-- (SECTION 202(a))</small>		
8. PAYMENTS FOR MOVING EXPENSES FOR <small>ACTUAL EXPENSES---SECTION 202(a))</small>		
9. BUSINESS AND NON-PROFIT ORGANIZATIONS <small>PAYMENT IN LIEU OF ACTUAL EXPENSES--(SECTION 202(a))</small>		
10. PAYMENTS FOR MOVING EXPENSES <small>ACTUAL EXPENSES---SECTION 202(a))</small>		
11. FOR FARMS <small>PAYMENT IN LIEU OF ACTUAL EXPENSES--(SECTION 202(c))</small>		
12. REPLACEMENT HOUSING PAYMENTS FOR HOMEOWNERS--(SECTION 203 (a))		
13. RENTAL ASSISTANCE PAYMENT (TENANTS AND CERTAIN OTHERS)--(SECTION 204 (1))		
14. DOWNPAYMENT ASSISTANCE (TENANTS AND CERTAIN OTHERS)--(SECTION 204 (1))		
15. HOUSING ASSISTANCE AS LAST RESORT--(SECTION 206 (a))		
16. RELOCATION ADVISORY ASSISTANCE AND SERVICES COST--(SECTION 205)		
17. <i>TOTAL (SUM OF LINES 6 THROUGH 16)</i>		

PART C. DISPLACEMENT NOT SUBJECT TO THE UNIFORM ACT	(a) NO. OF CLAIMS	(b) AMOUNT PAID
18. MOVING AND RELATED EXPENSES		
19. REPLACEMENT HOUSING PAYMENTS (HOMEOWNER AND RENTAL)		

PART D. REAL PROPERTY ACQUISITION SUBJECT TO UNIFORM ACT	(a) NO. OF PARCELS	(b) COMPENSATION
20. <i>TOTAL PARCELS ACQUIRED</i>		

PART E. ADMINISTRATIVE RELOCATION APPEALS FILED UNDER UNIFORM ACT	TOTAL NO.
21. TOTAL NUMBER OF ADMINISTRATIVE RELOCATION APPEALS FILED IN CONNECTION WITH PROJECT	

NAME OF PERSON PREPARING THIS FORM AND DATE:	SIGNATURE OF APPROVING OFFICIAL AND DATE:
TITLE AND PHONE NUMBER:	TITLE:

SCBG GRANT
FINAL PERFORMANCE REPORT
REAL PROPERTY INVENTORY

GRANTEE NAME	
PROJECT NAME	
PROJECT NUMBER	

INVENTORY OF PROPERTY ACQUISITION	TOTAL PARCELS	TOTAL CDBG FUNDS
PROJECT DESCRIPTION AND PURPOSE OF ACQUISITIONS	10	\$15,000

LIST EACH PARCEL ACQUIRED WITH CDBG FUNDS AND SUBJECT TO THE URA AS REPORTED ON PREVIOUS PAGE. DO NOT INCLUDE PERMANENT EASEMENTS.

PROPERTY ADDRESS	FORMER OWNER	ACQUIRED BY	DATE ACQUIRED	SIZE Area/Acres	CDBG FUNDS	INTENDED USE	VACANT LAND	STRUCTURE	TOTAL PER ADDRESS ALL FUNDS
							Yes/No	Yes/No	
Ex: 123 Court Street, Lot 10, Map 1 County/Municipality	Mr. Court	Grant County	4/1/2014	3,000	\$15,000	Tank Site	Yes	No	\$20,000
TOTALS					\$15,000				\$20,000

NAME OF PERSON PREPARING THIS FORM:		Date:
EMAIL		
PHONE		

