

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

(Revised 10/2012)

Instructions

Closeout forms must be submitted to the Department of Economic Opportunity (DEO), Florida Small Cities CDBG or Disaster Recovery Program, within 45 days after the contract termination or expiration date. Please note the following important instructions:

- Closeouts can only be submitted after all amendments have been executed and all requests for funds submitted. The Department will not process a request for funds or amendment that is submitted with a closeout.
 - A final request for funds must be submitted prior to submission of the closeout since funds not requested will be deobligated at closeout.
 - Any amendment that is necessary for final reconciliation of the grant funds must be executed prior to the submission of the closeout.
- All grant recipients must complete Section I.
- Commercial Revitalization, Disaster Recovery (if infrastructure or public facility projects were carried out) or Neighborhood Revitalization grant recipients must complete Section II.
- Recipients of Commercial Revitalization or Economic Development grants must complete Section III.
- Housing and Disaster Recovery (if housing activities were carried out) grant recipients must complete Section IV.
- All grant recipients must complete the Beneficiary Data form and the Status of Accomplishments and Expenditures form.
- The Closeout Approval form 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. Click on the appropriate check box to put an "X" for "Yes, No or N/A" questions.

Section I. Contract Information

Contract Number: 10DB-K4-11-54-01-K25		Beginning Date: JUNE 13, 2010	Ending Date: DEC. 13, 2012	Local Government's DUNS Number: 829978514	
Recipient: Nassau County Board of County Commissioners		Local Contact: Scott Herring		Phone Number: 904-491-7330	
1. Indicate how the project was carried out (administration and construction):		Recipient Employees <input type="checkbox"/>	Contractors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>	
2. Indicate how beneficiary data was collected:		Census <input checked="" type="checkbox"/>	Survey <input type="checkbox"/>	Income Verification Form (for Housing or ED) <input type="checkbox"/>	
3. Enter the Census Tract(s) and/or Block Group(s) for service area(s):		Census Tract(s)		Block Group(s)	
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 checked="" type="checkbox"/>
5. Is a Property Management Register included?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. If an infrastructure project, is an engineering certification included?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is the project located in a Historic District?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Is the project located in a Presidentially Declared Disaster Area?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Is the project a Brownfield Activity?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. Did the local government provide the assistance (to the beneficiaries) in the form of a loan or a grant?		Grant <input checked="" type="checkbox"/>	Loan <input type="checkbox"/>	Deferred, forgivable loan <input type="checkbox"/>	
11. If a loan, indicate:	Interest Rate: N/A %	Monthly Loan Amount: \$ N/A	Amortization Period in Months: N/A		
12. List all other funds, along with the source, used to support the activities funded with this grant:					
	Source		Amount		
Local Funds (i.e., General Revenue)	Town of Hilliard, Town of Callahan		\$40,000, \$25,000		
Grant(s)	N/A		\$N/A		
Private Funds (i.e., Participating Party, etc.)	N/A		\$N/A		
Loan(s)	N/A		\$N/A		
Other, including Program Income (Specify) N/A	N/A		\$N/A		
13. Will the project result in program income? <i>Program income earned as a result of Small Cities CDBG and Disaster Recovery grants, 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 checked="" type="checkbox"/>
• If program income has already resulted, indicate amount:				\$N/A	
• Indicate amount of program income that has been expended to date:				\$N/A	
14. Does the local government have CDBG funds on hand? If yes, you cannot close the contract.				Yes <input type="checkbox"/>	If yes: \$ N/A
				No <input checked="" type="checkbox"/>	

15. Has a final Request for Funds been submitted? If not, you cannot close the contract.

Yes

No

Section II. Public Services, Public Facility and Infrastructure

(To be completed by Commercial Revitalization, Disaster Recovery and Neighborhood Revitalization grant recipients. If water/sewer hookups were provided, please complete Section IV.)

1. Service (Housing Counseling, etc.)	
a. Number of persons with new access to this service or benefit	N/A
b. Number of persons with improved access to this service or benefit	N/A
c. Number of persons now receiving a service or benefit that is no longer substandard	N/A
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	2766
b. Number of persons with improved access to this type if public facility or infrastructure improvement	2766
c. Number of persons served by public facility or infrastructure that is no longer substandard	2766

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	N/A				
*Number of businesses assisted that provide goods or services to meet the needs of a service area, a neighborhood, or a community	N/A				
*Number of businesses assisted	N/A				
Number of new businesses assisted	N/A				
Number of existing businesses assisted	N/A				
Number of existing businesses expanding	N/A				
Number of existing businesses relocating	N/A				
Number of full-time positions created	N/A				
Number of full-time positions retained	N/A				
Number of full-time low/mod positions created	N/A				
Number of full-time low/mod positions retained	N/A				
Number unemployed prior to taking jobs created by this activity	N/A				
Number of retained jobs with employer-sponsored health care benefits	N/A				
Number of jobs created with employer-sponsored health care benefits	N/A				
Enter in the spaces below the number of jobs created by type:					
Officials and Managers	N/A	Sales	N/A	Operatives (semi-skilled)	N/A
Professional	N/A	Technicians	N/A	(unskilled) Service workers	N/A
Office and Clerical	N/A	Craft workers (skilled)	N/A	Laborers	N/A
*For each business assisted, enter the business name and DUNS #:					
Business N/A			DUNS # N/A		
Business N/A			DUNS # N/A		
Business N/A			DUNS # N/A		
Business N/A			DUNS # N/A		
Business N/A			DUNS # N/A		
Business N/A			DUNS # N/A		

Please note that Commercial Revitalization projects which consist of activities other than façade improvements (i.e., sidewalks, street paving, etc.) provide a benefit to businesses. Therefore, the number of business assisted must be reported. A DUNS number is required for each.

Section IV. Housing

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

Number of single family houses rehabilitated	N/A	
Number of single family rental houses addressed	N/A	
Number of single family home-owner houses address	N/A	
Number of single family one-for-one replacements	N/A	
Number of multi-family properties addressed	N/A	
Number of units within the multi-family properties	N/A	
Number of permanent displacements/relocations	N/A	
Number of units occupied by the elderly	N/A	
Number of units with female head of household	N/A	
Number of units made handicapped accessible	N/A	
Number of units qualified as "energy star"	N/A	
Number of units brought into compliance with lead safety requirements	N/A	
If applicable, number of beds created in overnight shelter or emergency housing	N/A	
Did the activity involve rental housing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did the project include:		
• Installing security devices	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Installing smoke detectors	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Performing emergency housing repairs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Providing supplies and equipment for painting houses	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Operating a Tool Lending Library	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Mitigation to prevent future damages (strengthened roof, doors, windows, elevations, etc.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

The form on the next page relates to housing units addressed, including those that were provided water/sewer hookups. **Please note that beneficiaries of housing units are measured in households (HH), not the number of people living with the household. Race and ethnicity also applies to the head of households (HH).**

Name of Owner Last name, first initial.	Name of Occupant Last name, first initial.	Street Address (street, city and zip) <i>(If replacement, new address.)</i>	Rental (R) or Owner Occupied (O)	Race (Head of House- hold)	Hispanic Ethnicity (Y or N)	Indicate VLI or LMI	Female Head of Household (Y or N)	Elderly (Y or N)	Disabled (Y or N)	Total Cost of Rehab or Replacement	Total CDBG Funds Invested	Date Completed	Rehab or Replace- ment (RH or RP)	# Bedrooms
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$N/A	\$N/A	N/A	N/A	N/A
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			

W = White
AA = African American
A = Asian
AI, AN = American Indian or Alaskan Native
NHP = 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
O = Other Multi-racial

Section V. STATUS OF ACCOMPLISHMENTS AND EXPENDITURES (Use additional pages if necessary)

National Objective 1-L/M 2-Urgent Need 3-Slum & Blight	(A) Activity #	(B) Activity Name	(C) IDIS # (for Small Cities CDBG)	(D) CDBG Accomplishments		(E) Current Approved CDBG Budget	(F) CDBG Funds Received To Date	(G) Other Leverage Funds Expended	
			DEO Use Only	Contracted	To Date				
2	03J	Pump/Lift Station		1 Unit	1 Unit	\$35,533	\$35,533	\$25,000	
	21A	Administration		N/A	N/A	\$8,753.33	\$7845.71	\$N/A	
	21B	Engineering		N/A	N/A	\$14,066.88	\$14066.88	\$N/A	
2	03I	Flood and Drainage		5069 LF	5069 LF	\$505,310.34	\$505,310.34	\$N/A	
2	03J	Sewer Line Replacement		3000	3000	\$106,470	\$106,470	\$40,000	
						\$	\$	\$	
						\$	\$	\$	
	TOTALS						\$	\$	
J. Total CDBG Approved Budget:		Total of Column (E)					\$670,133.55		
K. Total CDBG Funds Received To Date:		Total of Column (F)					\$669,225.92		
L. Refund Due to DEO:		If Line (K) is greater than Line (J) indicate the difference					\$		
M. Amount to be Deobligated:		If Line (K) is less than Line (J) indicate the difference					\$907.62		

Section VI. BENEFICIARY DATA - Do not enter Administration or Engineering. Beneficiaries of housing units are measured in households (HH), not number of people living in household.

			Activity # 03J	Activity # 03I	Activity # 03J	Activity #	Activity #	Activity #				
Total Beneficiaries Proposed			109	2382	275							
Total Beneficiaries Actual			109	2382	275							
LMI Beneficiaries Proposed			109	1932	275							
LMI Beneficiaries Actual			109	1932	275							
VLI Beneficiaries Proposed			0	450	0							
VLI Beneficiaries Actual			0	450	0							
Female												
Disabled												
Female Head of HH												
Elderly												
RACE	For Housing Grants Only- Enter Summary Information from Page 6		Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic 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/Alaskan Native and African American												
Other Multi-racial												

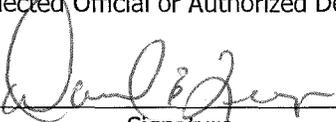
Section VII. PROPERTY MANAGEMENT REGISTER
ATTACHMENT A (IF REQUIRED)

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

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 J of the STATUS OF ACCOMPLISHMENTS AND EXPENDITURES form 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
Daniel B. Leeper

Name and Title
Chairman

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	DEO Finance and Accounting Section
_____ Name and Title	_____ Name and Title
_____ Date	_____ Date



Nassau County Engineering Services
96161 Nassau Place
Yulee, Florida 32097

J. Scott Herring, P.E.
Public Works Director

March 20, 2013

Mr. Adriane Burgess
Florida Department of Economic Opportunity (DEO)
107 E. Madison Street
MSC 400
Tallahassee, Florida 32399

RE: Florida Disaster Recovery CDBG Grant #10DB-K4-11-54-01-K25 - Closeout Report Transmittal Letter

Dear Mr. Burgess:

Nassau County has fully executed the administration of the Community Development Block Grant (CDBG) and is requesting closeout of the contract. All funds were expended except a few in administration which will no longer be obligated. All projects are complete and all required conditions have been met to close out the contract.

The attached closeout documents (three originals) have been signed by our Chairman and require your approval. The Contract was modified three times for the transfer of funds and to extend the expiration of the grant. We have requested a time extension for the closeout to allow for Board approval and authorized signatures.

Please contact me at (904) 491-7330 should you have any questions.

Sincerely,

Shane Whittier, P.E.
Engineer II

Attachments

CC: J. Scott Herring, P.E., Public Works Director
Carol Gilchrist, Grants Specialist



Nassau County Engineering Services
96161 Nassau Place
Yulee, Florida 32097

J. Scott Herring, P.E.
Public Works Director

March 20, 2013

Mr. Adriane Burgess
Florida Department of Economic Opportunity (DEO)
107 E. Madison Street
MSC 400
Tallahassee, Florida 32399

**RE: Florida Disaster Recovery CDBG Grant #10DB-K4-11-54-01-K25 - Closeout Report
Transmittal Letter**

Dear Mr. Burgess:

Nassau County has fully executed the administration of the Community Development Block Grant (CDBG) and is requesting closeout of the contract. All funds were expended except a few in administration which will no longer be obligated. All projects are complete and all required conditions have been met to close out the contract.

The attached closeout documents (three originals) have been signed by our Chairman and require your approval. The Contract was modified three times for the transfer of funds and to extend the expiration of the grant. We have requested a time extension for the closeout to allow for Board approval and authorized signatures.

Please contact me at (904) 491-7330 should you have any questions.

Sincerely,

Shane Whittier, P.E.
Engineer II

Attachments

CC: J. Scott Herring, P.E., Public Works Director
Carol Gilchrist, Grants Specialist