C5-12-/57 Original C5-11-115 Revised 2/2012

# Section I. Contract Information

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Contract Number:12DB-P5-04-55- 01-K 53	Beginning Date: 12/15/2012				Local Government's DUNS Number: 829978514				
Recipient: Nassau County Board of County Commissoiners	Local Contact: Sh	ocal Contact: Shane Whittier				04-491-			
<ol> <li>Indicate how the project was carried and construction):</li> </ol>		Grantee	Employees		Contractors	$\boxtimes$			
2. Indicate how beneficiary data was c	ollected:				Census 🛛	Survey			
<ol><li>Enter the Census Tract(s) and/or Blo area(s):</li></ol>	ock Group(s   ) for	service	Census Tra 050501	act(s)	Block Grou	p(s) 5			
<ol> <li>If location of activities has changed was not previously submitted, is a m</li> </ol>		was made,	and a revis	ed map	Yes 🗌	No 🛛			
5. Is a Property Management Register		,	,	9944 - 979, 9944 - 479 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 11	Yes 🗌	No 🛛			
6. If an infrastructure project, is an eng	gineering certification i	ncluded?			Yes 🛛	No 🗌			
7. Is the project located in a Historic D	istrict?				Yes 🗌	No 🛛			
8. Is the project located in a Presidenti	ally Declared Disaster	Area?			Yes 🛛	No 🗌			
9. Is the project a Brownfield Activity?					Yes 🗌	No 🛛			
10. Did the local government provide the the beneficiaries) in the form of a lo	÷ 1	nt 🛛	Loan 🗌	Defe	erred, forgiva	ible Ioan			
11. If a loan,Interest Rateindicate:% N/A	Monthly Loan Am \$ N/A				in Months	N/A			
12. List all other funds, along with the se	ource, used to support		ies funded v	with this	grant: Amount				
Local Funda (i.a., Conoral Povenua)	Town of Hilliard	Source Town of Hilliard							
Local Funds (i.e., General Revenue)					\$52,870.92				
Grant(s)									
Private Funds (i.e., Participating Party, etc.)					\$				
Loan(s)		11 11 11 11 11 11 11 11 11 11 11 11 11			\$				
Other, including Program Income (Specify)					\$				
13. Will the project result in program inc Cities CDBG and Disaster Recovery returned to DEO. Make check payar CDBG Program and include it with to	Yes 🗌	No 🖂							
If program income has already r					\$N/A				
Indicate amount of program inco Deep the local deverpment have CPI	ome that has been exp RC Funds on band? If	pended to d	late:	Ifvor	\$N/A	No 🛛			
15. Does the local government have CDI the contract.				If yes: \$					
16. Has a final Request for Funds been	Yes 🛛	No 🗌							

## Section II. Public Services, Public Facility and Infrastructure

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

L. Ser	vice (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
	plic Facility or Infrastructure Improvement (i.e., Water and Sewer Facilities, Drainage, S g)	treet
2 <b>. Pul</b> Pavin a.	g)	<b>treet</b> 2657
Pavin	g) Number of persons with new access to this type of public facility or infrastructure improvement	

## Section III. Commercial Revitalization and Economic Development (N/A)

### \*Recipients of Commercial Revitalization grants should only respond to items with an asterisk (\*).

*Recipients of Commercial Revitalization grants should only respond to items with an astern *Number of businesses assisted with commercial facade treatment								
*Number of businesses assisted that provide goods or services to meet the needs of a service area, a neighborhood, or a community								
*Number of businesses assisted								
Number of new businesses assisted								
Number of existing businesses assisted								
Number of existing businesses expanding								
Number of existing busines	ses relocatir	ng			N/A			
Number of full-time position	ns created				N/A			
Number of full-time position	ns retained				N/A			
Number of full-time low/mo	od positions	created	,,,,,, d. J. m. d		N/A			
Number of full-time low/mo	od positions	retained			N/A			
Number unemployed prior	to taking job	s created by this acti	ivity		N/A			
Number of retained jobs wi	ith employer	-sponsored health ca	re benefits		   N/A			
Number of jobs created wit	th employer-	sponsored health car	e benefits		N/A			
Enter in the spaces belo	w the num	ber 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 assis	sted, enter		e and DUN	IS #:				
Business N/A	•			DUNS # N/A				
Business N/A		DUNS # N/A						
Business N/A	<u> </u>	DUNS # N/A						
Business N/A				DUNS # 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 (N/A)

(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	All
Number of single family rental houses addressed	N/A	
Number of single family home-owner houses address	N/A	Warene 2000 2000 2000 2000 2000 2000 2000 2
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	anna an
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	0998.0991
Did the activity involve rental housing?	Yes	No X
Did the project include:		
Installing security devices	Yes	No X
Installing smoke detectors	Yes	No X
Performing emergency housing repairs	Yes	No Ø
Providing supplies and equipment for painting houses	Yes	No X
Operating a Tool Lending Library	Yes	No X
<ul> <li>Mitigation to prevent future damages (strengthened roof, doors, windows, elevations, etc.)</li> <li>The form on the next page relates to housing units addressed, including those that were</li> </ul>	Yes	No X

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	Name of	Street Address	Rental	Race	Hispanic	Indicate	Female	Elderly	Disabled	Total Cost	Total	Date	Rehab	#
Owner	Occupant	(street, city and zip)	(R)	(Head	Ethnicity	VLI or	Head of	(Y or	(Y or N)		CDBG	Completed	or	Bedrooms
Lactinamo	last name	(If replacement, new address.)	or	of House-	(Y or N)	LMI)	Household	N)		Replacement			Replace-	
Last name, first initial.	Last name, first initial.	auuress.)	Owner Occupied				(Y or N)				Invested		ment (RH or	
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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

National Objective 1-L/M 2-Urgent Need 3-Slum &	(A) Activity #	(B) Activity Name	(C) IDIS # (for Small Cities CDBG)	(D) CDBG Accomplishments		(E) Current Approved CDBG Budget	(F) CDBG Fu Received Date		(G) Other Leverage Funds Expended		
Blight			DEO Use Only	Contracted	To Date						
2	21A	Administration		N/A	N/A	\$3,008.90	\$2,362.09		\$0		
2	21B	Engineering		N/A	N/A	\$7,855.05	\$7,455.26		\$7,455.26 \$0		\$0
2	031	Thomas Creek De-snag, Flood & Drainage		1538LF	2076LF	\$195,954.15	\$195,954.15		\$195,954.15 \$		\$0
2	03J	Sewer Line Replacement (later amended to Manhole repair)		1 Unit	1 Unit	\$44,707.58	\$44,707.58		\$52,870.92		
2	03J	Water Line Replacement (canceled)				\$	\$		\$		
			-			\$	\$		\$		
						·\$	\$		\$		
	TOTALS	I				\$251,525.68	\$250,479.	08	\$52,870.92		
	J. Total CDBG Approved Budget: K. Total CDBG Funds Received To Date:			Total of Column (E)							
				Total of Column (F)							
	L. Refundifference	id Due to DEO: ce	If Line	the	\$250,479.08 \$0.00						
	M. Amor differenc	unt to be Deobligated: ce	If Line	e (E) is less the	an Line (F	) indicate the		\$1,046.60			

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

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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			0		2382		275							
LMI Beneficiaries Propose	ed		109		1932		275							
LMI Beneficiaries Actual		······	0		1932		275			··				
VLI Beneficiaries Propose	d		0		450		0							
VLI Beneficiaries Actual		•	0		450		0							
Female	· .		N/A		N/A	<del></del>	N/A							
Disabled			N/A		N/A		N/A				1			
Female Head of HH			N/A		N/A		N/A							
Elderly		··· •·	N/A		N/A		N/A							
RACE	Only- Ente Informat	ng Grants r Summary ion from ge 6 # Renter Occupied	Total	# of Hispanic Ethnicity										
White	N/A	N/A	116	N/A	N/A	N/A	N/A	N/A						
African American	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
Asian	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
American Indian or Alaskan Native	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
Native Hawaiian Pacific Islander	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
American Indian or Alaskan Native and White	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
Asian and White	N/A	N/A	0	Ň/A	N/A	N/A	N/A	N/A		I		1		
African American and White	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
American Indian/Alas- kan Native and African American	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A						
Other Multi-racial	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A		1				

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

Recipient	nan ang kang sang sa	Contract End Date							
Contract Number	· · · · · · · · · · · · · · · · · · ·	Local Contact							
<u>, , , , , , , , , , , , , , , , , , , </u>	1	2	3	4	5				
Description of Property or Type of Equipment									
Identification Number					· · · · · · · · · · · · · · · · · · ·				
Date of Purchase or Acquisition									
Total Cost of Property	\$	\$	\$	\$	\$				
CDBG Cost	\$	\$	\$	 \$	\$				
CDBG % of Total Cost									
Physical Location									
Condition (New or Used)									
Residual Value	\$	\$	\$	\$	\$				
Disposition Date									
Disposition Amount	\$	\$	\$	\$	\$				
Method of Disposition									

#### 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

Barry V. Holloway, Chairman

Name and Title

February 19, 2014

Date

For DEO use only:	
Approval of this Closeout Package authorizes the deobligation of unexpended CDBG contract funds in the amount of $\frac{1046}{20}$ .	
Division of Community Development DEO Finance and Accounting Section DEO Finance and Accounting Section Name and Title <u>4-4-14</u> Date DEO Finance and Accounting Section Name and Title <u>3/31/14</u> Date	