

Community Development Block Grant (CDBG) Program



Program Income (PI) Report

rev. 06.25.13

Fill out Yellow Areas

A. Grantee/ Jurisdiction Name:	B. Report Period	C. Fiscal Year
El Dorado County	Semi Annual 1 <small>(July 1 - December 31)</small>	2013/ 14

D. Revision	Revision Date

Section I - Program Income Available for Activities

E.	PI Received from (1)(2):			H.	I.
	F1.	F2.	G.	(F1 + F2 + G)	(E + H - K)
Beginning Balance	RLA	Grants (3)	Bank Interest	Total PI Received	Total PI Available for Activities
\$210,215	\$23,806		\$126	\$23,932	\$230,079

- (1) As of October 1, 2004 costs of collection of loan payments may no longer be deducted to determine the amount of program revenue.
 (2) Report all program revenue received in accordance with 24 CFR 570.489(e).
 (3) If less than \$35,000 received this period (**Box F2** only), enter **\$0** in box **F2** only - note the amount received in the **Comments** section at the bottom of this page. These funds may not be expended until the end of the year.

Section II - Program Income General Administrative (PI GA)

J.	K.	L.	M.
Beginning GA Balance	GA from Revenue Received (17% of Box H)	GA Expended (Include Planning Activities)	Ending GA Balance (J + K - L)
\$44,283	\$4,068	\$6,903	\$41,448

Amount to be Deposited (H - K)	\$19,864
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Section III - Actual RLA Expenditures

	N.	PI Expended for Activities (\$)		Q.
	Name of <u>Approved</u> RLA	O. Revolving (4)	P. Non-Revolving (5)	Total Expended (O + P)
1		\$0	\$0	\$0
2	Housing Rehabilitation, Single Family (1-4 units)	\$10,230	\$743	\$10,973
3	Homeownership Assistance	\$0	\$0	\$0
4		\$0	\$0	\$0
	Total:	\$10,230	\$743	\$10,973

- (4) At least **60%** of PI disbursed during FY must be for revolving activities.
 (5) For each RLA up to **40%** of PI disbursed during a program year may be for non-revolving activities.

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Section IV - Actual Expenditure of PI Committed to OPEN CDBG Contracts (6)

R. CDBG Contract #	S. Activity Code	T. Total PI		V. PI Expended This Period	W. Balance
		Committed	Previously Expended		(T - U - V)
1					\$0
2					\$0
3					\$0
4					\$0
5					\$0
Total:		\$0	\$0	\$0	\$0

(6) The amounts reported in this section must also be reported on, and balance with the CDBG Funds Request forms for each contract. Column U includes amounts from Section I and V (A2), and prior year commitments as applicable.

Section V - Actual Expenditure of PI Committed to PI Waiver Activities

X. Activity Code & Description	Y. Total PI		Z.	A1. PI Expended This Period	A2. Balance
	Committed	Previously Expended			(Y - Z - A1)
1					\$0
2					\$0
3					\$0
4					\$0
5					\$0
Total:		\$0	\$0	\$0	\$0

Section VI - Activity Program Income Balance

A3. Available PI Activity Balance	A4. PI Expended This Period	A5. Ending Balance
<small>(from Box I)</small>	<small>(Q + V + A1)</small>	<small>(A3 - A4)</small>
\$230,079	\$10,973	\$219,106

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Section VII - RLA Balances

A6. Name of <u>Approved</u> RLA <small>Column N</small>	A7. Beginning Balance	A8. PI <u>This</u> Period		A9. Expended <small>(Column Q)</small>	A10. RLA('s) (7)	A11. Open Contracts & Waivers	A12. Ending Balance (8) <small>(A7 + A8 - A9 - A10 - A11)</small>
		Deposited Transfers In					
1	\$0	\$0		\$0			\$0
2 Housing Rehabilitation, Single Family (1-4 units)	\$76,814	\$7,946		\$10,973			\$73,787
3 Homeownership Assistance	\$89,119	\$11,918		\$0			\$101,037
4		\$0		\$0			\$0
Total:	\$165,933	\$19,864		\$10,973	\$0	\$0	\$174,824

(7) Transfers of funds between RLA's must be preceded by a properly noticed CDBG citizen participation public hearing,

(8) [EXPLAIN NEGATIVE BALANCES](#)

A14. Comments

A15. Preparer Certification

This Certification indicates that this report is true in all respects, all Program Income expenditures were for CDBG-eligible activities that addressed CDBG national objectives and department approval was obtained in advance.

Preparer Name: C.J. Freeland

Email Address: cynthia.freeland@edcgov.us

Phone #: (530) 621-5159

Date: 1/30/2014

Please submit the completed report **electronically** to: CDBG@HCD.CA.GOV, your CDBG Contract Rep. and your jurisdiction's Authorized Representative if they are not the same as the preparer.

A16. HCD Certification

Program Rep Initials: _____ Date: _____	Fiscal Rep Initials: _____ Date: _____
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