

CDBG Closeout Report:

Prince William County Office of Housing and Community Development
15941 Donald Curtis Drive, Suite 112, Woodbridge, VA 22191
703-792-7530 703-792-7393 fax 703-792-4364 TTY

Organization:	Contact:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Project Title:	Phone:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date:	Email:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2009 HUD Income Limits for the DC-VA-MD HUD Metro FMR Area								
	1 person	2 persons	3 person	4 person	5 person	6 person	7 person	8 person
Extremely Low (0-30%)	\$21,550	\$24,650	\$27,700	\$30,800	\$33,250	\$35,750	\$38,200	\$40,650
Low (31-50%)	\$35,950	\$41,100	\$46,200	\$51,350	\$55,450	\$59,550	\$63,650	\$67,800
Moderate (51-80%)	\$44,800	\$51,200	\$57,600	\$6,400	\$69,100	\$74,250	\$79,350	\$84,500

Income-Level Data-Report Housing Activities By Households & Services Activities by Persons		
Income-Levels (use head of household)		Total # served year to date
Extremely Low Income (< 30% of median income)		
Low Income (30% - 50% of median income)		
Moderate Income (50% - 80% of median income)		
Non-LMI (> 80% of median income)		
*TOTALS:		0
Female Heads of Household		

**Totals should match the Racial/Ethnic Data Table totals*

Racial/Ethnic Data-Report Housing Activities By Households & Services Activities by Persons				
Race (use head of household)	Non-Hispanic	Hispanic	Total # Year	
White			0	
Black/African American			0	
Asian			0	
American Indian/Alaskan Native			0	
Native Hawaiian/Other Pacific Islander			0	
American Indian/Alaskan Native & White			0	
Asian & White			0	
Black/African American & White			0	
American Indian/Alaskan Native & Black/African American			0	
Other Multi-Racial			0	
*TOTALS:	0	0	0	

**Totals should match the Income Data Table Totals Above*

NOTE: THE TOTAL NUMBER OF HISPANIC PERSONS/HOUSEHOLDS SERVED SHOULD BE IN ADDITION TO, NOT A SUBSTITUTE FOR, RACE. Provide total number of Hispanic clients serviced by race category as determined by client.

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Program Funding Sources Expended

Source		Total amount year to date
Community Development Block Grant (CDBG)		
Other Federal Funds		
State and/or Local Funds		
Private Funds		
Other Funds		
TOTALS:		\$ -

Specific Indicators for Rental- Report Housing Activities By Households

Unit Characteristics		Total year to date
Total Number of Units*		
Number affordable		
Number accessible		
Number qualified as Energy Star		
Number converted from nonresidential to residential		
Number taken from substandard to standard condition (HQS)		
Number brought into compliance with lead safe housing rule		
Affordable Rental Unit Characteristics		Total year to date
Number occupied by elderly		
Number subsidized with project-based rental assistance		
Number of years of affordability		
Number designated for persons with disabilities		
Number designated for persons with HIV/AIDS		
Number of units for transitional housing for homeless		
Number of permanent units for homeless persons/families		
Number of units for chronically homeless		

**Totals should match the Racial/Ethnic Data Table AND Income Data Table totals*

Performance Accomplishments Narrative

Indicate the location, activity, status and specific accomplishments of your project. This information is needed in connection with the County's preparation of the Annual Performance Report.

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Financial Report

	CDBG Funds	Subrecipient Funds
Amount Budgeted	<input type="text"/>	<input type="text"/>
Program Income Year-To-Date	<input type="text"/>	
Gross Disbursements Year-To-Date	<input type="text"/>	<input type="text"/>
Reimbursements From OHCD Year-To-Date	<input type="text"/>	
Total Request (Un-reimbursed Balance)	\$0.00	
<i>Attach copies of all invoices/vouchers to verify expenditures for this reimbursement request.</i>		

I certify the information contained in this report is accurate and the program is operating according to the terms, guidelines and requirements set forth in the Subrecipient Agreement.

Name and Title of Authorized Representative

Signature

Date

Type Name and Title of Executive Director/Chief Financial Officer

Signature

Date

Prince William County Office of Housing and Community Development
Dr. A. J. Ferlazzo Building
15941 Donald Curtis Drive, Suite 112
Woodbridge, VA 22191-4217
(703) 792-7532
Fax: (703) 792-7393
E-mail: blake@pwcgov.org

SUBRECIPIENT PAYMENT REQUEST
Community Development Block Grant

Sub-Recipient is to complete Parts A, B and C only

PART A. IDENTIFYING INFORMATION

Type of Organization

Non-Profit
 County Agency
 Other (includes governmental entities)

Sub-Recipient Name: _____

Sub-Recipient Number: _____

Request #: _____

	CDBG Funds	Subrecipient Funds
Amount Budgeted	\$ _____	\$ _____
Program Income Year-To-Date	\$ _____	
Gross Disbursements Year-To-Date	\$ _____	\$ _____
Reimbursement Drawdowns From OHCD Year-To-Date	\$ _____	
Total Request (un-reimbursed Balance)	\$ _____	

ATTACH COPIES OF ALL INVOICES/VOUCHER TO VERIFY EXPENDITURES FOR THIS REIMBURSEMENT REQUEST

Reimbursement Expenditures From: _____ To: _____

PART B. CERTIFICATION

As authorized by, and on behalf of the above named Subrecipient, I hereby request payment of funds in the above stated amount. These funds are requested in accordance with the purposes, intended uses and schedule, per our Agreement. I further certify that the appropriate program and financial records have been generated and kept in support of this request.

 Typed Name and Title of Authorized Representative

 Signature

 Date

PART C. PAYMENT DATA (Not to be completed by County Agencies)

Make Check Payable To: _____

and Send To: _____

(Address) _____

_____ City State Zip

FOR OFFICIAL OHCD USE ONLY

PART D. CDBG CATEGORY

Non-Competitive Funding Projects

- Comprehensive Housing Counseling County – Cooperative Extension
- Dawson Beach Transitional Housing Property Management
- Dawson Beach Case Management Services
- Dawson Beach Child Care / Tuition Assistance
- Dawson Beach ESG
- Dawson Beach Community Center Renovations – CDBG-R
- ESG – Nonprofit & DSS
- HPRP – DSS

Competitive Funding Projects

- Non-Profit & Governmental Community and Housing Development Projects

Cooperative Agreements

- City of Manassas
- City of Manassas Park

PART D. FOR FINANCIAL MANAGEMENT

Amount of this Request: \$ _____
Approved by CPD Manager: _____ Date: _____
OCA: _____ Sub-Object Code: _____
Balance of Award/Contract: \$ _____
Concur: OHCD Director: _____ Date: _____
Comments: _____

Copy: Subrecipient Case File
Original: Financial Management

CDBG Quarterly Activity Report:

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Date: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>
Reporting Period: <input style="width: 95%;" type="text"/>	

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Income-Level Data-Report Housing Activities By Households & Services Activities by Persons		
Income-Levels (use head of household)	Total # served this quarter	Total # served year to date
Extremely Low Income (< 30% of median income)	0	0
Low Income (30% - 50% of median income)	0	0
Moderate Income (50% - 80% of median income)	0	0
Non-LMI (> 80% of median income)	0	0
*TOTALS:	0	0
Female Heads of Household	0	0

**Totals should match the Racial/Ethnic Data Table totals*

Racial/Ethnic Data-Report Housing Activities By Households & Services Activities by Persons				
Race (use head of household)	Non-Hispanic	Hispanic	Total # quarter	Total # to date
White	0	0	0	0
Black/African American	0	0	0	0
Asian	0	0	0	0
American Indian/Alaskan Native	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0
Asian & White	0	0	0	0
Black/African American & White	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0
Other Multi-Racial	0	0	0	0
*TOTALS:	0	0	0	0

**Totals should match the Income Data Table Totals Above*

NOTE: THE TOTAL NUMBER OF HISPANIC PERSONS/HOUSEHOLDS SERVED SHOULD BE IN ADDITION TO, NOT A SUBSTITUTE FOR, RACE. Provide total number of Hispanic clients serviced by race category as determined by client.

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**Totals should match the Racial/Ethnic Data Table AND Income Data Table totals*

Accomplishments Narrative

Describe this quarter's qualitative accomplishments associated with your CDBG activity; this can include news articles, case studies or other relevant information.

Problem Narrative

Please describe any problem areas associated with your CDBG activity.

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Implementation Narrative

Please state if project is following implementation schedule contained in Agreement. If not, explain and attach revised implementation schedule.

[Empty light blue box for Implementation Narrative]

Proposed Change to Project/Budget Narrative

Please state proposed changes to project description or budget. Attach additional page if necessary.

[Empty light blue box for Proposed Change to Project/Budget Narrative]

I certify the information contained in this report is accurate and the program is operating according to the terms, guidelines and requirements set forth in the Subrecipient Agreement.

Type Name and Title of Authorized Representative

Signature

Date