

## LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION ACTIVITY COMPLETION REPORT

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# 13-1a

| LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION<br>FINAL ACTIVITY PERFORMANCE REPORT  |                               |
|--|-------------------------------|
| <b>1. Subrecipient Name:</b>   | <b>2. CEA or Loan Number:</b> |
|  |                               |
| <b>3. Activity Name:</b>   | <b>4. Activity ID:</b>        |
|  |                               |
| <b>5. Report Prepared By:</b>  | <b>6. Phone Number:</b>       |
|  | <b>7. Email Address:</b>      |
|  |                               |
| <b>8. What is the eligible activity? Should match DRGR</b>   |                               |
|  |                               |
| <b>9. What is the National Objective that has been met with the completion of this activity? Should match DRGR</b>   |                               |
| <input type="checkbox"/> Benefitted low- and moderate-income persons:<br><input type="checkbox"/> Area <input type="checkbox"/> Limited Clientele <input type="checkbox"/> Housing <input type="checkbox"/> Job Creation/Retention<br><input type="checkbox"/> Aided in the prevention or elimination of slums and blight<br><input type="checkbox"/> Met other community development needs having a particular urgency (Urgent Need)<br><input type="checkbox"/> N/A (use for Planning, Admin, or Cancelled activity) |                               |
| <b>10. Activity Narrative</b> [Must include a description of the activities completed and any additional contract reporting requirements, if applicable. Attach a separate sheet if necessary.]: <b><i>Pull from project description in application, and then add what was actually achieved in past tense (i.e., projected versus actual deliverables). This will be used by LOCD-DR to fill in the Performance Measures section below and to update DRGR.</i></b>  |                               |
|  |                               |
| We certify that to the best of our knowledge and belief the information provided on all forms included in this Activity Completion Report are accurate.  |                               |
| <b>11. Typed or Printed Name of Responsible Party:</b>   | <b>12. Title:</b>             |
|  |                               |
| <b>13. Signature of Responsible Party:</b>   | <b>14. Date:</b>              |
|  |                               |



## INSTRUCTIONS FOR FINAL ACTIVITY PERFORMANCE REPORT

### ITEM NUMBER

1. Enter the name of the Subrecipient. [Subrecipient is a public or private nonprofit agency or organization that is provided CDBG-DR/MIT funds through a state or local grantee.]
2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity that is being closed out.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/Project ID# assigned by LOCD-DR for the activity that is being closed out.
5. Enter the name of the person preparing the Final Performance Report and close-out documents.
6. Enter the phone number of the person preparing the Final Performance Report and close-out documents.
7. Enter the email address of the person preparing the Final Performance Report and close-out documents.
8. Enter the eligible activity from the approved application.
9. Check the box for the national objective met for this activity.
10. Provide a narrative description of the activity that is being closed out. Include any changes or amendments to the approved activity. Identify the specific activities accomplished. Refer to Chapter 1, Section 10.1 National Objective Documentation and Records in the Grant Implementation Manual for a list of the type of information that may be required. Also refer to CEA for specific required deliverables for the activity.

| Examples of Activities by Activity Type<br>(not all-inclusive)  |
|---|
| Housing: <ul style="list-style-type: none"><li>● Homeowner Rehabilitation<ul style="list-style-type: none"><li>○ Rehab of 24 houses</li><li>○ Replacement of 50 roofs</li></ul></li><li>● Homeowner Financing<ul style="list-style-type: none"><li>○ Closed on 15 awards</li></ul></li><li>● Relocation<ul style="list-style-type: none"><li>○ Demolition of 3 houses</li></ul></li><li>● Rental Rehabilitation<ul style="list-style-type: none"><li>○ Completed construction/rehab of 100 rental units</li><li>○ Acquired property</li></ul></li></ul> |

# 13-1a

| Examples of Activities by Activity Type<br><i>(not all-inclusive)</i>   |
|---|
| <ul style="list-style-type: none"> <li>• Homelessness Prevention               <ul style="list-style-type: none"> <li>○ Provided 45 shelter beds</li> <li>○ Provided temporary housing for 100 people</li> </ul> </li> </ul>  |
| <p>Infrastructure:</p> <ul style="list-style-type: none"> <li>• Replacement of 750 linear ft. of sewer line</li> <li>• Purchased and installed 2 new generators</li> <li>• Purchased land to build Hwy 101</li> <li>• Demolition of existing building</li> <li>• Construction of 5000 SF community center</li> </ul>  |
| <p>Economic Development:</p> <ul style="list-style-type: none"> <li>• Grant and Loan               <ul style="list-style-type: none"> <li>○ Created 3 LMI jobs</li> <li>○ 20 LMI &amp; 10 UN small business loans</li> </ul> </li> <li>• Workforce               <ul style="list-style-type: none"> <li>○ Selected 3 grantees</li> <li>○ Provided GED training for 35 participants</li> <li>○ Conducted 3 interviewing workshops</li> </ul> </li> </ul> |
| <p>Planning:</p> <ul style="list-style-type: none"> <li>• Community Resiliency/Planning               <ul style="list-style-type: none"> <li>○ Completed development of plan</li> </ul> </li> <li>• Public Service Code Enforcement               <ul style="list-style-type: none"> <li>○ Hired 3 building code inspectors</li> </ul> </li> </ul>  |

11. Type in the name of the responsible official.
12. Type in the title of the responsible official, e.g., Mayor/President/CEO.
13. The responsible official should sign in this box, verifying the information in the Final Performance Report is complete and accurate, and confirming that CDBG-DR or CDBG-MIT activity files are being maintained by the responsible entity.
14. Type in the date of the responsible official signature.
15. – 19. This section to be completed by LOCD-DR staff.  
Performance Measures: LOCD-DR will enter performance measure information as identified within the CEA, activity application, DRGR and/or activity completion report.

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*13-1b is removed*

| LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION<br>ACTIVITY BENEFICIARY FORM |                        |
|---|------------------------|
| 1. Subrecipient Name:   | 2. CEA or Loan Number: |
| 3. Activity Name:   | 4. Activity ID:        |

**PART I – BENEFICIARY INCOME INFORMATION (PULL FROM APPROVED APPLICATION/AMENDMENTS)**

| A. Income Levels   | Total | Percentage |
|--|-------|------------|
| 1. Total Number of Persons Less than or equal to 30% Area Median Income (Extremely Low Income) |       |            |
| 2. Total Number Persons Over 30% not greater than 50% Area Median Income (Low Income)          |       |            |
| 3. Total Number of Persons Over 50% not greater than 80% Area Median Income (Moderate Income)  |       |            |
| 4. Total Number of Persons Over 80% Area Median Income (non-LMI)                               |       |            |
| <b>Total Population</b>  |       |            |

|  |
|--|
| B. Source(s) for Determining Beneficiary Data: |
|  |

**PART II – AREA INFORMATION (Skip Part II if this is a direct benefit project)**

|   |
|---|
| <b>A. Indicate whether the completed project was target area(s) specific or community-wide</b><br><input type="checkbox"/> Target Area(s) <input type="checkbox"/> Community-Wide<br>List Census Tract(s) and/or Block Group(s):<br><br><hr/> <hr/> <hr/> |
|---|

|   |
|---|
| <b>B. Provide Latitude/Longitude for the project location at or near geographical center:</b><br>Latitude: _____ Longitude: _____ |
|---|

**PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION (Skip Part III if this is an area wide benefit project.)**

| A. Race and Ethnicity  | Total |         | Hispanic/Latino |         |
|--|-------|---------|-----------------|---------|
|  | LMI   | Non-LMI | LMI             | Non-LMI |
| 1. White   |       |         |                 |         |
| 2. Black/African American                                    |       |         |                 |         |
| 3. Asian   |       |         |                 |         |
| 4. American Indian/Alaskan Native                            |       |         |                 |         |
| 5. Native Hawaiian/Other Pacific Islander                    |       |         |                 |         |
| 6. American Indian/Alaskan Native and White                  |       |         |                 |         |
| 7. Asian and White   |       |         |                 |         |
| 8. Black/African American and White                          |       |         |                 |         |
| 9. American Indian/Alaskan Native and Black/African American |       |         |                 |         |
| 10. Other multi-racial                                       |       |         |                 |         |
| 11. Unknown  |       |         |                 |         |
| <b>Total Persons</b>   |       |         |                 |         |

| B. Head of Household        | LMI | Non-LMI |
|-----------------------------|-----|---------|
| 1. Female-Headed Households |     |         |

## INSTRUCTIONS FOR ACTIVITY BENEFICIARY FORM

*Note: Subrecipient Beneficiary Reports may be substituted if they contain the same information as 13-1c(i)*

**Objective:** The Activity Beneficiary Form reports information for actual beneficiaries for completed CDBG-DR and CDBG-MIT activities.

### ITEM NUMBER

1. Enter the name of the Subrecipient.
  2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
  3. Enter Activity/Project Name assigned by LOCD-DR.
  4. Enter the Activity/Project ID# for the activity that is being closed out.
- Part I - BENEFICIARY INCOME INFORMATION [note: should match approved application or subsequent amendments]
- A. Enter the number and percentage of individuals benefiting by income level.
  - B. Enter the data source(s) (e.g. HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined.
- Part II - AREA INFORMATION *(if the activity being closed is a direct benefit activity, leave this Part II area blank)*
- A. Indicate whether the project is target area or community-wide and the census tracts or block groups of the project area. This information was initially reported on the supplemental information page in the approved project application. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “;”. Please continue on another page, if necessary.
  - B. Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application.
- Part III - DEMOGRAPHIC INFORMATION *(if the activity being closed is an area wide benefit, leave this Part III area blank)*
- A. Enter the total individuals benefiting by race, ethnicity and income level. The total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I, A.  
Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”.
  - B. Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income).

# 13-1c(ii)

**\*\*\* Economic Development Only \*\*\***  
**FINAL BENEFICIARY REPORT- JOB CREATION**

|   |                               |
|---|-------------------------------|
| <b>1. Subrecipient</b> <input type="checkbox"/> Private Business <input type="checkbox"/> Nonprofit Business <input type="checkbox"/> | <b>2. CEA or Loan Number:</b> |
| <b>3. Activity Name:</b>  | <b>4. Activity ID:</b>        |

**5. Indicate in the table below, the number of jobs created as a result of this activity (Attach separate sheet if necessary).**

| <i>Position (from Business LMI forms and payrolls)</i> | Total Number of LMI Jobs Created |           | Total Number of Non-LMI Jobs Created |           | Total Number of Jobs Created |           |
|--|----------------------------------|-----------|--------------------------------------|-----------|------------------------------|-----------|
|  | Full-Time                        | Part-Time | Full-Time                            | Part-Time | Full-Time                    | Part-Time |
| a.   |                                  |           |                                      |           |                              |           |
| b.   |                                  |           |                                      |           |                              |           |
| c.   |                                  |           |                                      |           |                              |           |
| d.   |                                  |           |                                      |           |                              |           |
| e.   |                                  |           |                                      |           |                              |           |
| f.   |                                  |           |                                      |           |                              |           |
| g.   |                                  |           |                                      |           |                              |           |
| h.   |                                  |           |                                      |           |                              |           |
| i.   |                                  |           |                                      |           |                              |           |
| j.   |                                  |           |                                      |           |                              |           |
| k.   |                                  |           |                                      |           |                              |           |
| l.   |                                  |           |                                      |           |                              |           |
| m.   |                                  |           |                                      |           |                              |           |
| n.   |                                  |           |                                      |           |                              |           |
| o.   |                                  |           |                                      |           |                              |           |
| <b>p. Total</b>  |                                  |           |                                      |           |                              |           |

**6. Employment by Race and Ethnicity (Complete Table Below for Positions Reflected in #5.)**

| Race and Ethnicity   | Total |         | Hispanic/Latino |         |
|--|-------|---------|-----------------|---------|
|  | LMI   | Non-LMI | LMI             | Non-LMI |
| a. White   |       |         |                 |         |
| b. Black/African American                                    |       |         |                 |         |
| c. Asian   |       |         |                 |         |
| d. American Indian/Alaskan Native                            |       |         |                 |         |
| e. Native Hawaiian/Other Pacific Islander                    |       |         |                 |         |
| f. American Indian/Alaskan Native and White                  |       |         |                 |         |
| g. Asian and White   |       |         |                 |         |
| h. Black/African American and White                          |       |         |                 |         |
| i. American Indian/Alaskan Native and Black/African American |       |         |                 |         |
| j. Other multi-racial  |       |         |                 |         |
| k. Unknown   |       |         |                 |         |
| Total Persons  |       |         |                 |         |

**7. If the total number of jobs created are less than the amount initially proposed, explain reductions or indicate when proposed staffing goals will be met.**

**8. Date:** Initial  Revision

|                               |                              |
|-------------------------------|------------------------------|
| <b>9. Report Prepared By:</b> | <b>10. Telephone Number:</b> |
|                               |                              |

# 13-1c(ii)

## INSTRUCTIONS FOR FINAL BENEFICIARY REPORT- JOB CREATION

*This form is intended for economic development activities that resulted in job creation.*

### ITEM NUMBER

1. Enter the name of the Subrecipient or business for which the job figures are being reported. If jobs are being reported for multiple businesses, the Subrecipient should compile all data into this one form and check the Subrecipient box. If there are only a few businesses and each is reporting directly on their jobs, please check the box next to the type of business and list the business name(s). Attach additional pages as needed.
2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/Project ID# assigned by LOCD-DR.
5. **a-o:** Enter the Position name, number of LMI jobs created (full-time & part-time), number of Non-LMI jobs Created, and total number of jobs created (full-time & part-time) for each position.  
**p:** Enter the sum of jobs created (rows a-o).
6. **a-k:** Based on the positions created (5p), enter the total number of employees and the total number of Hispanic origin by racial group.  
Enter the sum of all racial group totals and the sum of all racial groups and the total of all racial groups that are of Hispanic origin.
7. If the total number of jobs created are less than initially proposed, explain the reductions or indicate when proposed staffing goals will be met.
8. Enter the date of submission and indicate whether or not this form is the original submission or has been revised.
9. Enter the name of the person who prepared the report.
10. Enter the telephone number of the person who prepared the report.

# 13-1c(iii)

| *** Economic Development Only ***   |  |           |                                       |                        |  |           |
|---|--|-----------|---------------------------------------|------------------------|--|-----------|
| FINAL BENEFICIARY REPORT- JOB RETENTION   |  |           |                                       |                        |  |           |
| 1. Subrecipient <input type="checkbox"/> Private Business <input type="checkbox"/> Nonprofit Business <input type="checkbox"/>        |  |           |                                       | 2. CEA or Loan Number: |  |           |
| 3. Activity Name:   |  |           |                                       | 4. Activity ID:        |  |           |
| 5. Indicate in the table below, the number of jobs retained as a result of this activity (Attach separate sheet if necessary)         |  |           |                                       |                        |  |           |
| Position (from Business LMI forms and payrolls)   | Total Number of LMI Jobs Retained at Time of Close-out |           | Total Number of Non-LMI Jobs Retained |                        | Total Number of Jobs Retained at Time of Close-out |           |
|   | Full-Time  | Part-Time | Full-Time                             | Part-Time              | Full-Time  | Part-Time |
| a.  |  |           |                                       |                        |  |           |
| b.  |  |           |                                       |                        |  |           |
| c.  |  |           |                                       |                        |  |           |
| d.  |  |           |                                       |                        |  |           |
| e.  |  |           |                                       |                        |  |           |
| f.  |  |           |                                       |                        |  |           |
| g.  |  |           |                                       |                        |  |           |
| h.  |  |           |                                       |                        |  |           |
| i.  |  |           |                                       |                        |  |           |
| j.  |  |           |                                       |                        |  |           |
| k.  |  |           |                                       |                        |  |           |
| l.  |  |           |                                       |                        |  |           |
| m.  |  |           |                                       |                        |  |           |
| n.  |  |           |                                       |                        |  |           |
| o.  |  |           |                                       |                        |  |           |
| <b>p. Total</b>   |  |           |                                       |                        |  |           |
| 6. Employment by Race and Ethnicity (Complete Table Below for Positions Reflected in #5.)   |  |           |                                       |                        |  |           |
| Race and Ethnicity  | Total  |           | Hispanic/Latino                       |                        |  |           |
|   | LMI  | Non-LMI   | LMI                                   | Non-LMI                |  |           |
| a. White  |  |           |                                       |                        |  |           |
| b. Black/African American   |  |           |                                       |                        |  |           |
| c. Asian  |  |           |                                       |                        |  |           |
| d. American Indian/Alaskan Native   |  |           |                                       |                        |  |           |
| e. Native Hawaiian/Other Pacific Islander   |  |           |                                       |                        |  |           |
| f. American Indian/Alaskan Native and White   |  |           |                                       |                        |  |           |
| g. Asian and White  |  |           |                                       |                        |  |           |
| h. Black/African American and White   |  |           |                                       |                        |  |           |
| i. American Indian/Alaskan Native and Black/African American  |  |           |                                       |                        |  |           |
| j. Other multi-racial   |  |           |                                       |                        |  |           |
| k. Unknown  |  |           |                                       |                        |  |           |
| Total Persons   |  |           |                                       |                        |  |           |
| 7. If job retention levels are less than initially proposed, explain reductions or indicate when proposed staffing goals will be met. |  |           |                                       |                        |  |           |
| 8. Date: Initial <input type="checkbox"/> Revision <input type="checkbox"/>   |  |           |                                       |                        |  |           |
| 9. Report Prepared By:  |  |           |                                       | 10. Telephone Number:  |  |           |
|   |  |           |                                       |                        |  |           |

# 13-1c(iii)

## INSTRUCTIONS FOR FINAL BENEFICIARY REPORT- JOB RETENTION

*This form is intended for economic development activities that resulted in job retention.*

### ITEM NUMBER

1. Enter the name of the Subrecipient or business for which the job figures are being reported. If jobs are being reported for multiple businesses, the Subrecipient should compile all data into this one form and check the Subrecipient box. If there are only a few businesses and each is reporting directly on their jobs, please check the box next to the type of business and list the business name(s). Attach additional pages as needed.
2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
3. Enter the Activity/Project Name for the activity that is being closed out.
4. Enter the Activity/Project ID# assigned by LOCD-DR.
5. **a-o:** Enter the Position name, number of LMI jobs retained (full-time & part-time), number of Non-LMI jobs retained, and total number of jobs retained (full-time & part-time) for each position.  
**p:** Enter the sum of jobs created (rows a-o).
6. **a-k:** Based on the positions retained (5p), enter the total number of employees and the total number of Hispanic origin by racial group.  
Enter the sum of all racial group totals and the sum of all racial groups and the total of all racial groups that are of Hispanic origin.
7. If job retention levels are less than initially proposed, explain the reductions or indicate when proposed staffing goals will be met.
8. Enter the date of submission and indicate whether or not this form is the original submission or has been revised.
9. Enter the name of the person who prepared the report.
10. Enter the telephone number of the person who prepared the report.

# 13-1c(iv)

\*\*\* Use Only For:  Housing and  Relocation \*\*\*

| LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION<br>FINAL APPLICANT/BENEFICIARY DATA FORM |   |       |   |
|---|---|-------|---|
| 1   | Subrecipient Name:  |       | 2 CEA or Loan Number:   |
| 3   | Activity Name:  |       | 4 Activity ID:  |
| <b>Persons in Applicant Households</b>  |   |       |   |
| 5   | All Income Levels   |       | #   |
| 6   | Extremely Low-, Low-, & Moderate-Income Levels (combined) |       | #   |
|   |   |       | %   |
| 7-A   | Extremely Low-Income Level (0-30%)                        |       | #   |
|   |   |       | %   |
|   |   |       | Own   |
|   |   |       | Rent  |
| 7-B   | Low-Income Level (31-50%)                                 |       | #   |
|   |   |       | %   |
|   |   |       | Own   |
|   |   |       | Rent  |
| 7-C   | Moderate-Income Level (51-80%)                            |       | #   |
|   |   |       | %   |
|   |   |       | Own   |
|   |   |       | Rent  |
| <b>Items 8 &amp; 9 will be based on all persons in Applicant Households regardless of income level</b>                  |   |       |   |
| Race and Ethnicity  |   | Total | Hispanic  |
| 8-A   | White   |       |   |
| 8-B   | Black/African American                                    |       |   |
| 8-C   | Asian   |       |   |
| 8-D   | American Indian/Alaskan Native                            |       |   |
| 8-E   | Native Hawaiian/Other Pacific Islander                    |       |   |
| 8-F   | American Indian/Alaskan Native and White                  |       |   |
| 8-G   | Asian and White   |       |   |
| 8-H   | Black/African American and White                          |       |   |
| 8-I   | American Indian/Alaskan Native and Black/African American |       |   |
| 8-J   | Other multi-racial  |       |   |
| 8-K   | Undisclosed   |       |   |
| 9-A   | Disabled Persons  |       |   |
| 9-B   | Disabled Households                                       |       |   |
| 9-C   | Female-headed Households                                  |       |   |
| 9-D   | Total Applicant Households                                |       |   |
| 10  | Source for determining applicant data:                    |       | 11 Date: Initial <input type="checkbox"/> Revision <input type="checkbox"/> |

# 13-1c(iv)

## INSTRUCTIONS FOR APPLICANT BENEFICIARY DATA FORM

*This form is intended for housing and relocation activities.*

In accordance with the federal regulations governing the Community Development Block Grant Program, the Applicant Data Form must be completed by all CDBG-DR and CDBG-MIT recipients who utilized the funds for a housing program or for a public facilities program which included the activity of rehabilitation loans and grants. The information reported on this form must include the data for all persons applying for financial assistance for housing rehabilitation or replacement housing and all persons applying for financial assistance for the installation and/or repair of water and/or sewer service lines on private property. *The numbers on this form will include all persons applying for financial assistance, including those who received the assistance and those who did not receive the assistance.* Often, the number of persons applying for assistance will exceed the number of beneficiaries since all who apply do not necessarily receive the assistance.

Any time an activity is included on this form, the same activity must also be listed on the Activity Beneficiary Form. Whereas this Applicant Data form identifies all applicants, the Activity Beneficiary Form identifies only those applicants who received assistance (beneficiaries).

### ITEM NUMBER

1. Enter the name of the Subrecipient.
2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
3. Enter the Activity/Project Name for the activity that is being closed out. The only activities applicable to this form are housing rehabilitation loans and grants, public facilities rehabilitation loans and grants (hook-ups), and relocation payments and assistance. If your program did not have monies budgeted for any of these activities, do not complete this form.
4. Enter the Activity/Project ID# assigned by LOCD-DR.

#### ***Persons in Applicant Households:***

5. All Income Levels: For the activity shown in row 3, provide the total number of persons in applicant households for "All Income Levels". "All Income Levels" includes the following four income levels: High, Moderate, Low, and Extremely Low. This means that all persons in the households applying for assistance, regardless of income level, must be shown.
6. Extremely Low-, Low-, and Moderate-Income: Enter the total number and percent of extremely low-, low-, and moderate-income persons in the applicant households.

# 13-1c(iv)

ITEM  
NUMBER

7. Enter the number and percentage of persons in applicant households according to the following income level components: 7A – Extremely Low, 7B – Low, and 7C – Moderate. This data can be obtained from the applications for assistance which were completed by the applicants. The numbers and percentages in these three categories, when combined, should equal the number and percentage on row 6.

***For housing rehabilitation, relocation, and public facilities rehabilitation activities which take place on private property, the number of owners and renters must also be identified by each income category.***

8. Racial/Ethnic Origin: Item 8 pertains to all persons in applicant households regardless of income level. Enter the number of persons in the applicant households by their racial origin (8-A through 8-K); then enter the number of persons in that racial origin that are of Hispanic or Latino ethnicity. All persons who applied for assistance will be included whether they received assistance or not. The total number of persons listed in rows 8-A through 8-K by racial/ethnic characteristics should equal the number of persons listed in row 5.
9. Household Characteristics: Item 9 pertains to all households/persons who applied for assistance regardless of income level.
- a. In 9-A, enter the number of disabled persons who reside in households which applied for assistance.
  - b. In 9-B, enter the number of applicant households which were headed by disabled persons.
  - c. In 9-C, enter the number of applicant households which were headed by females.
  - d. In 9-D, enter the total number of applicant households.
10. Source for determining applicant data: identify the source/methodology used for determining the applicant data.
11. Enter the date, and indicate whether or not this form is the original submission or has been revised.

# 13-1c(iv)

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# 13-1d

| LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION CIVIL RIGHTS COMPLIANCE REPORT<br>DISPLACEMENT OF LOW- AND MODERATE-INCOME HOUSEHOLDS |                        |  |
|--|------------------------|--|
| 1. Subrecipient Name:  | 2. CEA or Loan Number: | 3. Date: Initial <input type="checkbox"/><br>Revision <input type="checkbox"/> |
| 4. Activity Name:  | 5. Activity ID:        |  |
| 6. Attach Narrative Description of Actions Taken to Mitigate Adverse Effects.  |                        |  |
| 7. Community or Activity Area (indicate if activity is parish-wide or is in a designated target area. If a target area, indicate location):                          |                        |  |
| <b>8. Low- and Moderate-Income Households Displaced During the Program</b>   |                        |  |
| Racial Category  | Total                  | Hispanic Origin  |
| a. White   |                        |  |
| b. Black/African American  |                        |  |
| c. Asian   |                        |  |
| d. American Indian/Alaskan Native  |                        |  |
| e. Native Hawaiian/Other Pacific Islander  |                        |  |
| f. American Indian/Alaskan Native & White  |                        |  |
| g. Asian & White   |                        |  |
| h. Black/African American & White  |                        |  |
| i. American Indian/Alaskan Native & Black/African American   |                        |  |
| j. Other Multi-Racial  |                        |  |
| k. Undisclosed   |                        |  |
| <b>Total</b>   |                        |  |
| <b>9. Low- and Moderate-Income Households Relocating Out of the Community/Activity Area During the Completed Program</b>   |                        |  |
| a. White   |                        |  |
| b. Black/African American  |                        |  |
| c. Asian   |                        |  |
| d. American Indian/Alaskan Native  |                        |  |
| e. Native Hawaiian/Other Pacific Islander  |                        |  |
| f. American Indian/Alaskan Native & White  |                        |  |
| g. Asian & White   |                        |  |
| h. Black/African American & White  |                        |  |
| i. American Indian/Alaskan Native & Black/African American   |                        |  |
| j. Other Multi-Racial  |                        |  |
| k. Undisclosed   |                        |  |
| <b>Total</b>   |                        |  |
| <b>10. Low- and Moderate-Income Households Remaining in the Community/Activity Area During the Completed Program</b>   |                        |  |
| a. White   |                        |  |
| b. Black/African American  |                        |  |
| c. Asian   |                        |  |
| d. American Indian/Alaskan Native  |                        |  |
| e. Native Hawaiian/Other Pacific Islander  |                        |  |
| f. American Indian/Alaskan Native & White  |                        |  |
| g. Asian & White   |                        |  |
| h. Black/African American & White  |                        |  |
| i. American Indian/Alaskan Native & Black/African American   |                        |  |
| j. Other Multi-Racial  |                        |  |
| k. Undisclosed   |                        |  |
| <b>Total</b>   |                        |  |

## **INSTRUCTIONS FOR COMPLETING CIVIL RIGHTS COMPLIANCE REPORT** **(DISPLACEMENT OF LOW- AND MODERATE-INCOME HOUSEHOLDS)**

*This form is intended for activities that involve displacement of low- and moderate-income households.*

### **ITEM** **NUMBER**

1. Enter the name of the Subrecipient.
2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. Activity/Project Name: Enter the Activity Description for the activity that is being closed out.
5. Activity/Project ID: Enter the activity ID# assigned by LOCD-DR.
6. Narrative: Describe actions to assist displaced persons to remain in neighborhood when they prefer, and to mitigate adverse effects resulting from displacement.
7. Community or Activity Area: Indicate if activity is city-wide or is in a designated target area. If in a target area, indicate location.
8. Low- and Moderate-Income Households Displaced: Enter amount for each category (a-k) in the Total Number column. Enter the sum of all categories on the Total row of the Total column. Enter amount for each category (a-k) with Hispanic origin in total Hispanic column. Enter the sum of all categories in the Total row. Enter the sum of all categories with Hispanic origin on the Total row of the Hispanic column.
9. Low- and Moderate-Income Households Relocated: Enter the number of displaced households relocating out of the community or activity area for each category (a-k) in Total Number column. Enter the sum of all categories on the Total row of the Total Number column. Enter the amount for each category (a-k) with Hispanic origin in total Hispanic column. Enter the sum of all categories with Hispanic origin on the Total row of the Hispanic column.
10. Low- and Moderate-Income Households Remaining: Enter the number of displaced households remaining in the community or activity area for each category (a-k) in the Total Number column. Enter the sum of all categories on the Total row of the Total Number Column. Enter the amount for each category (a-k) with Hispanic origin in total Hispanic column. Enter the sum of all categories with Hispanic origin on the Total row of the Hispanic column.



## INSTRUCTIONS FOR THE MISCELLANEOUS INFORMATION FORM

### ITEM NUMBER

1. Enter the name of the Subrecipient.
2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
3. Enter the date, and indicate whether or not this form is the original submission or has been revised.
4. Activity/Project Name: Enter the Activity Description for the activity that is being closed out.
5. Activity/Project ID: Enter the activity ID# assigned by LOCD-DR.
6. Program Income: Check the appropriate box, Yes or No, to indicate if any program income was *generated* during this activity. If the program income was received as a result of another allocation, please do not include that amount. Please refer to Chapter 5 Financial Management, Part 9.9 Program Income in the Grant Implementation Manual before completing this section.  
*Note: The CDBG program requires that Economic Development loan repayments be submitted to the LOCD-DR as program income. The rules governing Program Income requirements are explained in Section IV (J) of the Financial Management Manual. There are some situations which may arise whereby the LOCD-DR will allow a unit of local government to keep program income; this does not include ED loan repayments. If you have received our permission to earn and retain program income, the following information is needed.*
7. Enter the total amount of program income and interest received during the life of the activity being closed out, if applicable.
8. Identify the source, original allocation date and dollar amount of all program income received. If applicable, distinguish between principal and interest. Also, indicate whether the program income is on hand or has been returned to the State by checking the appropriate Yes/No boxes.
9. Check the appropriate box, Yes or No, to indicate if any property or equipment was purchased with CDBG-DR or CDBG-MIT funds and, if applicable, provide a description and cost on 13-1i.

| <b>Capital Asset</b>   | <b>Useful Life</b>   |
|--|--|
| Movable Property (not including computer software) Examples: <ul style="list-style-type: none"> <li>• Office furniture and Fixtures</li> <li>• Computers and peripheral equipment</li> <li>• Office machinery and equipment (not computers)</li> </ul> | Varies – usually between 3 to 7 years depending on type of property. Contact the Louisiana Office of Statewide Reporting and Accounting Policy (OSRAP) for guidance. |
| Computer Software Purchased or Developed for Internal Use  | 3 years  |
| Buildings & Improvements   | 40 Years   |
| Leasehold Improvements   | 20 years or lease term   |
| Land and Non-depreciable Land Improvements   | No useful life assigned for inexhaustible assets   |
| Depreciable Land Improvements  | 20 Years   |
| Infrastructure   | 40 Years (preliminary)   |
| Historical Treasures & Works of Art  | No useful life – inexhaustible   |

# 13-1e

10. If a motor vehicle was purchased with CDBG-DR or CDBG-MIT funds, a copy of the title for each vehicle must be submitted.
11. If any land was acquired or donated in order to complete the activity, please identify the number of parcels acquired and/or donated.
12. For all activities which involve the transfer of ownership of the system or asset purchased, improved, or constructed with CDBG-DR or CDBG-MIT funds, a copy of the executed intergovernmental cooperative agreement must be attached to the closeout documents.
13. Attach a Final Wage Compliance Report (Exhibit 13-1h) for those activities which were subject to Davis Bacon and Related Acts.

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## **14. Qualitative Efforts**

Indicate the efforts you have made to satisfy your Section 3 obligations, or the nature of activities you pursued in the absence of meeting the labor hour benchmarks:

- Posted notice of job openings calling for Section 3 applicants at the job site, social media pages, and other platforms.
- Consulted with local YouthBuild programs, Louisiana Workforce Commission, JOB 1, or other community organizations to assist with training and recruiting Section 3 workers and Targeted Section 3 workers.
- Provided training or apprenticeship opportunities.
  
- Held one or more job fairs.
- Sent written notice of Section 3 contracting opportunities to local business development organizations, minority contracting associations, or other similar organizations.
- Searched business registries for Section 3, disadvantaged and small businesses to identify potential Section 3 subcontractors.
  
- Provided technical assistance to help Section 3 businesses understand and bid on contracts.
- Divided contracts into smaller jobs to facilitate participation by Section 3 businesses.
- Provided bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.
- Provided technical assistance to help Section 3 workers compete for jobs, or connected them with assistance in seeking employment, including resume assistance, interview preparation, coaching, or job placement services.
- Provided or referred Section 3 workers to services supporting work readiness and retention, such as interview clothing, licensing or testing fees, transportation, childcare.
  
- Helped Section 3 workers to obtain financial literacy training and/or coaching.
- Provided assistance to Section 3 workers to apply for or attend community college, four-year educational institution, or vocational/technical training.
- Other, please describe:

## INSTRUCTIONS FOR COMPLETING SECTION 3 SUMMARY REPORT

1. Recipient: Enter the name and address of the Subrecipient submitting this report.
2. Federal Identification (grant #): Enter the federal grant number that HUD assigned, as reported in DRGR. This number should be similar in format to “B-18-DP-22-0001” (which is for 2018 MIT), for example. This is *not* a project or CEA number, but the grant number assigned by HUD as the funding source. If you are unsure, please confirm with LOCD-DR staff.
3. Total Amount of Award: Enter the total CDBG-DR or CDBG-MIT funds received for this activity. (This may not necessarily be the original amount identified in the CEA). **Only report CDBG-DR or CDBG-MIT adjusted award amount on this line.**
- 4.&5. Contact Person/Phone: Enter the name and telephone number of the person with knowledge of the CEA and the recipient's implementation of Section 3.
6. Length of Agreement: Refer to contract/agreement effective date and end date/termination.
7. Reporting Period: Indicate the time period that this report covers (months and years, such as 12/2020-12/2022). Enter the application approval date and the date that activity was completed, for example.
8. Date Report Submitted: Enter the appropriate date.
9. Program Code: Enter number 8.
10. Program Name: Enter the name of the Program (e.g., Non-profit Rebuilding)
11. Section 3 hours: Provide the requested information. The benchmark for Section 3 workers is *25% or more* of the total number of labor hours worked by all workers on a Section 3-covered project. If this was not a Section 3-covered project, please put N/A in the fields.
12. Targeted Section 3 hours: Provide the requested information. The benchmark for Targeted Section 3 workers is *5% or more* of the total number of labor hours worked by all workers on a Section 3-covered project. *This means that the 5% is included as part of the 25% threshold.* If this was not a Section 3-covered project, please put N/A in the fields.
13. Section 3 Businesses: Identify all Section 3 businesses that have performed work on this project.
14. Qualitative Efforts: You only need to fill this part out if the Section 3 benchmarks mentioned above in #11 & 12 were not met for a Section 3-covered project.

# 13-1g

| CERTIFICATE OF COMPLETION - FINAL STATEMENT OF COST/ACTIVITY FUNDS BALANCE  |  |   |                          |                        |                         |                         |             |                  |
|---|--|---|--------------------------|------------------------|-------------------------|-------------------------|-------------|------------------|
| 1. Subrecipient Name:   |  | 2. Date: Initial <input type="checkbox"/> Revision <input type="checkbox"/> |                          | 3. CEA or Loan Number: |                         |                         |             |                  |
| 4. Activity Name:   |  | 5. Activity ID:   |                          |                        |                         |                         |             |                  |
| 6. Source and Status of Funds   |  | FEMA / Other Federal Funds  | Local Funds              | Other State Funds      | NFIP/ Private Insurance | CDBG-DR / MIT           |             |                  |
| A. Source of Funds  |  |   |                          |                        |                         | LOCD-DR                 |             |                  |
| B. Status of Funds  |  |   |                          |                        |                         | expended                |             |                  |
| If your project utilized different funding sources from those listed in this form, please attach a certified final sources and uses document. |  |   |                          |                        |                         |                         |             |                  |
| 7. Activity Categories  |  | Final Cost  | FEMA/Other Federal Funds | Local Funds            | Other State Funds       | NFIP/ Private Insurance | CDBG-DR/MIT | LOCD-DR Use Only |
| <b>A. Acquisition of Real Property</b>  |  |   |                          |                        |                         |                         |             |                  |
| <b>B. Public Works, Facilities, Site Imp.</b>   |  |   |                          |                        |                         |                         |             |                  |
| 1. Transportation   |  |   |                          |                        |                         |                         |             |                  |
| 2. Water and Sewage   |  |   |                          |                        |                         |                         |             |                  |
| 3. Health and Hospitals   |  |   |                          |                        |                         |                         |             |                  |
| 4. Police and Sheriff   |  |   |                          |                        |                         |                         |             |                  |
| 5. Fire and EMS   |  |   |                          |                        |                         |                         |             |                  |
| 6. Education  |  |   |                          |                        |                         |                         |             |                  |
| 7. Other Public Buildings   |  |   |                          |                        |                         |                         |             |                  |
| 8. Hurricane Protection and Coastal Res.  |  |   |                          |                        |                         |                         |             |                  |
| 9. Drainage   |  |   |                          |                        |                         |                         |             |                  |
| 10. Fisheries   |  |   |                          |                        |                         |                         |             |                  |
| 11. Parks and Recreation  |  |   |                          |                        |                         |                         |             |                  |
| 12. Utilities   |  |   |                          |                        |                         |                         |             |                  |
| 13. Community Resiliency/Planning   |  |   |                          |                        |                         |                         |             |                  |
| 14. Public Services Program   |  |   |                          |                        |                         |                         |             |                  |
| 15. Other   |  |   |                          |                        |                         |                         |             |                  |
| <b>C. Housing and Community Development</b>   |  |   |                          |                        |                         |                         |             |                  |
| 1. Homeowner Rehabilitation   |  |   |                          |                        |                         |                         |             |                  |
| 2. Homeownership Financing  |  |   |                          |                        |                         |                         |             |                  |
| 3. Homeowner Compensation/Incentive   |  |   |                          |                        |                         |                         |             |                  |
| 4. Housing Relocation Program   |  |   |                          |                        |                         |                         |             |                  |
| 5. Rental Rehabilitation/New Construction   |  |   |                          |                        |                         |                         |             |                  |
| 6. Homelessness Prevention  |  |   |                          |                        |                         |                         |             |                  |
| 7. Neighborhood Redevelopment   |  |   |                          |                        |                         |                         |             |                  |
| 8. Other  |  |   |                          |                        |                         |                         |             |                  |
| <b>D. Code Enforcement</b>  |  |   |                          |                        |                         |                         |             |                  |
| <b>E. Clearance, Demolition</b>   |  |   |                          |                        |                         |                         |             |                  |
| <b>F. Rehabilitation Loans and Grants</b>   |  |   |                          |                        |                         |                         |             |                  |
| 1. Housing  |  |   |                          |                        |                         |                         |             |                  |
| 2. Public Facilities  |  |   |                          |                        |                         |                         |             |                  |
| 3. Other  |  |   |                          |                        |                         |                         |             |                  |
| <b>G. Provision of Public Services</b>  |  |   |                          |                        |                         |                         |             |                  |
| <b>H. Relocation Payments and Assistance</b>  |  |   |                          |                        |                         |                         |             |                  |
| <b>I. Economic Development</b>  |  |   |                          |                        |                         |                         |             |                  |
| 1. Grant  |  |   |                          |                        |                         |                         |             |                  |
| 2. Loan   |  |   |                          |                        |                         |                         |             |                  |
| 3. Workforce  |  |   |                          |                        |                         |                         |             |                  |
| 4. Other  |  |   |                          |                        |                         |                         |             |                  |
| <b>J. Administration</b>  |  |   |                          |                        |                         |                         |             |                  |
| <b>K. Activity/Project Delivery</b>   |  |   |                          |                        |                         |                         |             |                  |
| <b>L. Program Income Applied</b>  |  |   |                          |                        |                         |                         |             |                  |
| <b>8. Total Activity Cost</b>   |  |   |                          |                        |                         |                         |             |                  |

| 9. COMPUTATION OF CDBG ACTIVITY FUNDS BALANCE              | Subrecipient<br>(a) Amount | LOCD-DR Use Only<br>(b) Approved Amount |
|--|----------------------------|---|
| Description<br><Reference items from previous page>        |                            |   |
| A. Total <b>CDBG-DR / MIT</b> Activity Costs <8 >          | \$                         | \$                                      |
| B. Unsettled Third Party Claims                            | \$                         | \$                                      |
| C. Subtotal <A + B>  | \$                         | \$                                      |
| D. Current Approved Activity Budget (including amendments) | \$                         | \$                                      |
| E. Unutilized Funds <D – C>                                | \$                         | \$                                      |
| F. Funds Received  | \$                         | \$                                      |
| G. Balance of Funds Payable <C – F>                        | \$                         | \$                                      |

*Note: If there are any unutilized funds (E from table above), complete a Request for Activity Amendment (Ex.2-1) to reallocate funds.*

10. List any unpaid costs and unsettled third-party claims against the CDBG-DR or CDBG-MIT Activity. Describe circumstances and dollar amounts involved.

Check if continued on additional sheet and attach

11. If other funds were included in project, please attach supporting documents showing the items paid and final payment statements.

| CERTIFICATION OF RECIPIENT  |           |
|---|-----------|
| It is hereby certified that all activities undertaken by the subrecipient with funds provided in the approved activity application identified hereof, have, to the best of my knowledge, been carried out in accordance with the activity application; that proper provision has been made by the recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof; that the State of Louisiana is under no obligation to make any further payment to the recipient under the contract in excess of the amount identified in line 9.D. hereof. All proceeds and all other funds available from, received by or to be received from governmental agencies as compensation for damages resulting from the declared disaster have been disclosed. It is further acknowledged that false, misleading or incomplete documents may result in prosecution to the fullest extent by federal, state or local authorities and/or repayment of all CDBG-DR or CDBG-MIT funds. Every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date. |           |
| 12. Typed Name and Title of Responsible Official:   |           |
|   |           |
| 13. Signature of Responsible Official:  | 14. Date: |
|   |           |

## INSTRUCTIONS FOR THE CERTIFICATE OF COMPLETION FINAL STATEMENT OF COST FORM

### Item Number

1. Enter the name of the Subrecipient.
2. Enter the date, and indicate whether or not this form is the original submission or has been revised.
3. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity.
4. Enter the Activity/Project Name for the activity that is being closed out.
5. Enter the Activity/Project ID# assigned by LOCD-DR.
6. Column 6 identifies Sources of funds to be reported.  
NOTE: If the listed source types do not apply, or if you have more sources of funds than spaces provided for entry, do not complete #6. Instead, attach a certified final sources and uses document.
  - A. Enter the source of funds for the categories listed above.
  - B. Enter the status of funds as N/A, received/expended or pending.
7. Complete as follows:
  - A-I: Choose the appropriate Activity category.
    - Enter the total activity cost in the Final Cost column.
    - Enter the amount paid under each funding source. When added together, these amounts should equal the Final Cost.
  - J: Enter the total amount for all activity Administrative costs, if any.
    - Enter the amount paid under each funding source.
    - Enter the total paid from all funding sources in the Final Cost column.
  - K: Enter the total Amount for Activity/Project Delivery costs, if any.
    - Enter the amount paid under each funding source.
    - Enter the total paid from all funding sources in the Final Cost column.
  - L: Enter program income received that was applied to the activity cost, if any.
8. Enter total for Final Costs for each funding source.
9. Complete as follows:
  - Column (a) Amount
  - A. Total CDBG-DR or CDBG-MIT Activity Cost: Enter amount shown on line 8.
  - B. Unsettled Third Party Claims: Enter estimated amount of any unsettled third-party claims; do not enter unpaid costs on this line.
  - C. Subtotal: Add 9.A. and 9.B. and enter the total.
  - D. Current Approved Activity Budget: Enter total activity budget amount, per CEA (Including any amendments).
  - E. Unutilized Funds: Subtract 9.C. from 9.D. and enter difference.
  - F. Funds Received: Enter CDBG-DR or CDBG-MIT funds actually received.
  - G. Balance of Funds Payable: Subtract 9.F. from 9.C. and enter amount (if 9.F. exceeds 9.C. enter amount of the excess in 9.G. as a negative amount; this amount must be repaid to the LOCD-DR by check made payable to the Division of Administration).Leave Column (b) Approved Amount blank for LOCD-DR use.
10. List any unpaid costs and unsettled third-party claims against the CDBG-DR or CDBG-MIT Activity. Describe circumstances and dollar amounts involved.
11. Attach documents (i.e. FEMA project worksheet, final cost certification, etc.) to support funding provided by other sources for the activity/project.
12. Type in the name and title of the responsible official.
13. The responsible official should sign in the space provided.
14. Enter date signed in the space provided.

| <b>LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION<br/>FINAL WAGE COMPLIANCE REPORT</b>      |  |  |  |  |   |
|---|--|--|--|--|---|
| 1. Subrecipient Name:   |  | 2. CEA or Loan Number:   |  | 3. Date: Initial <input type="checkbox"/><br>Revision <input type="checkbox"/> |   |
| 4. Activity ID:   |  |  |  |  |   |
| 5. Report Prepared By:  |  |  |  |  |   |
| 6. Was there any wage underpayment(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>                             |  |  |  |  |   |
| 7. Listing of any contractors associated with underpayment(s):  |  |  |  |  |   |
|   |  |  |  |  |   |
| <i>Prime contractor (above)<br/>Sub(s) to this prime (below)</i>  | <i>Prime contractor (above)<br/>Sub(s) to this prime (below)</i> | <i>Prime contractor (above)<br/>Sub(s) to this prime (below)</i> |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
| 8. Are any labor issues unresolved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on line below. |  |  |  |  |   |
| 9. Provide enforcement activity information for each contractor who had underpayment(s) using the format provided in 10-15. |  |  |  |  |   |
| 10.<br>Contractor<br>(prime or sub)   | 11.<br>Type of<br>work   | 12.<br># of<br>workers<br>underpaid                              | 13.<br>Restitution<br>under<br>Davis-Bacon | 14.<br>Restitution<br>under<br>CWHSSA  | 15.<br>Liquidated<br>Damages<br>collected |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |

## INSTRUCTIONS FOR THE FINAL WAGE COMPLIANCE REPORT

| <u>Item # and Description</u>  | <u>Instructions</u>  |
|--|--|
| 1-4. Name, CEA or Loan#, Date, ID                                      | Enter the name of the Subrecipient; the CEA or loan number; the date; and indicate whether or not this form is the original submission or has been revised, and the Activity/Project ID.   |
| 5. Prepared by   | Usually the name of the Subrecipient’s Labor Compliance Officer (LCO).   |
| 6. Wage underpayment(s)?   | Answer “Yes” or “No” based on the duration of the activity from start to finish.   |
| 7. Listing of contractors  | If the underpayment was to an employee of the prime contractor then list the prime contractor on the “above” line. If the underpayment was to an employee of a subcontractor(s), list both the name of the prime contractor on the “above” line and the name of the subcontractor(s) on the “below” line. If there were no underpayments enter “N/A” in the first cell.            |
| 8. Issues unresolved?  | <p>Possible issues: An employee due restitution has not yet been located. An ongoing dispute may be in litigation.</p> <p>Some issues must be resolved prior to grant closeout while others can be resolved after closeout. If there is an unresolved issue, provide enough information for the LOCD-DR to understand the situation. Attach a supplementary page if necessary.</p> |
| 9. Enforcement activity  | Include enforcement activity from the start to finish of the activity. Some activity may have been previously reported in a Labor Standards Enforcement Report but that does not matter—it must be reported again along with any previously unreported activity.   |
| 10. Contractor   | List the name of any contractor who underpaid the employee(s) regardless of their status as prime or sub. If there were no underpayment(s) then enter “N/A” in the first cell.   |
| 11. Type of work   | Use one or two words that most accurately describes the type of work performed by the contractor. Examples: water lines, fire station, sewer lines, sewer plant, fence, elevated tank, water well, painting, street reconstruction, etc.   |
| 12. Number of workers Underpaid  | Number of workers, per contractor, for whom wage restitution was disbursed or at least collected and put in escrow (in the event the worker could not be located).   |
| 13. Restitution, Davis-Bacon   | Total amount of Davis-Bacon restitution per contractor.  |
| 14. Restitution, Contract Work Hours and Safety Standards Act (CWHSSA) | Total amount of CWHSSA overtime restitution per contractor.  |
| 15. Liquidated Damages   | Total amount of liquidated damages per contractor collected for CWHSSA overtime violations. All liquidated damages are to be submitted to LOCD-DR unless waived.   |

## LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY AND MITIGATION

CDBG-DR/MIT EQUIPMENT INVENTORY REPORT DATE:

Initial      Revision

| 1. Subrecipient Name:  |                         | 2. CEA or Loan Number:      |                 |                              | 3. Activity Name:         |                          |                     | 4. Activity ID:           |                      |
|------------------------|-------------------------|-----------------------------|-----------------|------------------------------|---------------------------|--------------------------|---------------------|---------------------------|----------------------|
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
| 5. Identification      | 6. Property Description | 7. Funding Source (Grant #) | 8. Title Holder | 9. Acquisition Date and Cost | 10. Federal Share of Cost | 11. Location of Property | 12. Use of Property | 13. Condition of Property | 14. Disposition Date |
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
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|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
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|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |
| 15. Date of Inventory: |                         |                             |                 | 16. Inventory Taken By:      |                           |                          |                     |                           |                      |
|                        |                         |                             |                 |                              |                           |                          |                     |                           |                      |

## INSTRUCTIONS FOR CDBG-DR/MIT EQUIPMENT INVENTORY

*Enter the Report date, and indicate whether or not this form is the original submission or has been revised.*

*Note: Subrecipient Inventory Reports may be substituted if they contain the same information as 13-1i*

### ITEM NUMBER

1. Enter the name of the Subrecipient.
  2. Enter the CEA or loan number for the CDBG-DR or CDBG-MIT activity that is being closed out.
  3. Enter the Activity/Project Name for the activity that is being closed out.
  4. Enter the Activity/Project ID# assigned by LOCD-DR for the activity that is being closed out.
- Items 5-14:** Enter information on a separate line for each piece of equipment purchased with CDBG-DR or CDBG-MIT funds:
5. Enter the identification number of the property or equipment (i.e. serial number, model number, and manufacturer).
  6. Enter the description of the property or equipment.
  7. Enter the federal grant number that HUD assigned to the CDBG-DR or CDBG-MIT fund source, as reported in DRGR.
  8. Enter the title holder if applicable.
  9. Enter the date property or equipment was purchased and the total cost of the purchase.
  10. Enter the Federal share of costs of the property or equipment.
  11. Enter the location where the property or equipment is stored or utilized.
  12. Enter the intended use of the property or equipment.
  13. Enter the condition of the property or equipment (e.g. excellent, good, fair, poor).
  14. Enter the date the property or equipment was disposed of to another party or entity, if applicable.
  15. Enter the Date of Inventory.
  16. Enter the name of the individual(s) taking inventory.

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