

CDBG Financial & Accomplishment Report (FAR)

(Due Semi-Annual and at Closeout)

Grantee: County of El Dorado
Address: 3057 Briw Road, Suite A
Placerville, CA 95667
Phone: 530-642-4892

Preparer: Diane Waibel
Title: Accountant II
Organization: same
Phone: 530-642-4892
E-Mail Address: diane.waibel@edcgov.us

Grant No.: 10-STBG-6711
Grant Amend. No.: n/a
Execution Date: 03/15/11
Expiration Date: 06/30/13
CDBG Program Rep: Linda Boyle

<input checked="" type="checkbox"/>	Final FAR
<input type="checkbox"/>	Closeout Report

Section I - Fund Status

Report Period:

From:

01/01/13

To:

06/30/13

Section I Part A - Requested Fund Information							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Contract Activities	HUD Code	Budgeted Amount	Total Requested To Date	Total CDBG Funds Received	CDBG Funds Requested Not Received	Total CDBG Funds Disbursed	CDBG Funds-on-Hand* (Col. 5 - 7)
1- General Administration	21A	\$ 60,000.00	\$ 30,067.70	\$ 30,067.70	\$ -	\$ 33,306.99	\$ (3,239.29)
2- Housing Rehab AD	14H	\$ 40,850.00	\$ -	\$ -	\$ -	\$ -	\$ -
3- Housing Rehab- Single Unit	14A	\$ 174,150.00	\$ -	\$ -	\$ -	\$ -	\$ -
4- PIHNC AD	03KD	\$ 42,000.00	\$ 3,978.00	\$ 3,978.00	\$ -	\$ 10,447.16	\$ (6,469.16)
5- PIHNC - Street Improvements	03K	\$ 483,000.00	\$ 483,000.00	\$ 260,244.00	\$ 222,756.00	\$ 483,000.00	\$ (222,756.00)
6-							
7-							
Total		\$ 800,000.00	\$ 517,045.70	\$ 294,289.70	\$ 222,756.00	\$ 526,754.15	\$ (232,464.45)

***Note: If Funds-on-Hand exceeds 5,000, please explain why in Section VI - Comments.**

Section I Part B - Accrued Expenditures & Milestones							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Contract Activities	HUD Code	Budgeted Amount	Previously Reported	Expenditures This Period	Total Accrued Expenditures	Balance (Col. 3 - 6)	Percent (Col. 6 / 3)
1- General Administration	21A	\$ 60,000.00	\$ 30,067.70	\$ 3,239.29	\$ 33,306.99	\$ 26,693.01	56%
2- Housing Rehab AD	14H	\$ 40,850.00	\$ -	\$ -	\$ -	\$ 40,850.00	
3- Housing Rehab- Single Unit	14A	\$ 174,150.00	\$ -	\$ -	\$ -	\$ 174,150.00	
4- PIHNC AD	03KD	\$ 42,000.00	\$ 3,977.99	\$ 6,469.17	\$ 10,447.16	\$ 31,552.84	25%
5- PIHNC - Street Improvements	03K	\$ 483,000.00	\$ -	\$ 483,000.00	\$ 483,000.00	\$ -	100%
6-							
7-							
Total		\$ 800,000.00	\$ 34,045.69	\$ 492,708.46	\$ 526,754.15	\$ 273,245.85	66%

Section II - Expenditure of Match, Leverage & State /Federal Sources

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Contract Activities	Funding Source	Total Budget	Previously Reported	Expended This Quarter	Expenditures To Date (Col. 4 + 5)	Percent Expended (Col. 6 / 3)
1- Staff Time	Local-EDC GA	\$ 500.00	\$ 500.00	\$ -	\$ 500.00	100%
2- Staff Time	Local-EDC AD Rehab	\$ 2,500.00	\$ -	\$ 187.71	\$ 187.71	8%
3- Staff Time	Local-EDC AD PIHNC	\$ 4,500.00	\$ 566.42	\$ 1,027.60	\$ 1,594.02	35%
4-		\$ -	\$ -	\$ -	\$ -	
5-		\$ -	\$ -	\$ -	\$ -	
6-		\$ -	\$ -	\$ -	\$ -	
7-		\$ -	\$ -	\$ -	\$ -	
8-		\$ -	\$ -	\$ -	\$ -	
9-		\$ -	\$ -	\$ -	\$ -	
Total		\$ 7,500.00	\$ 1,066.42	\$ 1,215.31	\$ 2,281.73	30%

CDBG Financial & Accomplishment Report (FAR)

Section III - Residential Rehabilitation Loan Account (if applicable)

Report Period: From: 01/01/13 To: 06/30/13

Report the funds received on an advance basis for the Residential Rehabilitation Activity:	\$	-
Report the actual amount paid to contractors for rehabilitation services:	\$	-
Balance remaining for the Residential Rehabilitation Activity:	\$	-
Is the remaining balance in a rehabilitation loan account? <input type="checkbox"/> Yes <input type="checkbox"/> No. Will balance be expended within 22 working days of deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no explain in Comments		

Section IV - Interest Revenue Earned on Advances (if applicable)

Report Period: From: 01/01/13 To: 06/30/13

Report the total amount of interest revenue earned on CDBG advances:	_____	
Report the total amount of interest revenue returned to the Department:	\$ _____	
<i>Note: Do not return interest from lump sum draw down. However, <u>DO</u> include the interest from escrow accounts required for Residential Rehabilitation Activities.</i>		

Section V - Lump Sum Report (if applicable)

Report Period: From: 01/01/13 To: 06/30/13

Part A - Lump Sum draw down agreement information	Part B - Fund Reconciliation	Part C - Financial Institution Contribution								
1. Date Agreement Approved by HCD: _____ 2. Date Agreement Executed: _____ 3. Term of Agreement (not to exceed 2 yrs.): _____ 4. Date of deposit into financial institution: _____ 5. Date 45 days past date in line 4: _____ 6. Date 1st loan approved: _____ 7. Date 180 days past date in line 4: _____ 8. Percent disbursed by 180th day: _____	1. Lump Sum Deposit: _____ 2. Repayment of P & I: _____ 3. Interest from Deposit: _____ 4. Total (1+2+3) \$ - 5. Total Loaned: _____ 6. Total Available (4-5): \$ -	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px;">BMIR</td> <td style="width: 100px;">_____</td> </tr> <tr> <td>Admin. Services</td> <td>_____</td> </tr> <tr> <td>Bank Contribution</td> <td>_____</td> </tr> <tr> <td colspan="2">Amt: _____</td> </tr> </table> <p style="text-align: center; font-style: italic;">Provide narrative of progress to date in Section VI - Comments</p>	BMIR	_____	Admin. Services	_____	Bank Contribution	_____	Amt: _____	
BMIR	_____									
Admin. Services	_____									
Bank Contribution	_____									
Amt: _____										

Section VI - Comments:

CDBG Financial & Accomplishment Report (FAR)

Grantee: County of El Dorado

Grant No.: 10-STBG-6711

Report Period: From: 01/01/13 To: 06/30/13

Section VII - ACCOMPLISHMENT NARRATIVE (Significant Changes; Problems Encountered; Milestones Met. Please refer to instructions.):

First Quarter of the Semi-annual Report Period. From: 01/01/2013 To: 03/31/2013

Contract Activities	HUD Code	Narrative Accomplishments
1- General Administration	21A	Accounting, coordination and reporting.
2- Housing Rehab AD	14H	
3- Housing Rehab- Single Unit	14A	
4- PIHNC AD	03KD	Project-related activity-delivery including labor compliance.
5- PIHNC - Street Improvement	03K	<i>Project is in process; no requests for funds yet received.</i>
6-		
7-		

Second Quarter of the Semi-annual Report Period. From: 04/01/2013 To: 06/30/2013

Contract Activities	HUD Code	Narrative Accomplishments
1- General Administration	21A	Accounting, coordination and reporting.
2- Housing Rehab AD	14H	Loans in progress with PI
3- Housing Rehab- Single Unit	14A	Since EDC received AUGF, six HR projects were approved and five completed prior to 6/30/13. Due to changes in CDBG PI rules, PI was expended prior to drawing grant funds. HR Activity is brisk, but new PI Reuse rules mid grant created challenges.
4- PIHNC AD	03KD	Project-related activity-delivery including labor compliance.
5- PIHNC - Street Improvement	03K	<i>Work completed and funds expended prior to 6/30/13</i>
6.		
7-		

Grantee Certification:

I certify to the best of my knowledge that this report is true in all respects, that the reported amounts agree with the official accounting records, and that all disbursements have been made for the purposes and conditions of this grant.

Name: Don Ashton

Title: Interim Director

Signature: 

Date: Aug. 12, 2013

FOR HCD USE ONLY

CDBG Rep: _____

Approval Date: _____

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG) FUNDS REQUEST FORM



Conditions for CDBG Processing:

1. Requests for less than \$1,000 will be returned unprocessed (exception: Final Funds Request).
2. Frequency – Submit a Funds Requests as funds are needed.
3. Supporting Documentation - Submit as specified by HCD.
4. Signature Card - Must be on file with HCD authorizing signer(s).

Section I - CDBG GRANTEE INFORMATION

1. CDBG Grant Number: 10-STBG-6711	2. Request Type: Reimbursement	3. Request Number: 6	4. Fiscal Year: (Multi-Year Contracts Only)	5. Date Prepared: 08/08/2013	6. Reporting Period 01/01/13-06/30/13
7. Grantee Name and Address County of El Dorado 3057 Briw Road, Suite A Placerville, CA 95667 Phone Number: E-Mail Address:			Diane Waibel 3057 Briw Road, Suite A Placerville, CA 95667 Phone Number: E-Mail Address:		
			530-642-4892 diane.waibel@edcgov.us		
			530-642-4892 diane.waibel@edcgov.us		
9. Execution Date:			10. Expiration Date:		
3/15/11			6/30/13		
11. Grant Amendment Expiration Date:			12. Grant Amendment No.		
n/a			n/a		

Section II - FUNDS REQUEST INFORMATION (ROUND ALL FIGURES TO THE NEAREST DOLLAR)

13. Activity Name with HUD Code	14. Budgeted Amount per Fiscal Year	15. Funds Previously Requested	16. Funds Being Requested	17. Budget Balance	18. Funds Previously Requested Not Received	19. IDIS No. (HCD USE ONLY)
General Administration (21A)	\$60,000	\$30,068	\$3,239	\$26,693		
Rehab. Admin (14H)	\$40,850	\$0	\$0	\$40,850		
Rehab: Single-Unit Residential (14A)	\$174,150	\$0	\$0	\$174,150		
AD Street Improvements (03KD)	\$42,000	\$3,978	\$6,469	\$31,553		
Street Improvements (03K)	\$483,000	\$483,000	\$0	\$0	\$222,756	
				\$0		
20. TOTALS	\$800,000	\$517,046	\$9,708	\$273,246	\$222,756	
21. CDBG Excess Cash on Hand						
22. Comments:						

Section III - EXPENDITURE OF MATCH FUNDS - PLANNING AND TECHNICAL ASSISTANCE & FREEZE CONTRACTS

23. Activity Name with HUD Code	24. Budgeted Amount	25. Funds Previously Reported	26. Funds Expended This Period	27. Funds Expended to Date
	\$0		\$0	\$0
				\$0
				\$0
28. TOTALS	\$0		\$0	\$0

Section IV - EXPENDITURE OF PROGRAM INCOME ON ACTIVITIES ASSOCIATED WITH THIS GRANT

29. Activity Name with HUD Code	30. Budgeted Amount	31. Funds Previously Reported	32. Funds Expended This Period	33. Funds Expended to Date
				\$0
				\$0
34. TOTALS	\$0		\$0	\$0

Section V - GRANTEE APPROVAL

35. Grantee Certification: I certify to the best of my knowledge that this report is true in all respects, that the reported amounts agree with the official accounting reports and that all disbursements have been made for the purposes and conditions of this grant.

PREPARER SIGNATURE 	AUTHORIZED SIGNER SIGNATURE
TYPE/PRINT PREPARER NAME Cynthia J Freeland, Administrative Services Officer	TYPE/PRINT AUTHORIZED SIGNER NAME Donald Ashton, Interim Director
	DATE Aug 13, 2013

Section VI - FOR HCD USE ONLY

IDIS Voucher Date:	IDIS Voucher#:	Program Representative:	Fiscal Representative:
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Community Development Block Grant Summary of Expenditures Form

INSTRUCTIONS TO GRANTEE: In the absence of a detailed invoice, <u>submit this form with the funds request form</u> for payment of materials, merchandise or services. Provide a detailed description of each expenditure. Personnel costs to the program must be documented in the comments section below and must include name, title, time period, activities performed and total amount. Summary documentation must be retained in accordance with the CDBG Grant Management Manual Chapter 7, Section (II)(A)(9). HCD may request copies of detailed summary documents cited in this expenditure form in order to conduct desk reviews as needed.	Date: 7/22/2013
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CDBG Grant No: 10-STBG-6711	Request Number: 6 - PAGE 1 OF 2
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Grantee Name and Address: County of El Dorado/ HCED 330 Fair Lane, Bldg. A Placerville, CA 95667	Name of Preparer: Diane Waibel	E-Mail Address: diane.waibel@edcgov.us
	Phone Number: 530-642-4892	

HUD Activity Code	Expenditure Description	Vendor's Name	Date Paid or Payable	Check/Invoice/ P.O. Number	Total Amount Paid
21A	Staff Salaries & Benefits	(see attached)	01/01-06/30/13		\$2,766.03
21A	* Other Personnel Costs	County benefits	01/01-06/30/13		(\$18.87)
21A	General Admin	County cost applied: mail svc; stores, mainframe & network support	01/01-06/30/13		\$116.44
21A	General Admin	Sierra Office Systems	3/18/2013	2552355	\$7.33
21A	General Admin	Sierra Office Systems	3/18/2013	2568917	\$4.03
21A	General Admin	Sierra Office Systems	3/18/2013	2556617	\$26.18
21A	General Admin	Sierra Office Systems	3/18/2013	2568858	\$40.01
21A	General Admin	Postage meter	01/01-06/30/13		\$14.14
21A	General Admin	Employee Mileage-Freeland	2/14/2013	1239755	\$42.83
21A	General Admin	Trans Union	4/18/2013	2329949	\$25.00
21A	General Admin	Trans Union	5/28/2013	3329789	\$27.22
21A	General Admin	Trans Union	6/6/2013	4330049	\$28.95
21A	General Admin	Trans Union	5/25/2013	5329689	\$25.00
*Total -					\$3,104.29

Comments:	
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* Other Personnel Costs, County Benefits - actual less than accrued resulting in decrease in expenditures of -\$18.87

Certification of Summary of Expenditures
As a representative of the grantee, I certify, this document and any attachments were prepared in accordance with the terms and conditions of each standard agreement exhibit and, to the best of my knowledge and belief, is accurate.

AUTHORIZED SIGNER SIGNATURE 	
TYPE/PRINT AUTHORIZED SIGNER NAME Don Ashton, Interim Director	

DATE <u>Aug. 13, 2013</u>

HCD USE ONLY			
Program Representative:	Fiscal Representative:		
Approval Date	Approval Date		

*Total amount needs to match total funds request amount.
Revised: 05/06/2009



Community Development Block Grant Summary of Expenditures Form

INSTRUCTIONS TO GRANTEE:	In the absence of a detailed invoice, <u>submit this form with the funds request form</u> for payment of materials, merchandise or services. Provide a detailed description of each expenditure. Personnel costs to the program must be documented in the comments section below and must include name, title, time period, activities performed and total amount. Summary documentation must be retained in accordance with the CDBG Grant Management Manual Chapter 7, Section (II)(A)(9). HCD may request copies of detailed summary documents cited in this expenditure form in order to conduct desk reviews as needed.	Date: 7/22/2013
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CDBG Grant No: 10-STBG-6711	Request Number: 6 - PAGE 2 OF 2
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Grantee Name and Address: County of El Dorado / HCED 330 Fair Lane, Bldg. A Placerville, CA 95667	Name of Preparer: Diane Waibel	E-Mail Address: diane.waibel@edcgov.us
	Phone Number: 530-642-4892	

HUD Activity Code	Expenditure Description	Vendor's Name	Date Paid or Payable	Check/Invoice/ P.O. Number	Total Amount Paid
21A	General Admin	Laurin Associates - April 2013	7/15/2013	6392	\$135.00
03KD	Admin Subcontractor-PIHNC	Laurin Associates - Nov 2012	2/11/2013	6244	\$857.53
03KD	Admin Subcontractor-PIHNC	Laurin Associates - Dec 2012	2/20/2013	6259	\$641.94
03KD	Admin Subcontractor-PIHNC	Laurin Associates - Jan 2013	2/25/2013	6293	\$712.15
03KD	Admin Subcontractor-PIHNC	Laurin Associates - Feb 2013	4/18/2013	6318	\$852.15
03KD	Admin Subcontractor-PIHNC	Laurin Associates - Mar 2013	5/13/2013	6363	\$854.34
03KD	Admin Subcontractor-PIHNC	Laurin Associates - Apr 2013	7/15/2013	6392	\$853.46
03KD	Admin Subcontractor-PIHNC	Laurin Associates - May 2013	5/31/2013	6437	\$850.88
03KD	Admin Subcontractor-PIHNC	Laurin Associates - June 2013	6/30/2013	6468	\$846.72
				*Total -	\$6,604.17

Comments:	
	page 1 \$3,104.29 grand total \$9,708.46

Certification of Summary of Expenditures
 As a representative of the grantee, I certify, this document and any attachments were prepared in accordance with the terms and conditions of each standard agreement exhibit and, to the best of my knowledge and belief, is accurate.

AUTHORIZED SIGNER SIGNATURE

 TYPE/PRINT AUTHORIZED SIGNER NAME
 Don Ashton , Interim Director

DATE
 Aug. 13, 2013

HCD USE ONLY

Program Representative:	Fiscal Representative:
Approval Date	Approval Date

*Total amount needs to match total funds request amount.