

COMMUNITY
DEVELOPMENT
BLOCK
GRANT

(CDBG)

1. INVOICE AND DISBURSEMENT REQUESTS
2. QUARTERLY REPORTING
 - April 15th
 - July 15th
 - October 15th
 - January 15th
3. ANNUAL REPORTING
 - January 31st



Invoice and Disbursement Request Form

HOW TO FILL OUT A

CDBG INVOICE AND DISBURSEMENT FORM

The Invoice and Disbursement Request can be submitted at any time. You do not need to wait until your quarterly reports are due.

Wages & Salary Reimbursement

Submit the
following:



CDBG Invoice and Disbursement Request Form



Agency Invoice




Back-up documents such as expense reports,
payroll summaries, time sheets etc.

The Invoice will be Provided as an Excel Document

Fill out the Remit To, Award Total, and CDBG Subrecipient Agreement #.
Your invoice may have these prefilled

APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template



Invoice Date _____

Invoice Description _____

Remit to:

Send to:

City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total

Org _____ D75931.00

Object _____ 4925

Invoice # _____

City Vendor # _____

CDBG Subrecipient Agreement # _____

Amount billed for this Period \$10,492.52

Check if final invoice

Fund	Activity	Billed this Period	Total to date	Balance
153	Quarter 4 Wages and Salary	\$ 10,492.52	\$ 10,492.52	\$ (10,492.52)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total Net City Reimbursement		\$ 10,492.52	\$ 10,492.52	\$ (10,492.52)

Project Manager Desk Monitoring

Authorized Signature _____

Eligible, Allowable Costs _____

Compliance with Project Budget _____

CERTIFICATE
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE _____

DATE: _____

Billing Invoice will only be paid based on provider attaching the required supporting documentation.

Required attachments (checkmark indicates compliance):

DATE STAMP

Amount awarded


Remit to: Enter the non-profit's name, contact person, and address

CDBG Subrecipient Agreement is the number found in the right corner of your contract with the City

How To Fill out Initial Invoice for: Wages & Salary Reimbursement

1. Invoice Date
 2. The activity that occurred
 3. Amount you are requesting for this invoice
 4. The first invoice, **Total to date** should match **Billed this Period**.
 5. Sign and Date
- **Amount Billed for this Period** and **Total Net City Reimbursement** should match.

APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM
Provided as an Excel Template



Invoice Date: Monday, August 7, 2023

Invoice Description: _____

Remit to:

Send to:

City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total	\$	50,000.00
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Amount Billed for this Period: \$10,492.52

Check if final invoice

Org: 07593100

Object: 4925

Invoice #: _____

City Vendor #: _____

CDBG Subrecipient Agreement #: _____

Fund	Activity	Billed this Period	Total to date	Balance
153	Quarter 4 Wages and Salary	10,492.52	10,492.52	(10,492.52)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total Net City Reimbursement		\$ 10,492.52	\$ 10,492.52	\$ 39,507.48

CERTIFICATE

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE: Alicia Padvorac

DATE: 8/7/2023

Billing Invoice will only be paid based on provider attaching the required supporting documentation.

Required attachments (checkmark indicates compliance):

(Community Services Use Only)

Comments/Notes to Fiscal:

DATE STAMP

1.

Client Specific Reimbursement

Submit the
following
documents:



CDBG Invoice and Disbursement Request Form



Agency Invoice



Back-up documents-client specific to prove eligibility such as: presumed eligibility self-certification form, Public Service participation report, and self-certification of annual income

How To Fill out Initial Invoice for: Client Specific Reimbursement


- Fill in the green cells.

1. Invoice Date
2. The activity/activities that occurred
3. Amount you are requesting for this invoice
4. The first invoice, **Total to date** should match **Billed this Period**.
5. Sign and Date

- Amount Billed for this Period and Total Net City Reimbursement should match.

APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template



Invoice Date: Monday, August 7, 2023

Invoice Description: _____

Remit to:

Send to:

City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total	\$	50,000.00
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Amount Billed for this Period: \$31,992.52

Check if final invoice:

Org: D7593100

Object: 4925

Invoice #: _____

City Vendor #: _____

CDBG Subrecipient Agreement #: _____

Fund	Activity	Billed this Period	Total to Date	Balance
153	Scholarship	\$ 10,492.52	\$ 10,492.52	\$ (10,492.52)
	Lunches Provided	\$ 1,500.00	\$ 1,500.00	\$ (1,500.00)
	Fee Reimbursement	\$ 20,000.00	\$ 20,000.00	\$ (20,000.00)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total Net City Reimbursement		\$ 31,992.52	\$ 31,992.52	\$ 18,007.48

CERTIFICATE

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 48, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE: Alicia Padvorac

DATE: 8/7/2023

Billing Invoice will only be paid based on provider attaching the required supporting documentation.

Required attachments (checkmark indicates compliance):

(Community Services Use Only)


Comments/Notes to Fiscal: _____

DATE STAMP

How To Fill out Subsequent / Final Invoices for: Client Specific Reimbursement

- Start with last invoice submitted.
- Delete **Billed this Period** values (*do not delete Activity or Total to Date values*).
- Fill in the green cells.
 1. Update the **Invoice Date**
 2. Add new items to **Activity**
 3. Add **Billed this Period** amount(s)
 4. Add **Total to Date** amount(s) to new **Activity** item(s)
 5. Sign and Date
- **Amount Billed for this Period** and **Total Net City Reimbursement** should match.
- *Make sure **Check if Final Invoice** box is checked if this is your final invoice. If marked your project will be closed out.*

APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM
Provided as an Excel Template



Invoice Date: **Monday, August 7, 2023**

Invoice Description: _____

Remit to:

Send to:

City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total	\$	50,000.00							
Amount Billed for this Period		\$12,520.00							
<input type="checkbox"/> Check if final invoice									
Fund	Activity	Billed this Period	Total to Date	Balance					
153	Scholarship	\$	10,492.52	\$	(10,492.52)				
	Lunches Provided	\$	1,500.00	\$	(1,500.00)				
	Fee Reimbursement	\$	20,000.00	\$	(20,000.00)				
	Job Training	\$	12,520.00	\$	(12,520.00)				
		\$	-	\$	-	\$	-		
Total Net City Reimbursement		\$	12,520.00	\$	44,512.52	\$	5,487.48		

Org: D75931.00

Object: 4925

Invoice #: _____

City Vendor #: _____

CDBG Subrecipient Agreement #: _____

Project Manager Desk Monitoring

Authorized Signature: _____

Eligible, Allowable Costs: _____

Compliance with Project Budget: _____

CERTIFICATE
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, SECTION 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE: Alicia Padvorac DATE: 8/7/2023

Billing Invoice will only be paid based on provider attaching the required supporting documentation.

Required attachments (checkmark indicates compliance):

(Community Services Use Only)

Comments/Notes to Fiscal: _____

DATE STAMP

1.



COMPLETING AN
INVOICE FOR
MULTIPLE ACTIVITIES

You can submit a single invoice for multiple Activity types

- You can combine Wages and Salary, Client Specific, and/or Contractor Reimbursements into one invoice.

Under **Activity** list all eligible expenses.

- Invoice Date
- The activity/activities that occurred
- Amount you are requesting for this invoice
- The total amount to date that has been requested for this line item.
- Sign and Date



APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template

Invoice Date **Monday, August 7, 2023**
 Invoice Description

Remit to:

Send to:
 City of Richland
 Development Services Department
 Attn:
 625 Swift Blvd., M5-19
 Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total \$ 50,000.00

Amount Billed for this Period \$39,490.28
 Check if final invoice

Org D75931.00
 Object 4925
 Invoice #
 City Vendor #
 CDBG Subrecipient Agreement #

Fund	Activity	Billed this Period	Total to Date	Balance
153	Quarter 2 Wages and Salary	\$ 10,492.52	\$ 10,492.52	\$ (10,492.52)
	Scholarships	\$ 10,492.52	\$ 10,492.52	\$ (10,492.52)
	Lunches Provided	\$ 1,750.00	\$ 1,750.00	\$ (1,750.00)
	Jane Doe Electrical	\$ 8,312.22	\$ 8,312.22	\$ (8,312.22)
	ABC Plumbing	\$ 18,935.54	\$ 18,935.54	\$ (18,935.54)
	Total Net City Reimbursement	\$ 39,490.28	\$ 49,982.80	\$ 17.20

Project Manager Desk Monitoring

Authorized Signature _____

Eligible, Allowable Costs _____

Compliance with Project Budget _____

CERTIFICATE
 By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE Alicia Padvorac

DATE: 8/7/2023

Billing Invoice will only be paid based on provider attaching the required supporting documentation.
 Required attachments (checkmark indicates compliance):

(Community Services Use Only)

Comments/Notes to Fiscal:

Sufficient Funds Budgeted (fiscal): _____

DATE STAMP

City Use only



QUARTERLY REPORTS
FOR PUBLIC SERVICE
CONTRACTS



QUARTERLY BENEFICIARY REPORT
CDBG PUBLIC SERVICE

Fill in green sections based on which quarter you are reporting for (Do not delete the information from the previous quarters):

This section should be prefilled for you. If not, enter the information in the green sections

Reporting Period:	
1st Quarter (January-March)-Due on April 15th	3rd Quarter (July-September)-Due on October 15th
2nd Quarter (April-June)-Due on July 15th	4th Quarter (October-December)-Due on January 15th

Subrecipient Name:	
Address:	
CDBG Project Name:	

1. THE TOTAL NUMBER OF UNDUPLICATED PERSONS ASSISTED: (# of persons you provided services for)

OF THE TOTAL NUMBER OF PERSONS ASSISTED:
What type of service did they receive? (must total # of unduplicated persons assisted)

If the unduplicated person is a Single Female, Head of Household, Elderly or Disabled list here

2. BENEFICIARY INCOME DATA:

Which income level does the unduplicated person fall under? (total must be the same as # 1 unduplicated personas assisted)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
1. THE TOTAL NUMBER OF:					
UNDUPLICATED PERSONS ASSISTED					0
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:					
RECEIVED MEALS					0
PREVENTED FROM BECOMING HOMELESS					0
PARTICIPATE IN RECREATIONAL/EDUCATIONAL ACTIVITIES					0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL RECOVERY ASSISTANCE					0
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:					
SINGLE FEMALE HEAD OF HOUSEHOLD					0
ELDERLY					0
DISABLED					0

2. BENEFICIARY INCOME DATA					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
% OF AREA MEDIAN INCOME					
At or Below 30% (EXTREMELY LOW)					0
Above 30% and at or Below 50% (LOW)					0
Above 50% and at or Below 80% (MODERATE)					0
Above 80% (NON LOW/MODERATE)					0
TOTALS	0	0	0	0	0



EXAMPLES OF PUBLIC SERVICE QUARTERLY REPORTS

Reporting Period:	
1st Quarter (January-March)-Due on April 15th	3rd Quarter (July-September)-Due on October 15th
2nd Quarter (April-June)-Due on July 15th	4th Quarter (October-December)-Due on January 15th

Subrecipient Name:	The Best Non-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

1. THE TOTAL NUMBER OF:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
UNDUPLICATED PERSONS ASSISTED	18				18

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:					
RECEIVED MEALS					0
PREVENTED FROM BECOMING HOMELESS					0
PARTICIPATE IN RECREATIONAL/EDUCATIONAL ACTIVITIES					0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL RECOVERY ASSISTANCE	18				18

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:					
SINGLE FEMALE HEAD OF HOUSEHOLD	2				2
ELDERLY	1				1
DISABLED	3				3

2. BENEFICIARY INCOME DATA					
% OF AREA MEDIAN INCOME	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
At or Below 30% (EXTREMELY LOW)	7				7
Above 30% and at or Below 50% (VERY LOW)	9				9
Above 50% and at or Below 80% (LOW)	2				2
Above 80% (NON LOW)					0
TOTALS	18	0	0	0	18

**QUARTERLY BENEFICIARY REPORT
CDBG PUBLIC SERVICE**

3. RACE DATA OF BENEFICIARIES	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Cumulative	
	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic
WHITE	7	4							7	4
BLACK/AFRICAN AMERICAN	2								2	0
ASIAN									0	0
AMERICAN INDIAN/ALASKAN NATIVE									0	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER									0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHITE	3								3	0
ASIAN AND WHITE	2								2	0
BLACK/AFRICAN AMERICAN AND WHITE									0	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN	3								3	0
OTHER MULTI RACIAL	1								1	0
TOTALS	18	4	0	0	0	0	0	0	18	4

INFORMATION ONLY

HISPANIC*= HUD Has designated Hispanic as an ethnic group. A person can be identified as both a member of a racial group and an ethnic group, but cannot be designated only as an ethnic group

4. EXPENDITURE OF FUNDS					
SOURCES	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG	\$2,465.00				\$2,465.00
OTHER (LIST BELOW)					
General Fund	\$415.00				\$415.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS	\$2,880.00	\$0.00	\$0.00	\$0.00	\$2,880.00

INFORMATION ONLY

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature 	Date of Signature	12.11.23
	Phone #	509.942.7580

Print Name and Title Above

The background is a solid teal color. It features several decorative elements: a cluster of white dots in the top-left corner, a larger, irregularly shaped area of white dots in the top-center, a solid teal shape on the right side, a solid teal shape on the left side, and a cluster of white dots in the bottom-left corner.

ANNUAL REPORTS FOR PUBLIC SERVICE CONTRACTS



ANNUAL BENEFICIARY REPORT - Exhibit B
 FOR CDBG PUBLIC SERVICE
 JANUARY 1 - DECEMBER 31
 (DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	The Best Non-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

THE TOTAL NUMBER OF:	
UNDUPLICATED PERSONS ASSISTED	60

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
RECEIVED MEALS	0
PREVENTED FROM BECOMING HOMELESS	0
PARTICIPATE IN RECREATIONAL/EDUCATIONAL ACTIVITIES	0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL RECOVERY ASSISTANCE	60
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
SINGLE FEMALE HEAD OF HOUSEHOLD	3
ELDERLY	6
DISABLED	3

RACE DATA OF BENEFICIARIES	YEAR END	
	#	# of Hispanic
WHITE	29	11
BLACK/AFRICAN AMERICAN	2	0
ASIAN	5	0
AMERICAN INDIAN/ALASKAN NATIVE	5	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHIT	3	0
ASIAN AND WHITE	11	3
BLACK/AFRICAN AMERICAN AND WHITE	0	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN	4	1
OTHER MULTI RACIAL	1	0
TOTALS	60	15

YEAR END BENEFICIARY INCOME DATA	
% OF AREA MEDIAN INCOME	
At or Below 30% (EXTREMELY LOW)	26
Above 30% and at or Below 50% (VERY LOW)	22
Above 50% and at or Below 80% (LOW)	12
Above 80% (NON LOW)	0
TOTALS	60

The first page of the Annual Report (all gray sections) prefills from your quarterly reports. After your fourth quarter report is completed, ensure the numbers match the quarterly report numbers.

This section in gray is prefilled from your quarterly reports – please ensure the numbers match.

EXPENDITURE OF FUNDS	
SOURCES	
CDBG FUNDS	\$9,739.00
OTHER (LIST BELOW)	
General Fund	\$830.00
Private Donor	\$400.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
TOTALS	\$10,969.00

Describe your outcomes and accomplishments for the project associated with CDBG funds.

1. Describe project Outcomes and Accomplishments for program year:

Changes made to the project from the initial project outlined in the application.

2. Describe any changes to the project the program year:

Did you complete all your outcomes? If not, what occurred and when do you anticipate it being completed?

3. Is the project complete? If not describe setbacks and delays. When will the project be complete?

Signature, date, name, title and phone number, sign, scan and email to me.

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity.

Signature		Date of Signature	
		Phone #	
Print Name and Title Above			



EXAMPLE OF
COMPLETED
ANNUAL REPORT



ANNUAL BENEFICIARY REPORT - Exhibit B
FOR CDBG PUBLIC SERVICE
JANUARY 1 - DECEMBER 31
(DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	The Best Non-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

THE TOTAL NUMBER OF:	
UNDUPLICATED PERSONS ASSISTED	60

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
RECEIVED MEALS	0
PREVENTED FROM BECOMING HOMELESS	0
PARTICIPATE IN RECREATIONAL/EDUCATIONAL ACTIVITIES	0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL RECOVERY ASSISTANCE	60
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
SINGLE FEMALE HEAD OF HOUSEHOLD	3
ELDERLY	6
DISABLED	3

RACE DATA OF BENEFICIARIES	YEAR END	
	#	# of Hispanic
WHITE	29	11
BLACK/AFRICAN AMERICAN	2	0
ASIAN	5	0
AMERICAN INDIAN/ALASKAN NATIVE	5	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHIT	3	0
ASIAN AND WHITE	11	3
BLACK/AFRICAN AMERICAN AND WHITE	0	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN	4	1
OTHER MULTI RACIAL	1	0
TOTALS	60	15

YEAR END BENEFICIARY INCOME DATA	
% OF AREA MEDIAN INCOME	
At or Below 30% (EXTREMELY LOW)	26
Above 30% and at or Below 50% (VERY LOW)	22
Above 50% and at or Below 80% (LOW)	12
Above 80% (NON LOW)	0
TOTALS	60



ANNUAL BENEFICIARY REPORT - Exhibit B
FOR CDBG PUBLIC SERVICE
JANUARY 1 - DECEMBER 31
(DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	The BestNon-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

EXPENDITURE OF FUNDS	
SOURCES	
CDBG FUNDS	\$9,739.00
OTHER (LIST BELOW)	
General Fund	\$830.00
Private Donor	\$400.00
	0
	\$0.00
	0
	\$0.00
	0
	\$0.00
	0
	\$0.00
TOTALS	\$10,969.00

1. Describe project Outcomes and Accomplishments for program year:

In the initial CDBG application our goal was to provide 50 people with life skills training. The Life Skills program was able to serve 60.

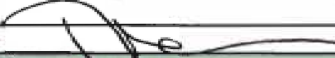
2. Describe any changes to the project the program year:

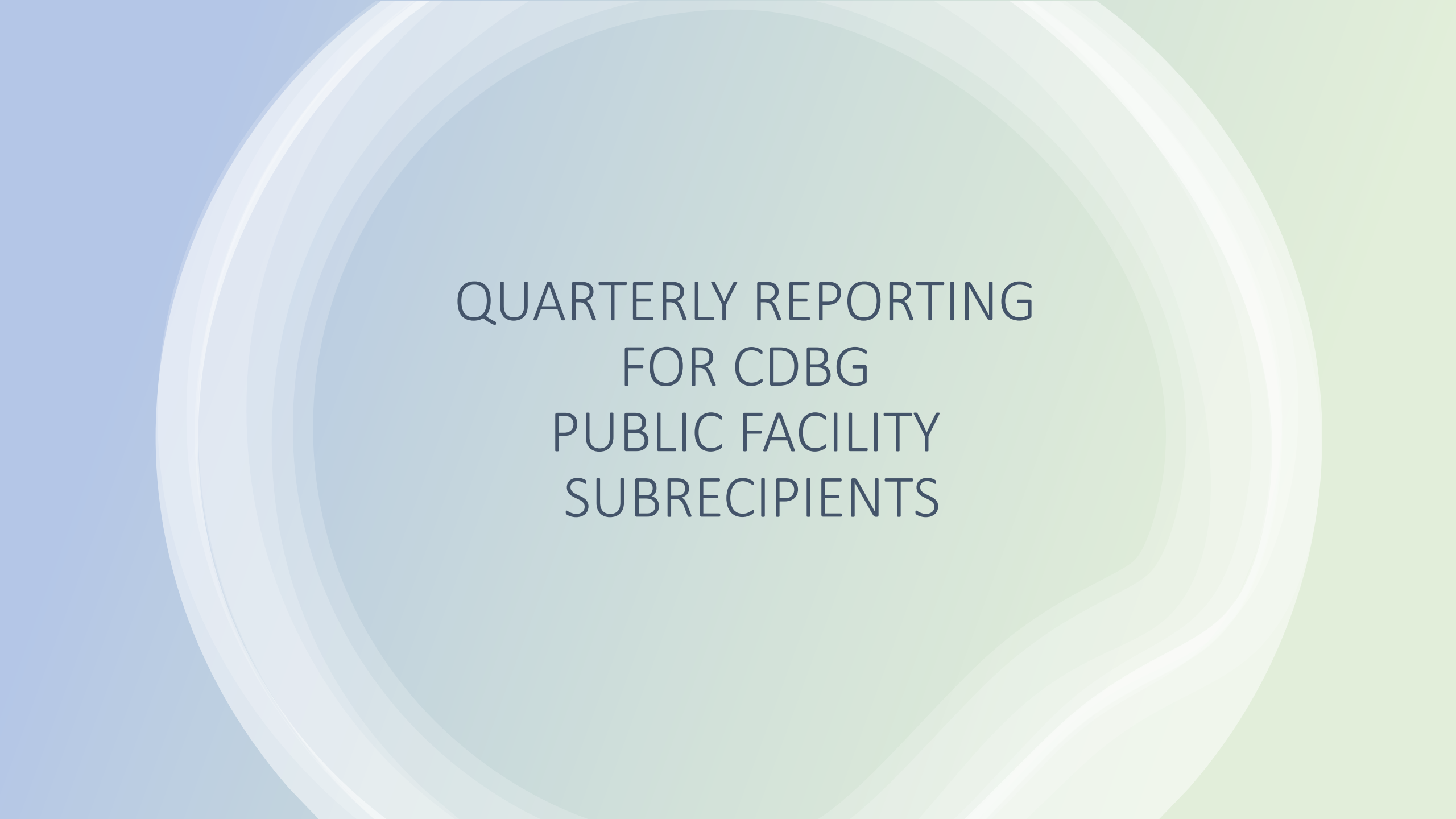
The Best Non-Profit hired a part-time person to specifically focus on life skills training. This allowed for additional mentorship and being able to serve an additional 10 people.

3. Is the project complete? If not describe setbacks and delays. When will the project be complete?

The quarter 4 participants are yet to complete the final portion of the training due to staff illness and weather conditions. They are set to finish the final portion by 1-31-23.

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributable to the eligible CDBG activity.

Signature 	Date of Signature 1.12.24
Toni Lehman, Director	Phone # 509-942-7580
Print Name and Title Above	



QUARTERLY REPORTING
FOR CDBG
PUBLIC FACILITY
SUBRECIPIENTS



QUARTERLY BENEFICIARY REPORT
Public Facilities

Reporting Period:	
1st Quarter (January-March) Due on April 15th	3rd Quarter (July-September) Due on October 15th
2nd Quarter (April-June) Due on July 15th	4th Quarter (October-December) Due on January 15th

Subrecipient Name:	
Address:	
CDBG Project Name:	

1. THE TOTAL NUMBER OF:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
UNDULICATED PERSONS ASSISTED					0

2. RACE DATA OF BENEFICIARIES	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Cumulative	
	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic
WHITE									0	0
BLACK/AFRICAN AMERICAN									0	0
ASIAN									0	0
AMERICAN INDIAN/ALASKAN NATIVE									0	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER									0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHITE									0	0
ASIAN AND WHITE									0	0
BLACK/AFRICAN AMERICAN AND WHITE									0	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN									0	0
OTHER MULTI RACIAL									0	0
TOTAL \$	0	0	0	0	0	0	0	0	0	0

Progress Made During This Quarter:	
------------------------------------	--

Changes to Project from Original Application:	
---	--

This section should be prefilled for you. If not, enter the information in the green sections

1. THE TOTAL NUMBER OF UNDUPLICATED PERSONS ASSISTED: (# of persons you provided services for) If this section doesn't apply leave blank.

2. RACE DATA OF BENEFICIARIES:

Document race data of each unduplicated person (total must be the same as # 1 unduplicated personas assisted)

If this position doesn't apply leave blank.

PROGRESS MADE DURING THIS QUARTER:

What has been completed this quarter on the Scope or Work.

Changes that need to be made from the original application.

EXPENDITURE OF FUNDS:
Funds spent during the quarter on the
CDBG project.

EXPENDITURE OF FUNDS					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG Allocation					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Anticipation date when the
entire CDBG funded project will
be completed.

Anticipated Project Completion Date:	

Signature, date, name, title and phone
number. Sign, scan and email to me.

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

	Date of Signature
	Phone #

Print Name and Title Above



EXAMPLE OF COMPLETED
PUBLIC FACILITY QUARTERLY REPORT



QUARTERLY BENEFICIARY REPORT
Public Facilities

Reporting Period:	
1st Quarter (January-March)-Due on April 15th	3rd Quarter (July-September)-Due on October 15th
2nd Quarter (April-June)-Due on July 15th	4th Quarter (October-December)-Due on January 15th

Subrecipient Name:	Best Public Shelter
Address:	8675309 Best Street Richland, WA 99352
CDBG Project Name:	remodel of common area

1. THE TOTAL NUMBER OF: UNDUPLICATED PERSONS ASSISTED	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
	14	15			29

3. RACE DATA OF BENEFICIARIES	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Cumulative	
	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic
WHITE	8	3	7	2					15	5
BLACK/AFRICAN AMERICAN									0	0
ASIAN									0	0
AMERICAN INDIAN/ALASKAN NATIVE									0	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	4		4						8	#VALUE!
AMERICAN INDIAN ALASKAN NATIVE AND WHITE									0	0
ASIAN AND WHITE									0	0
BLACK/AFRICAN AMERICAN AND WHITE			3						3	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN									0	0
OTHER MULTI RACIAL	2								2	0
TOTALS	14	3	1	2	0	0	0	0	15	5

Progress Made During This Quarter:
This quarter we have received three bids for the painting and flooring. Two of the three bids received for flooring are registered with SAM.gov. All three bids for the painting are registered with SAM.gov. The bids will be submitted by the end of this week. The only bids still needed are for the windows.

Changes to Project from Original Application:
Due to the price of the bids received we have decided to only consider painting the interior and will wait for exterior painting.



**QUARTERLY BENEFICIARY REPORT
CDBG PUBLIC FACILITIES**

EXPENDITURE OF FUNDS					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG Allocation	\$1,400.00	\$16,520.00			\$17,920.00
Dept of Commerce Grant	\$1,200.00				\$1,200.00
General Fund		\$1,400.00			\$1,400.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS	\$2,600.00	\$17,920.00	\$0.00	\$0.00	\$20,520.00

Anticipated Project Completion Date: _____

The entire project is expected to be completed by December 31, 2024. An extension may be required if flooring is backordered.

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature 	Date of Signature 5-14-24
Toni Lehman, Director	Phone # 509-942-7580

Print Name and Title Above



Questions?