



City of Albany

Community Development Block Grant

Subrecipient Handbook

Welcome to the City of Albany's Community Development Block Grant (CDBG) program. We appreciate the important community services provided by CDBG-funded Public Service agencies. The City of Albany has prepared this guidebook to help CDBG subrecipient agencies understand the requirements that apply to the use of federal funds for the delivery of CDBG programs and activities.

As a subrecipient, you are agreeing not only to provide specified services, but also to comply with the CDBG program requirements and responsibilities established by the U.S. Department of Housing and Urban Development (HUD) and the City of Albany.

The Subrecipient Agreement will contain a comprehensive statement of goals and objectives of the funded program, specific requirements based upon types of expenditures, and a list of the services to be provided. The agreement specifies the reports and documentation required for verification of compliance. This manual is meant to assist your agency in complying with the provisions of the agreement, but does not replace the provisions outlined in the agreement.

The principles presented in this manual are fundamental. They are not intended to replace acceptable existing procedures used by your agency. They represent the minimum level of procedures that must be the foundation of your accounting, internal control, and financial reporting systems as required by federal regulations and City policies.

SECTION 1: PROGRAM REGULATIONS

CDBG Regulations: The basic program regulations governing management and financial systems for the CDBG program are in 24 CFR Part 570, Subparts J and K. The regulations address the CDBG program itself and other federal laws or policies relevant to the CDBG program (e.g. National Environmental Policy Act, Americans with Disabilities Act, Davis-Bacon Act, etc.). For more information on CDBG programs and HUD regulations, please visit www.hud.gov/cdbg.

- a. Subpart J covers the general responsibilities for grant administration, including uniform administrative requirements, provisions of subrecipient agreements, program income, use of real property, record-keeping and reporting, and closeout procedures.
- b. Subpart K deals with other CDBG program requirements including civil rights; labor standards; environmental standards; flood insurance; relocation; displacement; acquisition; employment and contracting opportunities; lead-based paint; use of debarred, suspended or ineligible contractors; uniform administrative requirements and cost principles; conflicts of interest; and the Americans With Disabilities Act.

General Federal Requirements. There are three other categories of requirements that affect the administrative systems and procedures that subrecipients must have in place in order to receive support:

- a. Federal regulations governing administrative and audit requirements for grants and cooperative agreements (governmental subrecipients) for which HUD has oversight responsibilities;
- b. Administrative Super Circular from the Office of Management and Budget (OMB) and Department of the Treasury governing cost principles, administrative systems, fiscal procedures and audit requirements for public and private grantees and subrecipients;
- c. Executive Orders from the Office of the President implementing various equal employment opportunity and environmental policies, when applicable.

The City will do its best to prepare and distribute draft CDBG funding agreements by mid-June of each year to agencies whose funding will begin the following July, or as soon as funds have been released by HUD. Subrecipient agencies are asked to review the drafts closely, especially where they describe the specifics of the activity to be provided and who will benefit. This final piece of the funding agreement is very important for both the agencies and the City, as it provides the basis for quarterly and annual reports that agencies will prepare during the year. More on reporting requirements can be found in **Section 4** of this handbook.

When a contract delay occurs, subrecipients may NOT begin to carry out any CDBG-funded activities; both they and the City must wait until agreements between HUD and the City are executed to begin accruing program costs.

- E. **Amendments.** Occasionally, an element of the CDBG agreement needs to be amended, such as the outcomes to be achieved or the grant timeline. Before an amendment is formally requested, the subrecipient must contact the City's Community Development Department staff to discuss the situation and potential resolutions. If it is determined that an amendment to the funding agreement is warranted, the process for considering an amendment begins with a written request from the subrecipient agency to the City, outlining the circumstances that led to the need for the amendment, and requesting the amendment in terms as specific as possible. City staff will review the request for an amendment, request more information as needed, and then forward the request to the City Manager for consideration. If approved by the City Manager, a Grant Amendment document outlining the proposed changes will be prepared by City Staff for execution by the City Manager and the Executive Director of the subrecipient agency.

SECTION 3: RECORD KEEPING

Documentation is critical when using federal funds. Proper documentation and record keeping systems are essential to prove compliance with the program scope of the contract. HUD will monitor the City's progress in complying with federal regulations and meeting national objectives of the CDBG program. The City is responsible for ensuring that all subrecipients are in compliance with the CDBG program requirements. If expenditures made with federal funds are not adequately documented or you do not sufficiently document how a CDBG national objective is met, you may be required to refund to the City an amount of money equal to all undocumented expenditures. The following guidelines are provided to help you keep good records.

There are five key areas for keeping records for CDBG-supported activities. The first four of these areas involve clients who benefit from the City's funding: how many there are, demographic data about them, and what outcomes have been achieved in serving them. The last key area for record keeping is financial management, and involves the tracking of grant-related expenditures and revenues. Unless the City notifies an agency otherwise, **all files and records described below must be retained for not less than five years** after the City submits its Consolidated Annual Performance Evaluation Report for the activity year, and must be made available for review and inspection by the City and/or HUD upon reasonable notice.

- A. **Required Files.** You should maintain an agency file regarding your grant, and beneficiary files for each person assisted.

Agency files must contain the following:

1. Application for funding
2. Grant Agreement
3. Correspondence with the City of Albany
4. Current audit or unaudited financial statements if audit not applicable
5. Documentation of expenditures

Beneficiary files must contain the following:

1. File for each person or family receiving assistance
2. Documentation of eligibility (income verification, etc.)
3. Documentation of assistance provided

B. **Beneficiary Records.** Most subrecipients will meet a HUD National Objective by primarily serving low- and moderate-income residents whose income is less than 80% of Area Median Income, adjusted by household size. Therefore, each subrecipient is required to count the number of clients they serve each quarter, as well as verify income eligibility and record race, ethnicity, and a few other details. The City is required to report this data to HUD.

Counting Beneficiaries:

The first thing a subrecipient will need to track is the number of **people** (or households for agencies providing housing assistance) who benefit from your activity each quarter. The City will ask you to report in aggregate on only those beneficiaries who are NEW to the activity during a quarter. New beneficiaries are defined as those who are using a service for the first time in the City’s fiscal year. This system meets HUD’s requirements that grantees maintain an unduplicated count of the beneficiaries of federally-funded activities. Please have your clients complete the City’s **Client Certification Form** (Appendix A), or an adapted version, to track beneficiary information.

Beneficiary Income Qualification:

All individuals directly benefitting from or receiving CDBG-funded services must be in a clientele group presumed to be low-income, or provide proof of income. It is the responsibility of the subrecipient to obtain and maintain income documentation for each client served and to make this documentation available upon request to the City or to (HUD) prior to providing services paid with CDB funds. **Sufficiently detailed documentation must be obtained to verify the income of each client or household benefiting from CDBG funded activity unless the client is a presumed benefit clientele as described in 1.**

1. **Presumed Benefit Clientele.** If your program serves residents that fall within one of the groups listed below, you do not need to verify income.

- Homeless persons
- Abused children
- Elderly persons
- Battered spouses
- Migrant farm workers
- Illiterate persons
- Severely Disabled: Persons are classified as having a severe disability if they:
 - Have used a wheelchair or another special aid for 6 months or longer.
 - Are unable to perform one or more functional activities or need assistance with an activity of daily living (ADL) or an instrumental activity of daily living (IADL).
 - Are prevented from working at a job or doing housework.
 - Have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility, or dementia, or have an intellectual or developmental disability.
 - Are under 65 years of age and are covered by Medicare or receive SSI.

Functional activities include: seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking.

ADL’s include: getting around inside the home, getting in and out of bed or a chair, bathing, dressing, eating, and toileting; going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

2. Verifying Income. Unless your clients are presumed by HUD to be low-income as described in 1, client income must be verified every 12 months per the guidelines below.
 - a. For clients that are on TANF, SNAP, SSI, verify that you saw the card or other form of verification.
 - b. For clients that are unemployed, please get a copy of the most recent unemployment check stub.
 - c. If a client is not covered by a or b above, the client will need to provide you with one of the following forms of income documentation:
 - Most recent federal tax return if their income has not changed since filing; the adjusted gross income is used to complete the tables, or
 - Ask the client to complete and sign the **Income Determination Form** provided in Appendix B and ask them to provide a copy of their most recent paystub.

What Constitutes Income? Income includes gross wages, regular overtime, social security payments, retirement, disability, alimony, child support, and unemployment, but not food stamps or lump sum payments such as insurance settlements.

If the client is under the age of 18, the form should be completed by the client’s parent or legal guardian if possible.

The client should be made to understand that when they sign the Client Certification Form they are signing a legal document, and are certifying the truth of the information in the entire document.

Gathering Race and Ethnicity Data:

HUD requires that for each individual or head of household reported as being the beneficiary of a CDBG activity, both race and ethnicity information is gathered and reported using the **Client Certification Form** (Appendix A). The five individual **race categories** encompass those that the federal government collects data, and are not intended to represent all categories of race. Races are listed below and described in the table that follows. A person may be any one of these races alone, or may be any combination of two or more, including a combination of all five; any number of boxes, up to all five, may be checked. HUD advises that it is most desirable to have beneficiaries identify their own race and ethnicity, and that all efforts should be made to provide a process that allows for this opportunity. However, if it happens that a beneficiary is unwilling or unable to provide the information, HUD directs that observation by the service provider should be used to determine race and ethnicity. **NOTE:** HUD does not consider Hispanic or Latino to be a race; residents whose ancestors are from South America or Central America, are “American Indian or Alaska Native.”

1. American Indian or Alaska Native;
2. Asian;
3. Black or African American;
4. Native Hawaiian or Other Pacific Islander; and
5. White

Race	Description
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity - Unlike race, where a person may fall into more than one category, for HUD’s reporting purposes, a person is either of Hispanic or Latino ethnicity, or they are not of Hispanic or Latino ethnicity. Thus, in the reporting form only one of the two optional boxes may be checked.

- C. **Financial and Administrative Records.** In addition to all contract and insurance documents, subrecipients need to keep original copies of all documentation for eligible expenditures, including personnel records and purchasing. See Section 4 for details.

SECTION 4: REIMBURSEMENT PROCEDURES AND EXPENSE DOCUMENTATION

All eligible programs and services funded with CDBG resources will receive their funds on a reimbursement basis.

1. Reimbursements will be processed on a quarterly basis following submittal of the **Quarterly Report** provided in Appendix C.
2. To request a reimbursement, submit the completed the **Request for Reimbursement Form** (Appendix D) to the Community Development Department, with documentation as to the purpose of the expenditure. Documentation should be:
 - a. A summary “invoice” or spreadsheet that totals all eligible expenses and costs requested for reimbursement, including the CDBG-funded activity every quarter or in increments of not less than \$2,000.
 - b. Substantiated. All items for which reimbursement is requested must be accompanied by paid invoices or equivalent documents issued by the vendor or provider of goods and services, verifying that the expenditures were incurred and that payment was made. (See more information on Purchases and Expenditures in A below.)
 - c. Copies of receipts, time sheets, other documentation. Do not send originals.
 - d. Legible and noted. Any invoice or receipt submitted to identify eligible expenditures must be legible with the specified dollar amount(s) circled or highlighted and clearly noted on the receipt.
 - e. Certified. All reports and documents submitted must be **signed and dated by the subrecipient’s authorized agent.**
 - f. Specific requirements for Payroll/Salary expenditures. The amount of staff time charged to CDBG program activity must be clearly identified. The following documentation is required for Payroll/Salary reimbursement requests:
 - Payroll detail registers for each position for which reimbursement is being requested;
 - Timesheets for each position for which reimbursement is requested. Timesheets must:
 - Reflect an after-the-fact distribution for the actual activity of each employee;
 - Account for the total activity for which each employee is being compensated time spent on other activities not directly related to client services, such as fundraising, are not eligible for reimbursement;
 - Be prepared at least monthly; and
 - Be signed by the employee and his/her supervisor. (An **example timesheet** is provided in Appendix E.)

Eligible CDBG costs are specified in the Office of Management and Budget (OMB) Super Circular (formerly in OMB Circular A- 122 - Cost Principles for Non-Profit Organizations).

A. Purchasing and Procurement Standards.

The federal rules and regulations related to purchasing and procurement are based on the principles and expectations that tax-funded projects should be managed responsibly and effectively. Prices for goods and services should be reasonable, competitive, and well documented. The integrity of purchasing procedures must be documented, substantiating the decision-making process and recording results of the purchases of goods and services. For items purchased and charged to the grant, keep a file with copies of invoices, sales receipts, and checks or charge slips.

- **For purchases less than \$3,000**, only one quote is required. The sales slip from the store where you bought the item will suffice. Of course, you are not precluded from obtaining several quotes to obtain the best price, even for low-cost items.
- **For purchase of items costing between \$3,000 and \$25,000**, agencies are required to obtain three written quotes for the item. These quotes should be placed in the project file. If the agency is unable to obtain three quotes, a list of the vendors contacted should be placed in the file, noting those vendors who did submit quotes. If there is only one vendor who makes the item to be purchased, this should be noted in the file with an explanation of what you did to determine there was only one vendor available.
- No employee, officer, or agent of the subrecipient shall participate in the selection, award, or administration of a contract supported by federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when the employee, officer, agent, any member of his/her immediate family, his/her partner, or an organization which employs or is about to employ any of the above, has a financial interest in the firm selected for the award.
- Minority, Women, Disabled Persons, Veteran-Owned Businesses. Efforts must be taken to solicit Minority, Women, Disabled Person, Veteran Owned Business entities in procurement, per federal regulations.
- Federal Labor Standards must be followed by all subrecipients.

SECTION 5: REPORTING REQUIREMENTS

The City's intent is to make the reporting process as simple and quick as possible, while at the same time assuring that all information the City is required to maintain in its files and report on to HUD is captured. The City will require quarterly and annual reports. Monthly reports are optional, but can be helpful in tracking data on an ongoing basis.

- A. **Quarterly Reports.** Each CDBG subrecipient is required to complete a quarterly report that gathers information about progress on program performance and data gathered from client intake forms for clients served during the quarter. Use the **Quarterly Report** (Appendix C) to report on beneficiaries in aggregate, provide updates on progress in achieving outcomes, and identify issues of concern regarding the CDBG-funded service/program.

Reports are due by the 15th of the month following the quarter reported. For example, the report for January 1 through March 30 will be due by April 15. These **due dates** are:

- October 15
- January 15
- April 15
- July 15

Reports should be emailed to anne.catlin@cityofalbany.net.

- B. **Annual Report – Fiscal Year End.** Following the end of the funding year, CDBG subrecipients are required to provide the City with an annual report that consolidates and totals the data of the 12 monthly reports, summarizes the entire year's worth of outcomes achievements in narrative form, and provides a final financial summary and reconciliation for the activity funded with CDBG resources. **This report is due July 31.**

The **Annual Report** (provided in Appendix F) should include the following information:

1. A brief summary of activities carried out over the course of the year;
2. All data on clients served within the fiscal year – a summary of the quarterly report data; and
3. The final actual sources and uses financial summary, using the budget sheet completed for the original application for CDBG support.

If grantees have questions at any time about preparation of the monthly, quarterly, or annual CDBG reports, they should contact the City of Albany Community Development Department at 541-917-7550.

- C. Grant Closeout Process. Because CDBG support is provided only on a one-year basis, each year represents a separate activity, even if the City funds it for two or more years in a row. For this reason, all records and reports related to the City's provision of CDBG assistance should be maintained on a year-by-year basis, and each fiscal year grant must be fully closed out with the City and with HUD.

The grant closeout occurs at the same time as the Annual Report, unless an extension for completing grant activities or requesting reimbursement for activities is received. The closeout primarily involves the City's review and acceptance of the final Quarterly Report as well as review and acceptance of the agency's Annual Report.

Following the conclusion of the fiscal year and the City's review and approval of all agency reports, the City completes its final drawdown of federal funds through HUD's Web-based Integrated Disbursement and Information System. In conducting this drawdown the City also completes its entry of beneficiary and performance data for each agency's CDBG-supported activity. This data is then used to generate a series of HUD-required reports and provides data that is included in the City's Consolidated Annual Performance Evaluation Report, or CAPER.

The City submits a CAPER to HUD by September 30 of each year for review and approval. The HUD review process typically takes up to six months, and results either in approval, a request for more information, or a CAPER amendment. Once any outstanding issues are resolved and HUD's notice of final acceptance of the City's CAPER is received, the CDBG activities conducted during the year may be considered closed.

SECTION 6: SUBRECIPIENT MONITORING

City staff is expected to "stand in HUD's shoes" for the purpose of monitoring subrecipient compliance with federal rules and regulations related to the use of CDBG funds. There are two primary purposes for a monitoring visit. First, it provides an opportunity to review an agency's records and practices to ensure that the HUD and City requirements for the program are being met, including meeting a HUD National Objective and sound fiscal practices and records. Second, it gives the City a chance to provide any technical assistance needed to help grantees understand the rules, regulations, requirements and expectations that come with their acceptance of an award from the CDBG.

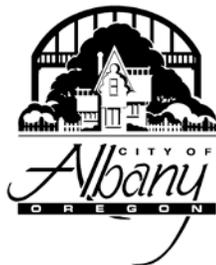
The City's approach to overseeing the performance of its CDBG grantees includes desk monitoring of files at least once a year, and a more detailed on-site monitoring for selected programs and activities. In a monitoring visit, one or more City employees will arrange a time to meet with key agency staff at the location where CDBG-funded activities are being conducted.

Monitoring worksheets will be sent in advance. Grantees may expect the following documentation and practices to be reviewed:

1. Intake forms completed by clients of an CDBG-funded activity the first time they are served;
2. Overview of methodology used to count clients and determine client incomes or serving clients presumed to be low-income;
3. Timesheets for employees whose personnel costs are funded with CDBG resources;
4. Invoices and evidence of payment for costs paid with CDBG resources; and
5. Overview of the methodology being used to track and report on activity performance measures and outcomes.

Monitoring visits are followed up with a written summary, prepared by City staff. The summary will recommend improved practices or procedures, and at times, what an agency must do to alter its practices or procedures in order to achieve program compliance. If monitoring "findings" are serious and cannot be satisfactorily resolved, these may be grounds for the suspension or termination of CDBG funding. If a monitoring results in a findings letter, agencies will have an opportunity to respond, also in writing, to outline areas of disagreement, or to describe what they will do to address the finding. From this point forward the City and the agency will work together to determine

whether the finding resulted from a misunderstanding or is valid. If the finding is determined to be valid, the agency will have an opportunity to resolve it within the City's stated time frame and if it is resolved, no suspension or termination of support will be imposed.



City of Albany
Community Development Block Grant Program

Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

2015 CLIENT CERTIFICATION FORM

Today's Date: _____

Our organization is receiving a Community Development Block Grant (CDBG) from the United States Department of Housing and Urban Development (HUD). HUD requires us to collect this information on each client that we serve to ensure we are meeting national objectives of the CDBG program to serve Albany's low and moderate income residents.

1. **RESIDENCY.** Do you live within the city limits of Albany (circle)? Yes No
2. **INCOME CERTIFICATION:** The assistance you receive is determined in part by the size of your household and your income.
 - a. **Presumed Benefit Clientele:** HUD presumes that residents in some situations are presumed to be low income, or "presumed benefit clientele." Please check all applicable boxes. **If none of the boxes below describe you or your household, please complete 2.b.**

- | | |
|--|---|
| <input type="checkbox"/> Homeless
<input type="checkbox"/> Abused children
<input type="checkbox"/> Elderly persons (65 and older)
<input type="checkbox"/> Disabled persons - a resident qualifies if they: <ul style="list-style-type: none"> o Have used a wheelchair or another special aid for 6 months or longer, or o Are unable to perform one or more functional activities or need assistance with an activity of daily living (ADL) or an instrumental activity of daily living (IADL), or o Are prevented from working at a job or doing housework, or o Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or have an intellectual or developmental disability, or o Are under 65 years of age and are covered by Medicare or receive SSI (Supplemental Security Income). | <input type="checkbox"/> Battered spouses
<input type="checkbox"/> Migrant farm workers
<input type="checkbox"/> Illiterate persons |
|--|---|

Functional activities include: seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking.

ADL's include: getting around inside the home, getting in and out of bed or a chair, bathing, dressing, eating, and toileting; and going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

- b. **NOT Presumed Benefit Clientele:** If you or your household receives any of these types of assistance, then you do not need to complete c. Please check applicable types of assistance you or your household receive **and provide verification of this assistance to the agency.**
 - TANF or Oregon Trail Card (Temporary Assistance for Needy Families)
 - SNAP Card/Food Stamps (Supplemental Nutrition Assistance Program)
 - SSI (Supplemental Security Income for disabled children and adults)
 - Unemployment (Check Stub)
 - Medicare

CONTINUES TO ON BACK

- c. **Income Verification:** If you were unable to check any boxes in 2.a. or 2.b. above, you need to verify your income.
- First, find the table for the county you live in and then circle your household size (the total number, including yourself, who live in your home).
 - Second, calculate your ANNUAL income adding up all sources of your income, or documenting them on the **Income Determination Worksheet**. If your income has not changed since your most recent tax return, HUD allows you to use the **adjusted gross income** reported on your most recent IRS tax return (1040 or EZ).

What Constitutes Income? Income includes gross wages, regular overtime, social security payments, retirement, disability, alimony, child support, and unemployment, but not food stamps or lump sum payments such as insurance settlements.

- Third, in the column matching your household size, circle the number that is both **higher than your annual adjusted gross income and closest to your annual income**.

For example, if you live in Linn County, have 2 people in your household, and earn \$20,000, you would circle \$22,500.

LINN County: 2015	Persons in Household							
HUD Income Limits	1	2	3	4	5	6	7	8
30% of median income	\$11,820	\$13,500	\$15,180	\$16,860	\$18,210	\$19,560	\$20,910	\$22,260
50% of median income	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850	\$37,100
80% of median income	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750	\$59,350
BENTON County: 2015	Persons in Household							
HUD Income Limits	1	2	3	4	5	6	7	8
30% of median income	\$16,500	\$18,840	\$21,210	\$23,550	\$25,440	\$27,330	\$29,220	\$31,110
50% of median income	\$27,500	\$31,400	\$35,350	\$39,250	\$42,400	\$45,550	\$48,700	\$51,850
80% of median income	\$44,000	\$50,250	\$56,550	\$62,800	\$67,850	\$72,850	\$77,900	\$82,900

3. **RACIAL AND ETHNIC INFORMATION.** HUD requires us to collect this information.

Race: Please check the box or boxes next to your race.

(You may check more than one box.)

- American Indian or Alaska Native (origins in N., S. and Central America)
- Asian (origins in Far East, SE Asia, Indian subcontinent)
- Black or African American (origins in Africa)
- Native Hawaiian or Other Pacific Islander
- White (origins in Europe, Middle East, or Northern Africa)

Ethnicity: Please check the box next to your ethnicity (culture heritage, nationality):

- Hispanic or Latino
- Not Hispanic or Latino

4. **OTHER INFORMATION.** Please check all fields that apply to you or someone in your household.

	You	Household Member
Female-headed household:	_____	_____
Head of household is 65 and older:	_____	_____

5. **CLIENT CERTIFICATION.** BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

SIGNATURE or INITIALS: _____



**City of Albany
Community Development Block Grant Program
Income Determination Worksheet**

Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

All income and assets require verification before eligibility will be granted. Please complete this form using the most recent data to the best of your ability.

Income Includes: all money coming into the household from all persons over 18 years old including gross wages, self employment wages, TANF, social security payments, retirement, disability, alimony, child support, unemployment, social security benefits, interest from bank accounts or investments, and regular gifts of money. Occasional overtime is excluded, but regular overtime is included.

Income Exclusions: The following types of income do NOT need to be reported: SNAP/food stamps, full-time students over 18 living in household earning less than \$480/year, student scholarships, lump sum settlements or inheritances, reimbursements for medical expenses, hostile duty pay, or payments from HUD programs for self-sufficiency attainment.

CALCULATING ANNUAL INCOME (12 months)

Wages/Salary before taxes:

If you know your annual salary, record this.

If paid the same amount each pay period, multiply your pay by the number of paychecks you receive annually.

If paid hourly, calculate the total number of annual hours. To do this, multiply the # of hours worked in one pay period by the # of pay periods in 12 months; then multiply the total annual hours by your hourly rate:

Regular/guaranteed overtime earnings:

Tips, bonuses, commissions, fees, or other compensation:

A. Total Annual Wage/Salary: _____

Other Income (Record all applicable sources of income received annually):

Net income from operation of business:

Social Security payments (total GROSS for the year):

Income from annuities, insurance policies, retirement funds, pensions, disability or death benefits:

Regular gifts or contributions:

Child or alimony support:

Unemployment, workers comp, severance pay:

Public assistance payments (TANF):

Armed Forces pay (except hostile duty pay):

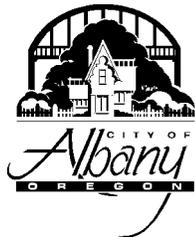
Earned Income Tax Credit:

Gambling, prizes:

Interest, dividends:

B. Total Other Income: _____

TOTAL ALL INCOME (Add A & B together): _____



**City of Albany
Community Development Block Grant Program
Subrecipient Quarterly Report Form**

Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

Agency Name		Project Activity	
Agency Address		Telephone	Fax
Contact Person (Name/Title)		E-mail Address	
Quarterly Report Period (check one) <input type="checkbox"/> July 1 – Sept 30 <input type="checkbox"/> Oct 1 – Dec 31 <input type="checkbox"/> Jan 1 – Mar 30 <input type="checkbox"/> Apr 1 – June 30			Year
Signature		Date	

- I. **Activity/Program Status.** Provide a brief summary of progress on meeting goals and performance measures described in your application and CDBG contract.

If there has been little or no progress to report, please explain:

- a) the circumstances and challenges; and
- b) outline plans, steps, and strategies to complete activity/address issues (attach additional pages or complete form in word).

- II. Do you see any obstacles to completing the performance measures for the activity/program within the contract period?

- III. Please calculate and describe any program match provided (other sources of funds, staff time, volunteers, etc.).

CDBG funds spent this quarter:

Value of match this quarter: _____

IV. Please briefly describe the benefits that Albany CDBG funds have provided to your program/activity.

V. **Feedback/Other:** Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

VI. Total number of unduplicated (new) clients served this quarter: _____

VII. **HUD Performance Outcome Measurement System:** Please report data about the **NEW UNDUPLICATED** people served THIS quarter in the following tables:

Persons Assisted by this CDBG-Funded Activity

	No.
Total Number of Unduplicated Persons Assisted	
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (62+)	
Presumed Benefit Clientele	

Income Status (% of Median Family Income "MFI")

	No.
Total Persons Assisted (0 – 30% MFI)	
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	

Race / Ethnicity of Persons Assisted

Race Categories	Race	Ethnicity:
	Totals	Hispanic or Latino
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White		
Total Number of Persons Assisted		

City of Albany

Community Development Block Grant Program

Subrecipient Payment/Reimbursement Request

Subrecipient Name: _____ Date: _____

Mailing Address: _____

Duns #: _____ Federal Identification Number (EIN#): _____

If you are requesting payments for more than one CDBG activity, please use a separate form for each activity. **Please attach a summary page totaling all expenses being requested with this payment and all necessary supporting documentation of expenditures. Questions about the form, please call Anne, 541-917-7560.**

Program Year Funds Granted	
Activity Name (Refer to the Grant Agreement)	
Total Original CDBG Budget (Initial grant award)	\$
Total Amount Reimbursed by the City to Date (Do not include the amount being requested here)	\$
Unexpended CDBG Fund Amount (Do not include the amount being requested here)	\$
Total Amount of This Payment Request	\$
Dates Costs Incurred for This Payment Request	Between (Date) ___/___/___ And (Date) ___/___/___
CDBG Fund Balance for This Activity (after this reimbursement)	\$ _____ (If you get a negative balance, you are over your approved CDBG budget. Either reduce your requested amount or contact the City for consideration of a possible budget amendment before submitting your payment request)
Quarterly Match Provided to Deliver Services/Program	\$ _____. Please describe program match:
Quarterly Report Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, payment may be delayed)

Preparer's Name (Print): _____ Signature: _____

Subrecipient Authorizing Officer Signature: _____ Date: _____

This Section to be completed by the City of Albany:

Account Code(s): _____

CDBG Manager Approval: _____ Date: _____

Department/Division Manager Approval: _____ Date: _____

AGENCY NAME HERE

APPENDIX E

Employee: _____

Month: _____

Description	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Day																															
DAILY TOTALS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	0.0																															
Albany CDBG	0.0																															
	0.0																															
Administrative	0.0																															
Training	0.0																															
	0.0																															
Vacation	0.0																															
Sick	0.0																															
Holiday	0.0																															
	0.0																															
	0.0																															
MONTHLY TOTALS	0.0																															

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____



**City of Albany
Community Development Block Grant Program
Annual Closeout Report**

Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

Agency Name:	Project Name and Grant Year:	
Agency Address	Telephone	Fax
Contact Person (Name/Title)	E-mail Address	

I. Have the performance measures specified in the contract been met? If not, please explain.

Residents Assisted:

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate income residents.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time, and volunteers, as applicable.

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

V. Is there a remaining balance of CDBG funds allocated to the project?

VI. Are there any outstanding issues or documents requested from a monitoring visit?

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

VIII. PROGRAM BENEFICIARY REPORT

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries served this grant period: _____

Characteristics of Residents Assisted

	No.
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (65+)	

Income Status (% of Median Family Income "MFI")

	No.
Total Persons Assisted (0 – 30% MFI)	
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	
Total Number of Unduplicated Residents Assisted	
Percent of Residents Earning 80% MFI or less	

Race / Ethnicity of Residents Assisted

Race Categories	Race Totals	Ethnicity: Hispanic or Latino
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White		
Total Number of Persons Assisted		

IX. CERTIFICATION OF GRANTEE. It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

Date Preparer's Name Typed

Preparer's Signature: _____
Title

Executive Director Signature: _____