

Instructions for Completing Grant Closeout Forms 10-1 thru 10-5

Form 10-1 Instructions

Grant Closeout Transmittal Form

Recipient Name: Enter complete name of recipient

Project #: The project number assigned by the Office of Community Renewal.
Recipient must submit a separate form for each project.

Grant Closeout Packet: For each item listed put an x on attached, N/A, previously submitted or to be submitted.

If no cost were incurred after the completion date of project, have the Chief Elected Official sign.

Form10-2 Instructions

Release Form

Self-explanatory

Recipients are releasing all liabilities for the Office of Community Renewal.

The Chief Elected Official must sign and date the form in front of a witness who must also sign the form.

Form 10-3 Instructions

Request for Certificate of Completion Form

Recipient Name: Self- explanatory

Project#: The project number assigned by the Office of Community Renewal (OCR).

Amount of Grant to be Reallocated: The remaining balance of the grant that the OCR can reallocate.

Please check one of the following: Check the appropriate box to identify the status of the single audit, provide the due date of an outstanding audit and the name and contact information of the auditor.

A. Final State of CDBG Expenditures

Program Budget (b): Enter the total amount of funds awarded for each program activity.

Expenditures (c): Enter the total amount of funds expended for each program activity.

Balance (d): Enter the balance of funds remaining (b-c) for each program activity.

To Be Completed by the Office of Community Renewal – Leave Blank

B. Program Income

(Program Income: income generated by the use of NYS CDBG funds such as, but not limited to sales, lease, rental proceeds of property acquired with/improved by NYS CDBG funds; principal and interest payments on loans made from NYS CDBG funds; proceeds from sale of NYS CDBG loans or other obligations; interest earned on funds in a revolving loan fund account or on program income pending reuse; special assessments collected from non-LMI households to cover part of the NYS CDBG portion of a public improvement; income paid to a unit of local government or “subrecipient” from the ownership interest in a for-profit, that was acquired in exchange for NYS CDBG assistance; and other types of income not specifically mentioned.)

Complete the required information

Enter any income generated as a result of the grant being closed out.

Enter the total amount of income generated from all NYS CDBG funded projects.

Enter the project numbers for all NYS CDBG projects that generated income

C. Certification of Recipient

The Chief Elected Official must sign and date the certification.

Form 10-4 Instructions

Real Property Register Form

Property Description: Describe the property conditions

Serial/ID # - Provide the local identification number for the property.

Source of Property - Provide the name of the person or company from whom the property was acquired.

Who Holds the Title: The name of the person (s) or organization the title is under.

Acquisition Date: Date the property was purchased.

Purchase Order/check #: Self- explanatory

Cost per Unit:

Total Cost:

% of CDBG Participation:

Source(s) of funds: Who is funding this project.

Location: Address of Property

Use: what the property will be used for.

Condition: What condition was the property in when purchased?

Disposition Date: The date the property was sold.

Sale Price: Price property was sold at.

Description: Conditions the property was in when sold.

Form 10-5 Instructions

Contract Reporting Form

The Office of Community Renewal requires a list of Contractor and Sub-contractors use in each project.

Recipient Name: Self- explanatory

Project#: The project number assigned by the Office of Community Renewal

Date Submitted: Date this form is given

Date of Contract: When the contract when into effect with contractor or subcontractors.

Amount of Contract: Amount on Contract between the recipient and contractor or subcontractors

Type of Trade: What kind of Business (list in bottom of the form)

Contract ID# (d) - Enter the Federal Tax ID number for the contractor.

Subcontract ID# (e) - Enter the Federal Tax ID number for the subcontractor

Local Owned Business: Yes or No

Minority Women Owned Business: MBE or WBE

Contractor/Sub-contractor Name and Address: Self- explanatory