



CDBG Reimbursement & Progress Report

Name of organization:

Phone

Name of project:

Date of request:

CDBG funds requested \$

For what are the CDBG funds needed?

1. Will the CDBG funds requested be used to

Reimburse your agency for payments made

OR

Pay your agency in advance (*only available for construction projects, and release of lien waiver will be required*). Attach copies of supporting documentation (copies of cancelled checks, statements, receipts, payroll data, etc.).

2. Is this a **FINAL** request? Yes No

If not, what is the estimated date of completion? _____

3. **For final request only:** List the source and amount of matching funds used for the project.

4. Briefly describe your overall accomplishments or concerns.

ALL CDBG-CV FUNDED PROJECTS MUST COMPLETE QUESTIONS 1 AND 2

1. The CARES Act's **CDBG-CV** funds are specifically targeted to prevent, prepare for, and respond (**PPR**) to coronavirus pandemic. Which of the following best define how your funds were utilized for this request for payment?

Prevent

Prepare

Respond

All the above



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2. Explain how your CDBG-CV funds have helped to prevent, prepare and/or respond to the Corona-virus pandemic *(100 words or more)*

COMPLETE QUESTIONS 1 AND 2 WITH DUPLICATION OF BENEFITS INFORMATION

1. Did you take necessary and reasonable measures to avoid duplication of benefits (DOB)? Yes No
2. What measures or protocols do you have in place to avoid duplication of benefits?

I certify that the information contained in this request for payment and progress report is true and accurate. I have established protocols to ensure non-duplication of funding, that funds have not been used to duplicate work funded by HUD funds or funds from other federal program. By signing, I hereby agree to repay assistance if it is determined to be duplicative. LIST OF FEDERAL FUNDING AGENCIES

Name

Signature

Date



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Name of Subrecipient (Agency) _____

Project Title_____

Contact Person _____

Phone Number_____

Grant Award \$ _____

Balance as of Date of Request \$ _____

Reporting Period

Activity/Expense	Amount
Total	



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Name of Subrecipient (Agency) _____

Beneficiary data date range _____

Please complete the following table and questions

Do not duplicate data from prior reports. Service projects – only report on new clients in the table.

Housing projects: only give data for housing units that are completed & occupied in the table below.

Race and Ethnicity	Beneficiaries/Clients served			
	Number of Persons	Number of Households	Number of Persons Hispanic	Number of Households Hispanic
American Indian/Alaska Native				
Asian				
Black/African American				
White				
American Indian/Alaska Native and White Asian and White				
Asian and White				
Black/African American and White				
American Indian/ALASKA Native and Black African/American				
Other				
Total Beneficiaries*				
Income Category of Beneficiaries/Clients served				
Very Low Income				
Low Income				
Moderate Income				
Not low & moderate income				
Total Beneficiaries*				
Household Composition				
Female headed Households				
Elderly Households				
Persons with Disabilities				

**Note: total number of beneficiaries must be the same in both categories.*



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Name of Subrecipient (Agency)- _____ Beneficiary data date range _____

Service projects benefitting homeless persons:

Number of previously homeless persons in permanent housing after assistance: _____

Construction/improvement of facilities: What has been accomplished

Housing Projects*	Number of Units
Units under construction	
Units completed	
Units completed and occupied	
Units made accessible	
Emergency rehabilitation units	

Additional Narrative:

* Note: Housing rehabilitation projects **must** complete lead-based requirements on pg. 5 after work is **done** and units are **occupied**



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FOR HOUSING REHAB PROJECTS: complete only after work is done and unit is occupied

Name of Subrecipient (Agency)-----Beneficiary data date range-----

Housing units in a project assisted with CDBG funds must comply with lead-based paint poisoning prevention regulations found at HU [24 CFR Part 35](#). The main purpose of the regulation is to identify and address lead-based paint hazards before children are exposed to the hazard. Some CDBG projects may be exempt from the lead safe housing rule (LSHR) if they meet the criteria listed below; please note that documentation will be required to support any of these exemptions.

1. Emergency Repairs to the property being performed to safeguard against imminent danger to human life, health, or safety, or to protect the property from further structural damage due to natural disaster, fire, or structural collapse.
2. Property will not be used for human residential habitation.
3. Property exclusively for the elderly or persons with disabilities, with the provision that **children less than six years** will not reside in the dwelling.
4. An inspection performed according to HUD Standards found the property contained no lead-based paint
5. According to documented methodologies, lead-based paint has been identified and removed, and the property has achieved clearance
6. Rehabilitation will not disturb any paint surface
7. The property has no bedrooms
8. Property is vacant and will remain vacant until demolition

Applicable Lead Paint Requirement	Number of Units
Exemption based one of the above (please check and provide necessary documentation)	
Housing constructed before 1978	
Exempt: Hard costs <= \$5,000	
No paint was disturbed	
Exempt: housing constructed in 1978 or later	
Total number of rehab units	

Lead Hazard Remediation Actions (For Rehabilitation projects only)	Number of units
Lead Safe Work Practices (24 CFR 35.930(b)) (Hard costs <= \$5,000)	
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs \$5,000 - \$25,000)	
Abatement (24 CFR 35.930(d)) (Hard costs > \$25,000)	

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City of Bismarck internal review track sheet

Subrecipient Amount

Date received

CDBG Administrator

Planning Manager

Grants Coordinator

Notes/Comments