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**Appendix A:**  
Wage Rate Determination Request

Georgia Department of Community Affairs Office of Grant Administration 60 Executive Park South, NE Atlanta, Georgia 30329	<b>Request for Determination and Response to Request</b> (Davis-Bacon Act as amended and Related Statutes)  Wage Determination under the Davis-Bacon and related act. (This decision is effective from the date of publication in the Federal Register without limitation as to time.)
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Name, Address and Phone Number to Which a Copy of This Determination is to be Mailed (Other than Grant Recipient)	CDBG Recipient (City/County)	Grant Number
Name	Name	Project Name
Street/Box	Title (Mayor/County Commissioner)	County
City/State/Zip	Street/Box	Date of this Request
E-mail Address/Telephone Number	City/State/Zip	Area Code/Phone Number

Check Type of Work <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Drainage <input type="checkbox"/> Street <input type="checkbox"/> Buildings Estimated Total Cost	Estimated Cost _____ _____ _____ _____	Estimated Advertising Date: _____ Estimated Date of Bid Opening: _____ Estimated Date of Contract Award: _____ Estimated Construction Start Date: _____
--	--	--

**To Be Completed by Georgia Department of Community Affairs**

Approving DCA Representative: \_\_\_\_\_

Wage Decision Number (s): \_\_\_\_\_

\_\_\_\_\_

**Appendix B:**  
Wage Rate Request Procedure

## **Section 3: Federal Labor Standards and Requirements**

The major applicable laws and regulations relating to labor standards are:

- The Davis-Bacon Act.
- The Copeland "Anti-Kickback" Act.
- The Contract Work Hours and Safety Standards Act.

In addition, the U.S. Department of Labor (DOL) has issued Regulations that supplement the laws listed above. Please note that Labor Standards laws and regulations are also applicable to construction contracts administered by another party on behalf of the Recipient, including the Department of Transportation (DOT), Regional Development Centers (RDCs), Consultants, etc. The Recipient must remember that it is ultimately responsible for its CDBG program. Therefore, Recipients are strongly encouraged to closely monitor their contracts. Recipients are also required to maintain all applicable records in their official CDBG files.

- a. **The Davis-Bacon Act** is applicable to **all** contracts for construction, alteration and/or repairs in excess of \$2,000 which involve CDBG funds (including Redevelopment Fund projects, Immediate Threat and Danger, and EIP direct loans), with the exception of rehabilitation of a "project" designed for residential use by fewer than 8 families. If CDBG funds are used to finance only a portion of the construction work, labor standards are applicable to the entire construction work. Contact the DCA Field Representative if you have any questions about applicability, especially regarding projecting which include demolition.

### **The requirements of Davis-Bacon include:**

1. The minimum wages to be paid to contract laborers and mechanics (including apprentices) must be based on DOL's determination of the prevailing wage rates for the locality.

2. Recipients can obtain wage rate determinations by submitting a request to DCA's CDBG Administration Section using a Request for Determination form. (A sample form DCA-WRI can be found in the Appendix 1.) **The request for a wage rate determination should be submitted to DCA at least 30 days in advance of the anticipated bid advertising date. It should not be requested so early as to cause multiple modifications to be issued. Requests must include the type of construction (Heavy, Highway, Residential, or Building) and must include descriptions of the type of work to be performed under the contract.**

3. The CDBG Recipient should examine the Wage Rate Determination to ensure all needed classes of laborers or mechanics are listed in the wage determination. The Recipient must request additional classifications not included to be added to the wage decision. Note that superintendents and the Recipient must make this request in writing to Ms. Cindi Bernhardt, CDBG Grants Consultant. The request must include a Letter from the City/County where the project is taking place, and a letter from the contractor who employs the workers whose jobs need to be classified. The letter from the contractor must include the job classifications, rates of pay, and fringe benefits (if applicable) for the additional classifications. Subcontractor requests for additional classifications must go through the prime contractor to be considered acceptable to DOL. Note that requests to DOL have a 30-day turnaround time.

4. Ten (10) days before the bid opening date, the Recipient must contact DCA to verify

**Appendix C:**  
Georgia DCA Request for  
Drawdown of CDBG Funds



**Appendix D:**  
Instructions for Preparing Request for  
Drawdown of CDBG Funds

# INSTRUCTIONS FOR PREPARING REQUEST FOR DRAWDOWN OF CDBG FUNDS

## Please Mail Drawdowns only (no other correspondence) To:

Georgia Department of Community Affairs  
Office of Community Development  
60 Executive Park South, NE  
Atlanta, Georgia 30329-2231

**GENERAL REQUIREMENTS:** The original and one copy of this form must be submitted to DCA each time a local government CDBG Recipient wishes to drawdown funds. **PLEASE READ CAREFULLY the sections on Award and Acceptance of CDBG Funds and on the Drawdown of Funds in your current CDBG Recipients' Manual before preparing this form.**

**BLOCK 1:** Enter the name of the local government Grant Recipient, and the name and telephone number of the person who prepares the Drawdown Request.

**BLOCK 2:** Enter the Grant Award Number as well as the drawdown request number. Drawdowns should be numbered consecutively, the first one being Number 1, the second one being Number 2, etc. The final drawdown should be indicated by checking the "yes" box when appropriate.

### BLOCK 3:

- Item A**      **Activity Number:** Enter the numbers for all approved activities as shown on the DCA Budget Summary. Include all approved activities, including the Contingency Activity.
- Item B**      **Budget Amount:** Enter the amount budgeted for all approved activities as shown on the DCA Budget Summary. These numbers should never be changed once they are entered correctly.
- Item C**      **Budget Adjustments:** Enter the total amount of Prior Budget Adjustments, which should reflect your current Revised Budget. Do not enter New Budget Adjustments on the current draw. If your draw request exceeds the Budget Revised amount, (Column H) should indicate a negative balance for that activity. Submit your request showing the negative balance. Money will be adjusted from the Contingency Activity to cover the current draw. If money is not available in the Contingency Activity, indicate the activities that the money should be transferred from in Block 4. This Budget Adjustment should be shown on your next drawdown request. The total of (Column C) always should equal zero unless the grant amount is changed by DCA.
- Item D**      **Budget Revised:** Equals Item C (positive or negative) added to Item B.
- Item E**      **Amount Drawn to Date:** This should reflect, by activity, the total funds drawn down by the Recipient.
- Item F**      **Budget Balance Prior to this Draw:** This should reflect, by activity, the budget balance prior to the current draw.
- Item G**      **Amount of Drawdown Requested:** Enter the amount requested for each activity.
- Item H**      **Budget Balance After this Draw:** Equals Item G subtracted from Item F

**BLOCK 4:** When determining the amount requested (Column G), confirm that an adequate balance of funds remains. If you are requesting a draw in excess of the activity balance, you must indicate the activity number from which you want funds transferred.

**BLOCK 5:** Please indicate the amount of program income received since the date of your last drawdown. If this is left blank, you are certifying that no program income has been received. If program income has been received, please review the Recipients' Manual (Chapter 3, Section 3) for DCA's program income policies and reporting requirements. Please indicate the cash on hand (including program income) in your CDBG account as of the date of the drawdown:

**BLOCK 6:** Enter the authorized signature(s), date signed, and authorized signatory(s) title on the original drawdown form

**Appendix E:**  
DCA Quarterly Expenditures  
and Progress Report

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
QUARTERLY EXPENDITURES AND PROGRESS REPORT**

**SECTION I: GENERAL INFORMATION**

Recipient Name:		Grant Number:		Report No:		Quarter End:		Final Report:	
Contact Person:				Telephone Number:				E-mail:	

**SECTION II: CONTRACTS/SUBCONTRACTS & LABOR FOR THIS QUARTER**

Contractor/Subcontractor Name	Address	City, State, Zip	Prime Contractor ID #	Sec 3	Subcontractor ID #	Sec 3	Total Amt. Contract/Sub	CDBG Part	Trade Code	Race Code	Women Owned

**Trade Codes: 1 = New Construction, 2 = Education/Training, 3 = Other**

**Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian**

**Part 75 defines a Section 3 Business as: 51% or more owned by low or very-low income persons, OR 75% or more labor hours are performed by low or very low-income persons, OR 25% or more owned by current residents of public housing, or Section 8-assisted housing.**

<b>Section 3 – Labor Hours</b>		
Total Labor Hours		
Section 3 Target Worker		A Section 3 Target Worker is a section 3 resident living within 1-mile radius of the job site.
Section 3 Worker Hours		A section 3 resident is: A Census Tract resident, OR a low or very low-income person, OR employed by a Section 3 business



**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
 QUARTERLY EXPENDITURES AND PROGRESS REPORT**

**ACCOMPLISHMENTS REPORT – JOBS**

						Racial Data											Ethnicity		Income Data								
Matrix Code	HUD Activity	Date	No. of Jobs	Full Time or Wkly Hrs	Created or Retained	White	Black	Asian	Native Am	Pacific Islander	Native Am./ White	Asian/ White	Black/ White	Native Am./ Black	Other Multi-Racial	Asian Islander	Total from Race	Hispanic	Hispanic Base Race	Extremely Low Income	Low Income	Mod Income	Non-Low/ Mod	Total Income Data	Job Category		

**PERFORMANCE CERTIFICATION**

This certifies that

No Accomplishments occurred during this quarter.

All Accomplishments for this quarter have been reported accurately

**GRANT ADMINISTRATOR**

This Quarterly Report is complete:

Date Completed \_\_\_\_\_

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
 QUARTERLY EXPENDITURES AND PROGRESS REPORT**

**ACCOMPLISHMENTS REPORT - PEOPLE**

Matrix Code	HUD Activity	People Helped	Racial Data											Ethnicity		Income Data						
			White	Black	Asian	Native American	Pacific Islander	Native American/ White	Asian/ White	Black/ White	Native American/ Black	Other Multi-Racial	Asian Islander	Total from Race	Hispanic	Hispanic Base Race	Extremely Low Income	Low Income	Moderate Income	Non-Low/ Mod	Total Income Data	

**PERFORMANCE CERTIFICATION**

This certifies that

No Accomplishments occurred during this quarter.

All Accomplishments for this quarter have been reported accurately

**GRANT ADMINISTRATOR**

This Quarterly Report is complete:

Date Completed \_\_\_\_\_





**Appendix F:**  
Civil Rights Compliance Certification

# Civil Rights Compliance Certification

Grant Recipient	Grant Number	Date		
		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Has your government had any employment vacancies in the past three (3) months?		<input type="checkbox"/>	<input type="checkbox"/>	
2. If so, did you follow the equal employment opportunity guidelines in advertising the vacancies?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have written employment and personnel policies available for review?		<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have employment records available?		<input type="checkbox"/>	<input type="checkbox"/>	
5. Is your employment data detailed enough to determine composition by?		<input type="checkbox"/>	<input type="checkbox"/>	
a. Sex		<input type="checkbox"/>	<input type="checkbox"/>	
b. Race		<input type="checkbox"/>	<input type="checkbox"/>	
c. Disability Status		<input type="checkbox"/>	<input type="checkbox"/>	
d. National Origin		<input type="checkbox"/>	<input type="checkbox"/>	
6. Is your position and salary information detailed enough to assess hiring, training, promotion, and compensation practices?		<input type="checkbox"/>	<input type="checkbox"/>	
7. Do your employment data support efforts to provide for equal employment opportunities?		<input type="checkbox"/>	<input type="checkbox"/>	
8. Have any civil rights complaints been filed against your government (within the past five years)?		<input type="checkbox"/>	<input type="checkbox"/>	
a. If so, has the complaint been satisfied?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you answered yes to #8, provide the following information in the space provided. Add additional pages if necessary. <ul style="list-style-type: none"> <li>Describe the complaint(s) and include the date of the complaint;</li> <li>State if the complaint(s) has any relation to a CDBG project and if so, which CDBG project;</li> <li>Describe the steps your government has taken to satisfy the complaint, and;</li> <li>Provide complaint's current status (e.g., withdrawn, currently under Federal/State/Local review, mediation, etc.)</li> </ul>				
9. As needed, please provide additional clarification for any of the above questions.				
<b>The undersigned hereby certifies that the information contained in this Civil Rights Compliance Certification is correct to the best of his or her knowledge.</b>				
<b>Chief Elected Official Signature</b>		<b>Title</b>		<b>Date</b>
<b>Preparer Signature</b>		<b>Title</b>		<b>Date</b>

## **Appendix G:**

Sample Notice of Finding of No Significant  
Impact and Notice of Intent to Request a  
Release of Funds

## Sample Notice of Finding of No Significant Impact and Notice of Intent to Request a Release of Funds

The language below is HUD's recommended wording of the combined Notice of Finding of No Significant Impact and Notice of Intent to Request a Release of Funds. This Notice is used for projects requiring an Environmental Assessment (24 CFR Part 58, Section 58.36]. Words in **bold type** are required language. Words in *italics* are to be replaced by language appropriate to the particular project and Responsible Entity.

---

### NOTICE OF FINDING OF NO SIGNIFICANT IMPACT AND NOTICE OF INTENT TO REQUEST RELEASE OF FUNDS

*Date of Notice*

*Name of Responsible Entity [RE]*

*Address (e.g., Street No. or P.O. Box)*

*City, State, Zip Code*

*Telephone Number of RE*

**These notices shall satisfy two separate but related procedural requirements for activities to be undertaken by the name of RE or grant recipient.**

#### REQUEST FOR RELEASE OF FUNDS

**On or about** *at least one day after the end of the comment period* **the name of RE will if the RE is not also the grant recipient, insert the following language here: "authorize the [name of grant recipient] to"** **submit a request to the HUD/State administering agency for the release of name of grant program funds under Title/Section [ ] of the name of the Act of [year], as amended, to undertake a project known as project title for the purpose of nature/scope of project, estimated funding (include non-HUD funding sources if applicable) and project location if applicable.**

#### FINDING OF NO SIGNIFICANT IMPACT

**The name of RE has determined that the project will have no significant impact on the human environment. Therefore, an Environmental Impact Statement under the National Environmental Policy Act of 1969 (NEPA) is not required. Additional project information is contained in the Environmental Review Record (ERR) on file at name and address of RE office where ERR can be examined and name and address of other locations where the record is available for review and may be examined or copied weekdays \_\_A.M to \_\_P.M.**

## PUBLIC COMMENTS

**Any individual, group, or agency may submit written comments on the ERR to the RE designated office responsible for receiving and responding to comments. All comments received by if notice is published: publication date plus fifteen days; if notice is mailed and posted: mailing and posting date plus eighteen days will be considered by the name of RE prior to authorizing submission of a request for release of funds. Comments should specify which Notice they are addressing.**

## ENVIRONMENTAL CERTIFICATION

**The name of RE certifies to HUD/State that name of Certifying Officer in his/her capacity as Official Title consents to accept the jurisdiction of the Federal Courts if an action is brought to enforce responsibilities in relation to the environmental review process and that these responsibilities have been satisfied. HUD's State's approval of the certification satisfies its responsibilities under NEPA and related laws and authorities and allows the name of grant recipient to use Program funds.**

## OBJECTIONS TO RELEASE OF FUNDS

**HUD/State will accept objections to its release of fund and the RE's certification for a period of fifteen days following the anticipated submission date or its actual receipt of the request (whichever is later) only if they are on one of the following bases: (a) the certification was not executed by the Certifying Officer of the name of RE; (b) the RE has omitted a step or failed to make a decision or finding required by HUD regulations at 24 CFR part 58; (c) the grant recipient or other participants in the development process have committed funds, incurred costs or undertaken activities not authorized by 24 CFR Part 58 before approval of a release of funds by HUD/State; or (d) another Federal agency acting pursuant to 40 CFR Part 1504 has submitted a written finding that the project is unsatisfactory from the standpoint of environmental quality. Objections must be prepared and submitted in accordance with the required procedures (24 CFR Part 58, Sec. 58.76) and shall be addressed to HUD/State administration office at address of that office. Potential objectors should contact HUD/State to verify the actual last day of the objection period.**

*Name and Title of RE Certifying Officer*

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Note: The fifteen or eighteen-day public comment periods are the minimum time periods required by regulation prior to submission of a Request for Release of Funds and Certification (form HUD-7015.15) to HUD/State. The Responsible Entity may choose to allow a longer comment period. 24 CFR Part 58 requires, at Section 58.46, "Time delays for exceptional circumstances," a 30-day comment period for controversial or unique projects or those similar to projects normally requiring preparation of an Environmental Impact Statement. The fifteen-day objection period is a statutory requirement. The objection period follows the submission date specified in the Notice or the actual date of receipt by HUD/State, whichever is later.

Following completion of the comment period recipients may FAX the form HUD-7015.15 to HUD/State together with a copy of the public notice and a cover letter stating whether comments were received and, if so, how the recipient responded to the

comment. The Request for Release of Funds and Certification should not be submitted before the recipient has responded. If the request is sent by FAX, the original signed form should be mailed to HUD/State. The date of receipt by FAX will be counted as the submission date. However, HUD will not issue the 7015.16 "Authority to Use Grant Funds" until after the original signed form is received.

**Appendix H:**  
State of Georgia CDBG Consultants List

# State of Georgia CDBG Consultants List

6/3/2019

## SERVICES PROVIDED:

TC Lecounte, MPA

Grant writing and admin, CHIP policies and procedure development

PHONE: 912-884-3200

FAX:

EMAIL:

Consultant

Tom Lindeen

PHONE:

FAX:

EMAIL: tlindeen@viridianasset.com

Consultant

Chuck Shelton

PHONE: 678 481-9511

FAX:

EMAIL:

Consultant

Otis Shelton

1873 Hudson Crossing, , Apt. 4  
Tucker, GA 30084

Grant writing, application development

PHONE: 205-401-8799

FAX:

EMAIL: oshelton74@yahoo.com

Consultant

Patricia Waye

4-Waye Professional Services  
8171 East Oglethorpe Hwy  
Midway, GA 31320

grant writing, grant administration and project management

PHONE: 912-884-4583

FAX:

EMAIL: 4waye@coastalnow.net

Consultant

Ivan and Wanda Minks

Advocates for Better Communities Consulting Inc.  
156 Perdue Road  
Barnesville, GA 30204

Planning, grant administration, application development

PHONE: 229-723-1002

FAX: 706-510-2627

EMAIL: wanda.minks@abc360group.com

Consultant

Keeley Garrett

Allen Smith Consulting, Inc.  
405 Nunnally Farm Road  
Monroe, GA 30655

Planning, application development, grant administration

PHONE: 770-207-0142

FAX: 770-788-9828

EMAIL: keeley@allensmithconsulting.com

Consultant

# State of Georgia CDBG Consultants List

6/3/2019

## SERVICES PROVIDED:

Ms. Debra Smith Allen Smith Consulting, Inc. 405 Nunnally Farm Road Monroe, GA 30655	Planning, application development, grant administration
<u>PHONE:</u> 770-207-0142 <u>FAX:</u> 770-788-9828 <u>EMAIL:</u> <a href="mailto:debra@allensmithconsulting.com">debra@allensmithconsulting.com</a> Consultant	
Ann Rosenthal ARC, Inc  , GA	
<u>PHONE:</u> 404-633-8803 <u>FAX:</u> 404-417-0648 <u>EMAIL:</u> <a href="mailto:ann@arcconsulting.org">ann@arcconsulting.org</a> Consultant	
Mr. Charles Armentrout Armentrout Roebuck Matheny Consulting Group, P.C. 330 Research Drive, Suite A-240 Athens, GA 30605	Planning, application development, engineering, architectural, administration
<u>PHONE:</u> 706-548-8211 <u>FAX:</u> 706-548-1814 <u>EMAIL:</u> Consultant	
Mr. Bill Kent ASA Engineering & Surveying, Inc. Post Office Box 430 Valdosta, GA 31603	Civil engineering, surveying, Environmental engineering
<u>PHONE:</u> 229-244-0596 <u>FAX:</u> 229-241-0784 <u>EMAIL:</u> <a href="mailto:info@asaeng.com">info@asaeng.com</a> Consultant	
Phillip Davis Associates in Local Government Assistance P.O. Box 2025 Alma, GA 31510	Planning, grant application development, administration, housing
<u>PHONE:</u> 912-632-7839 <u>FAX:</u> 912-632-7822 <u>EMAIL:</u> <a href="mailto:algainc@accessatc.net">algainc@accessatc.net</a> Consultant	
Ms. Sara T. Davis Associates in Local Government Assistance P.O. Box 2025 Alma, GA 31510	Planning, grant application development, administration, housing
<u>PHONE:</u> 912-632-7839 <u>FAX:</u> 912-632-7822 <u>EMAIL:</u> <a href="mailto:algainc@accessatc.net">algainc@accessatc.net</a> Consultant	
Mr. Richard L. Bachman Bachman & Associates 337 Boulevard NE Gainesville, GA 30501	Architectural
<u>PHONE:</u> 770-534-6052 <u>FAX:</u> <u>EMAIL:</u> <a href="mailto:BACH337@AOL.COM">BACH337@AOL.COM</a> Consultant	

# State of Georgia CDBG Consultants List

6/3/2019

## SERVICES PROVIDED:

Ms. Valerie Gilreath Bartow County - Grant Specialists 320 West Cherokee Ave., Room 102 Cartersville, GA 30120	
<b>PHONE:</b> 770-607-6202 <b>FAX:</b> 770-386-1942 <b>EMAIL:</b> gilreathv@bartowga.org      Consultant	
Janice Managing Director Sherman Baselines, LLC 8416 Lake Drive Snellville, GA 30039	General Technical Assistance (community development, healthcare delivery) Workshops & Seminars Performance Measurement and Evaluation Grants Management
<b>PHONE:</b> 770.922.2920 <b>FAX:</b> 770.679.5987 <b>EMAIL:</b> Consultant	
Sharon Roberson Bob Roberson and Associates 23 8th Avenue SE Moultrie, GA 31768	Planning, application development, administration, housing
<b>PHONE:</b> 229-890-8662 <b>FAX:</b> 229-890-8665 <b>EMAIL:</b> bassts@windstream.net      Consultant	
Jessica Reynolds Butts County 625 East Third Street Jackson, GA 30233	
<b>PHONE:</b> 770-775-8200 <b>FAX:</b> 770-775-8211 <b>EMAIL:</b> JReynolds@buttscounty.org      Consultant	
Van G. Whaler, Ph.D Butts County 625 East Third Street Jackson, GA 30233	Grant Administration
<b>PHONE:</b> 770-775-8200 <b>FAX:</b> 770-775-8211 <b>EMAIL:</b> VWhaler@buttscounty.org      Consultant	
Ms. Carol A. Southard Carol's Consulting P. O. Box 632 Americus, GA 31709	Application development, planning, administration, housing
<b>PHONE:</b> 229-938-5444 <b>FAX:</b> 229-928-0360 <b>EMAIL:</b> carolann392@yahoo.com      Consultant	
Mr. Joe Watkins Carter Watkins Associates P. O. Box 1004, 302 S. Broad St. Monroe, GA 30655	architectural and engineer design
<b>PHONE:</b> 770-267-7799 <b>FAX:</b> 770-267-1064 <b>EMAIL:</b> email@carterwatkins.com      Consultant	

# State of Georgia CDBG Consultants List

6/3/2019

## SERVICES PROVIDED:

Justin Crighton  
Central Savannah River Area RC  
3626 Walton Way Extension, Suite 300  
Augusta, GA 30909

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FAX:

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Consultant

Ms. Anne S. Floyd  
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3626 Walton Way Extension, Suite 300  
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Planning, application development, administration

PHONE: 706-210-2015

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101 W. Lamar St.  
Americus, GA 31709

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EMAIL:

Consultant

# State of Georgia CDBG Consultants List

6/3/2019

SERVICES PROVIDED:

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 City of Rockmart  
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 Rockmart, GA 30153

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Consultant

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 City of Rome  
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grant administration, planning, application development

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Consultant

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 1181 Coastal Drive SW  
 Darien, GA 31305

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PHONE: 912-264-7363

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 Darien, GA 31305

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 Darien, GA 31305

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EMAIL:

Consultant

Mr. Lawrence Williamson  
 Community Development Associates (CDA)  
 Suite 322 , 5962 Zebulon Road  
 Macon, GA 31210

Grant writing, housing program administration, economic development services.

PHONE: 478-256 4946

FAX:

EMAIL: BIGL62@juno.com

Consultant

Douglas Cochran  
 Crouch Engineering, P.C.  
 428 Wilson Pike Circle  
 Brentwood, TN 37027

Railroad engineering services, survey, design, layout, environmental permitting, development, observation and management

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# State of Georgia CDBG Consultants List

6/3/2019

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<p>Ms. Sue Hedden Jordan, Jones &amp; Goulding 6801 Governors Lake Pkwy Norcross, GA 30078</p> <p><b>PHONE:</b> (678) 333-0200      <b>FAX:</b> 678 333-0469      <b>EMAIL:</b>      <b>Consultant</b></p>	<p>JJG is a one-stop source for engineering, planning, and consulting services to help clients develop community-based solutions for all aspects of community life. Our services include: transportation, water, wastewater, tunneling and geotechnics, solid waste, site development, landscape architecture,</p>
<p>Mr. Ron Neisler Jordan, Jones &amp; Goulding 6801 Governors Lake Pkwy Norcross, GA 30078</p> <p><b>PHONE:</b> 706-353-2868      <b>FAX:</b> 706-549-0423      <b>EMAIL:</b>      <b>Consultant</b></p>	

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<p>Kip Oldham                  K.A. Oldham Design, Inc.                  14 East Washington Street                  Newnan, GA 30263</p> <p><b>PHONE:</b> 770-683-9170      <b>FAX:</b>                      <b>EMAIL:</b> koldham@kaod.com      <b>Consultant</b></p>	<p>Comprehensive Architectural and Engineering services for community improvement and enhancement projects with a successful record of grant-awarded projects.</p> <p>Grant Application and administration teaming available.</p>
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<p>Sarah Harrison, CEcD, GDDP municipAL</p> <p><b>PHONE:</b> 706-459-4485      <b>FAX:</b></p>	<div style="border: 1px solid black; padding: 5px;"> <p>project management, marketing / public relations, grant applications, commercial real estate sales / appraisals <input type="checkbox"/>, construction <input type="checkbox"/>, code compliance, contract administration (HUD, DOT) <input type="checkbox"/>, downtown revitalization <input type="checkbox"/>, <input type="checkbox"/> historic preservation, business development / recruitment <input type="checkbox"/>, finance <input type="checkbox"/>, <input type="checkbox"/> design</p> </div> <p><b>EMAIL:</b>      Consultant</p>
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<p>Jarrod McCarthy River Valley RC 228 West Lamar Street Americus, GA 31709</p>	<p>administration, application development</p>
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<p>Mr. Lee Walton Robert and Company 229 Peachtree Street, International Tower - Atlanta, GA 30303</p>	<p>Engineering, Architech, Grant writer, Planners</p>
<p><u>PHONE:</u> 404-577-4000      <u>FAX:</u> 404-577-7119</p>	<p><u>EMAIL:</u>      Consultant</p>
<p>Mr. Bill Schmid Rochester &amp; Assoc., Inc. 425 Oak Street, NW Gainesville, GA 30501</p>	<p>Civil engineering, land surveying, environmental consulting and planning, construction management</p>
<p><u>PHONE:</u> 770-718-0600      <u>FAX:</u> 770-718-9090</p>	<p><u>EMAIL:</u>      Consultant</p>

# State of Georgia CDBG Consultants List

6/3/2019

## SERVICES PROVIDED:

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286 Ga Hwy 314, Suite A  
Fayetteville, GA 30214

surveying, civil engineering and environmental

PHONE: 770-716-8123

FAX:

EMAIL:

Consultant

Mr. Lee Phillips  
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Gainesville, GA 30501

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Consultant

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Consultant

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administration

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# State of Georgia CDBG Consultants List

6/3/2019

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<p>Brenda Wade Southwest Georgia RC Post Office Box 346 Camilla, GA 31730-0346</p>	<p>Planning, application development, administration, housing</p>
<p><u>PHONE:</u> 229-522-3552      <u>FAX:</u> 229-522-3558</p>	<p><u>EMAIL:</u> bwade@swgrc.org      Consultant</p>
<p>Mr. Paul Rakel SOWEGA Engineering, LLC PO Box 735 Dawson, GA 31742</p>	<p>civil engineering</p>
<p><u>PHONE:</u> 229-995-6364      <u>FAX:</u> 229-995-4892</p>	<p><u>EMAIL:</u>      Consultant</p>
<p>Brian Banks Spectrum Analytical Services, Inc 1333 Amberwood Drive Woodstock, GA 30189</p>	<p>Lead-Based Paint Inspection using HUD protocols and XRF equipment - Single Family and Multi-family Lead-Based Paint Risk Assessment Lead-Based Paint Abatement Work Write up, Project Design and Bid Services</p>
<p><u>PHONE:</u> 770-592-9854      <u>FAX:</u> 404-592-9052</p>	<p><u>EMAIL:</u> xrfester@gmail.com      Consultant</p>
<p>Ms. Sonya Spalinger, AIA SRJ Architects Inc. 1108 Maryland Drive Albany, GA 31707</p>	<p>Planning, architectural</p>
<p><u>PHONE:</u> 229-436-9877      <u>FAX:</u> 229-438-0370</p>	<p><u>EMAIL:</u> sspalinger@srjarchitects.com      Consultant</p>
<p>Ritchey M Marbury, III P.E., RLS SRJ Engineering Inc. 1108 Maryland Drive Albany, GA 31707</p>	<ul style="list-style-type: none"> <li>• Land Planning</li> <li>• Site Development Services</li> <li>• Roadway Design</li> <li>• Water and Wastewater System Design</li> <li>• Storm Water Management Services</li> </ul>
<p><u>PHONE:</u> 229-436-9877      <u>FAX:</u> 229-436-5145</p>	<p><u>EMAIL:</u> rmarbury@srjengineering.com      Consultant</p>
<p>Mark Dill Statewide Engineers, Inc. 516 East Ashley Street Douglas, GA 31533</p>	<p>Planning, conceptual site design, surveying, construction management, environmental services, storm water management</p>
<p><u>PHONE:</u> 912-384-7723      <u>FAX:</u> 912-383-6895</p>	<p><u>EMAIL:</u> mark.dill@swe.us.com      Consultant</p>

# State of Georgia CDBG Consultants List

6/3/2019

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<p>Mr. Greg Evans Statewide Engineers, Inc. 516 East Ashley Street Douglas, GA 31533</p>	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>engineering, surveying, grant administration</p> </div>
<p><b>PHONE:</b> 912-384-7723      <b>FAX:</b> 912-383-6895      <b>EMAIL:</b> greg.evans@swe.us.com      Consultant</p>	
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<p>Brenton C Beck Stephenson Engineering, Inc. PO Box 201088, 1130 North Tennessee St, Cartersville, GA 30120</p>	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Road design, storm-water management, sanitary sewer outfalls, water &amp; sewer design &amp; development</p> </div>
<p><b>PHONE:</b>      <b>FAX:</b>      <b>EMAIL:</b>      Consultant</p>	
<p>Eric L. Simpson, P.E. Stephenson Engineering, Inc. PO Box 201088, 1130 North Tennessee St, Cartersville, GA 30120</p>	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>hydrology, hydraulics, storm-water management facilities, pump stations, force mains, water transmission lines, reuse lines, sanitary sewer outfalls &amp; septic tank design</p> </div>
<p><b>PHONE:</b>      <b>FAX:</b>      <b>EMAIL:</b>      Consultant</p>	
<p>Kevin T Stephenson, P.E. Stephenson Engineering, Inc. PO Box 201088, 1130 North Tennessee St, Cartersville, GA 30120</p>	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Single/multi family commercial &amp; industrial development &amp; permitting, Utility Design, Grading and Drainage design, rail design, land use &amp; maser planning, road design, expert testimony on zoning, site erosion control plans, flood and storm water management studies, hydrologic analysis, FEMA flood</p> </div>
<p><b>PHONE:</b>      <b>FAX:</b>      <b>EMAIL:</b>      Consultant</p>	
<p>Cary Dial Stevenson &amp; Palmer Engineering 2430 Herodian Way, Suite 101 Smyrna, GA 30080</p>	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Consulting, engineering</p> </div>
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<p>Mr. Douglas Munnell Stevenson &amp; Palmer Engineering, Inc. 2430 Herodian Way SE, Suite 101 Smyrna, GA 30080</p>	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Planning, engineering</p> </div>
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# State of Georgia CDBG Consultants List

6/3/2019

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- Land Planning
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- Roadway Design
- Water and Wastewater System Design
- Storm Water Management Services

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Architectural, Program Management

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Consultant & Planning Services

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Brunswick, GA 31523

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for municipal infrastructure applications

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for municipal infrastructure applications

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Kimberly Dutton  
Three Rivers  
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Franklin, GA 30217-1600

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# State of Georgia CDBG Consultants List

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<p>Lawrence Williamson Urban Redevelopment Associates, LLC 2140 Ingleside Ave, Suite K-1 Macon, GA 31204</p> <p><u>PHONE:</u>      <u>FAX:</u></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><u>EMAIL:</u> bigl62@juno.com      Consultant</p>
<p>Mr. Mitch Varnadoe Varnadoe and Associates, Inc. 281 Primrose Lane Nicholls, GA 31554</p> <p><u>PHONE:</u> 912/381-1290      <u>FAX:</u> 912-345-0923</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Planning, administration, grant preparation, and housing</p> </div> <p><u>EMAIL:</u> mitchvarnadoe@yahoo.com      Consultant</p>
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<p>Craig Goebel W. Frank Newton, Inc. 123 Church St, Suite 300 Marietta, GA 30060</p> <p><u>PHONE:</u> 770-420-5634      <u>FAX:</u></p>	<div style="border: 1px solid black; padding: 5px;"> <p>More than 30 years of CDBG and Housing planning and administration experience with grantees under Georgia CDBG and CHIP programs.</p> </div> <p><u>EMAIL:</u> cgoebel@wfnconsulting.net      Consultant</p>
<p>Mr. Frank Newton W. Frank Newton, Inc. 123 Church St, Suite 300 Marietta, GA 30060</p> <p><u>PHONE:</u> 770-420-5634      <u>FAX:</u> 770-420-5635</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Planning, application development, administration, housing</p> </div> <p><u>EMAIL:</u> wfninc@aol.com      Consultant</p>
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# State of Georgia CDBG Consultants List

6/3/2019

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Architects

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EMAIL: [wmarchpc@bellsouth.net](mailto:wmarchpc@bellsouth.net)

Consultant

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**Note: This list is provided as a procurement aid in the selection process for grant administration, engineering, and architectural services and is not meant to be an endorsement or recommendation by DCA. Also, this list is not considered to be inclusive of all firms that provide these services.**

**Appendix I:**  
DCA Meeting Checklist

# DCA Meeting Checklist

This checklist is comprised of questions designed to review the meeting preparation/arrangement organized by program offices in order to evaluate accessibility to individuals with disabilities.

***What kind of meetings are initiated, convened and/or sponsored (with the exception of grants) by your program?***

***Please choose all that apply***

- In-house business meetings with staff and/or with members of the general public
- Panel (in-house) Access issues are discussed with policy and/or service groups
- Panel (outside the program location)
- Council/board (in-house)
- Council/board (outside the program location)
- Symposia/Seminars
- Workshops/Classes
- Conferences
- None
- Other (please specify)

***Does your program ask meeting participants in advance about any needed physical or programmatic accommodations?***

- Yes
- No
- I don't know
- Any additional comments:

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***Does your program offer to meet panelists/visitors with disabilities at the building's entrance and show them the location of the meeting room, rest room or other areas?***

- Yes
- No
- I don't know
- Any additional comments

***Does your program ensure that meetings are held in offices or other meeting spaces that are accessible to people with mobility impairments? (See Appendix A)***

- Yes
- No
- I don't know
- Any additional comments

***When requested, is your program able to provide any of the following communication techniques to make your written and visual materials (e.g. agenda, reports, panel books, power points or meeting proceedings) accessible to people with visual impairments? Please choose all that apply:***

- Materials in large print
- Braille materials
- Recorded materials
- Qualified readers
- Material on discs
- Computer bulletin boards
- Audio descriptions of visual presentations
- Support materials provided to participants for review prior to meeting
- None
- I don't know
- We have never had this request but if requested we are able to provide the following:

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***When requested, is your program able to provide any of the following communication techniques to make your meetings accessible to individuals who are deaf or hard-of-hearing? Please choose all that apply:***

- Qualified sign language interpreters
- Assistive listening systems
- Captioned audio-visual material
- Sign language and/or orally interpreted audiovisual material
- Communication Access Real time Translation or CART (where everything that is said is "captioned" live)
- None
- I don't know
- Other (please specify) or additional comments:

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***While learning and mental disabilities are very distinct from one another, many accommodations for these two disability types overlap. When requested is your program able to provide any of the following communication techniques to make your meetings accessible to people with learning or mental disabilities? Please choose all that apply:***

- Short, direct and clear presentations
- Pictures that supplement written materials when possible
- Recording of meeting for review following the meeting
- Support materials (e.g. agenda, outline of presentation) prior to meeting
- None
- We have never had this request but if requested we are able to provide the following:

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***When planning meetings outside of the agency or when making hotel accommodations, does your program seek spaces that are accessible to persons with the following disabilities? Please choose all that apply:***

- Mobility Impairments
- Visual Impairments
- Hearing Impairments
- Speech Impairments
- None
- I don't know
- Other type of impairments or additional comments:

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***When planning meetings outside of your location, do you offer communication techniques to ensure that the meetings are accessible to participants with the following disabilities? Please choose all that apply:***

- Mental or Learning Disabilities
- Visual Impairments
- Hearing Impairments
- Speech Impairments
- None
- I don't know
- Other disability type(s) (please specify) or additional comments:

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***When planning meetings outside of your location, do you assure that any local organizers make necessary accessibility arrangements and offer communication techniques to ensure that the meeting are accessible to participants with the following disabilities? Please choose all that apply:***

- Mobility Impairments
- Visual impairments
- Hearing Impairments
- Speech Impairments
- Mental or Learning Disabilities
- None
- I don't know
- Other disability type(s) (please specify) or additional comments:

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***How does your office notify the general public that accommodations for people with disabilities are available upon request at public meetings? Please choose all that apply:***

- Notice provided to websites that are utilized by people with disabilities
- Notice published in meeting announcements, brochures, press releases or other publications
- Notice provided to organizations and agencies of and for individuals with disabilities
- On our website
- Posted in our office location(s)
- We don't notify the general public about accommodations
- I don't know
- Other notice format(s) (please specify) or any additional comments:

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# DCA Meeting Checklist

This checklist is comprised of questions designed to evaluate the venue’s accessibility to individuals with disabilities.

## Accessible Meeting Facilities Checklist

Name of Facility (hotel, restaurant, state, city or county facility):	
Address:	City, State & Zip code:
Phone :	Email:
Surveyor’s Name:	Survey Date:
Phone:	Email:
Office:	Agency:

### Building Exterior

#### *Off-Street Parking/Passenger Loading Zone*

- \_\_\_\_\_ Number of accessible parking spaces, (see Appendix A) # Required Spaces
- \_\_\_\_\_ At least one van space, (96" space with 96" access aisle or 132"space with 60", 114" vertical clearance)
- \_\_\_\_\_ Sign at parking space, International Access Symbol, white on blue, “Van Accessible” for van space.
- \_\_\_\_\_ Built-up curb ramps do not project into access and parking spaces.
- \_\_\_\_\_ Level Slope < 1:48, firm, and non-slip surface. Slope < 1:48

- \_\_\_\_\_ Curb-cut, ramp or level area to walkway
- \_\_\_\_\_ If surface unpaved, then size of gravel < 0.3 inches
- \_\_\_\_\_ Closest parking space to accessible entrance. Crosses vehicular traffic lane?
- \_\_\_\_\_ Directional signage to accessible entrance, at non-accessible entrance
- \_\_\_\_\_ Passenger drop off or loading zone with accessible route or travel to building

***Proximity to Public Transportation***

- Bus stop within 1-2 blocks. Approximate Distance: \_\_\_\_\_
- Bus available evenings: ( Please Circle) Yes or No
- Level, firm, non-slip surface from bus stop to primary accessible building entrance, maximum slope of 1:12
- Curb cut, ramp, or level area to walkway (see Walkways). Note: handrails required if slope > 1:20 and the rise is >6"

***Walkways***

- 44" minimum exterior width
- Max. slope of 1:12 (Up to 1:8 permissible for rises < 3" Up to 1:10 for rises < 6") preferably 1" to 20" (can carry a latte in your lap and go down ramp without spilling)
- Level (slope >1:20) or ramped from parking to primary accessible entrance
- Level, firm, non-slip surface with no drop-offs, grass or soil meet sidewalk
- Walkways free of obstructions that protrude > 4" (higher than 27" or < 80")
- Walkways free of grating openings larger than 1/2", openings perpendicular to path of travel.
- Threshold 1/4" maximum, or 1/2" if beveled

***Ramps (exterior)***

- Maximum slope of 1':12' (no more than 30' between landings); slope 1':20' (40' between landings)
- Landings at top and bottom of run, Landings shall be level and be 60" in direction of travel
- Graspable handrails provided, 34" - 38" high (Slope 1:20, or rise < 6" no handrails required.)
- Handrails 1-1/2" diameter and 1-1/2" from wall
- Firm, non-slip surface
- 44" minimum exterior width

## **Building Exterior (Cont'd)**

### ***Stairways***

- Graspable handrails provided on both sides, 34" - 38" high, properly secured
- Handrails 1-1/2" diameter and 1-1/2" from wall
- Uniform riser height and tread width
- 5' x 5' level landings on top and bottom
- Contrast on stairs and landings
- Adequate lighting on stairs
- No open risers (steps). No hanging stairwells, unless cane detectable barriers are provided underneath.

### ***Entrances (exterior)***

- At least one primary entrance accessible, door 32" clear opening
- Threshold height 1/4" maximum, 1/2" if beveled. If not, actual height is \_\_\_\_\_
- An 18" clear maneuvering space at the pull side of the door
- Level and unobstructed area 5' x 5' both sides of door
- Lever or loop-type door handles
- Door opening pressure 8.5 lbs. maximum, or Automatic door openers

- Alternate accessible entrance for a revolving door
- Sign indicating accessible entrance
- Directional signage at inaccessible entrances designating the accessible entrance

## **Building Interior**

### ***Interior Doors and Corridors***

- Firm, non-slip surface (no loose or deep pile carpet, maximum pile thickness < 1/2")
- Doors have a minimum clear opening width of 32"
- An 18" clear maneuvering space at the pull side of the door
- Lever or loop-type handles, path to meeting room
- Door pressure 5 lbs. Maximum, or Automatic door

### ***Interior Doors and Corridors Continued:***

- Corridors have a clear width of 36"
- Wall-mounted objects protruding 4" or greater (located within 27" - 80" from the floor) have barriers detectable by individuals using a white cane. Wall mounted objects protruding less than 4" or higher than 80" from the floor, no detectable barrier required
- Adequate lighting in corridors, provide uniform illumination

### ***Ramps (interior)***

- Maximum slope of 1':12' (no more than 30' of rise between level landings)
- 5' x 5' level landings on top and bottom
- Graspable handrails provided, 34" - 38" high
- Handrails 1-1/2" diameter and 1-1/2" from wall
- Firm, non-slip surface
- 36" minimum interior width

**Elevators**

- Door has 36" minimum clear opening
- Size of elevator floor at least 54" x 68"
- Serves all floors and public meeting areas
- Highest control buttons 48" maximum (54" built before 2002), emergency controls 35"
- Audible and visible signals, hallway and elevator interior
- Controls have raised Arabic numerals and Braille identification
- Exterior call buttons 35"max
- Floor levels indicated on door jambs by raised numerals placed no more than 60" high
- Elevator doors remain fully open for 5 seconds minimum
- Visible and audible signal provided at each entrance to indicate which car is answering a call

**Building Interior (Cont'd)**

**Water Fountains (where provided)**

- At least one fountain on accessible route of travel
- Maximum spout no higher than 36" from floor
- Spout located at front of unit with water projecting parallel
- Hand operated control (push or lever) within 5" of the front of the fountain
- 27" clear knee space
- If no knee space, then at least 30" x 48" clear floor space provided for parallel approach

**Public Restrooms**

<b>Women</b>	<b>Men</b>	<b>(One restroom may be accessible while another is not, check both)</b>
<input type="checkbox"/>	<input type="checkbox"/>	On accessible route of travel from or to meeting room
<input type="checkbox"/>	<input type="checkbox"/>	At least one accessible stall in each restroom. Or unisex restroom available

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Ambulatory accessible toilet stalls (required when six or more water closets are available in a restroom)     |
| <input type="checkbox"/> | <input type="checkbox"/> | High contrast, non-glare sign, raised and Braille between 48" - 60" from floor, located on latch side of door |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs at inaccessible restrooms giving directions to accessible restrooms                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Entry 32" minimum clear width   |
| <input type="checkbox"/> | <input type="checkbox"/> | Accessible stall doors 32" minimum clear width  |
| <input type="checkbox"/> | <input type="checkbox"/> | Door pressure 5 lbs. maximum  |
| <input type="checkbox"/> | <input type="checkbox"/> | Stall width 60" wide x 56" wall mounted, 60" x 59" floor mounted toilet                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Minimum 48" width next to toilet on one side  |
| <input type="checkbox"/> | <input type="checkbox"/> | Grab bars side and back, 33" - 36" above and parallel to floor  |
| <input type="checkbox"/> | <input type="checkbox"/> | Grab bars 1-1/2" diameter and 1-1/2" from wall  |
| <input type="checkbox"/> | <input type="checkbox"/> | Toilet seat 17" - 19" high  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5' x 5' diameter clear floor space to turn around (by mirrors or sink area)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bottom of mirror, top of shelf, towel and all other types of dispensers at 40" maximum from floor             |
| <input type="checkbox"/> | <input type="checkbox"/> | Soap and towel dispensers and hand dryer adjacent to the sink   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27" clear knee space under basin  |
| <input type="checkbox"/> | <input type="checkbox"/> | Insulation of exposed pipes under sinks   |
| <input type="checkbox"/> | <input type="checkbox"/> | Lever-type faucets (or automatic)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Lever-type door hardware, entry door and on accessible stall and urinal                                       |

### Meeting Rooms and Common Use Areas

**Meeting Rooms – Room # / Name of room:** \_\_\_\_\_

(please complete for each meeting room to be used)

- Capacity
- High contrast signage with non-glare finish, Raised and Braille at 48"- 60", latch side of

door

- Ramps for raised platforms, speaking areas
- Top of table 28" - 34" from floor
- Clear knee space for tables (minimum 27" high x 30" wide x 19" deep)
- Public Address System with Assistive Listening equipment
- Assistive Listening Equipment (identified by signage)
- Low noise level (inside and outside)
- Meeting and other functions provided in nonsmoking areas
- Firm, non-slip surface (no loose or deep pile carpet)
- If Audible, then visible alarm system

#### ***Event Set-up***

- If a stage or raised dais is used, it is accessible via ramp or lift.

#### ***Fixed Seating Only (auditorium)***

- For auditoriums, integrated wheelchair seating, a minimum of one, for 4-25 seats
- Number of wheelchair spaces required \_\_\_\_\_
- (See Appendix A Wheelchair Spaces Required in Assembly Areas)
- Minimum space 33" x 48" for rear or forward access, 33" x 60" for side access
- Unobstructed viewing position from wheelchair seating

#### ***Fixed Seating Continued***

- Aisles at least 36" having seating on one side of aisle, 42" with seating on both sides
- Integrated seating, people using wheelchairs can sit next others, accessible seating dispersed throughout auditorium.

#### ***Common Use Areas***

- Restaurant /coffee shops, gift shops, ATM, lobby, vending machines, copy machines and other common use areas accessible to persons with disabilities. (entrance, seating, counter height, reach range, 48" )

Problem Areas:

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Audible alarm system

Visible alarm system

Maintenance/remodeling at time of meeting

**Appendix J:**  
Georgia DCA Section 3 Self-Certification  
and Action Plan



**I am Certifying as a Section 3 Business Concern and requesting Preference accordingly (Select only One Option):**

Option 1

- A business claiming status as a Section 3 Resident-Owned Business Concern (ROB) entity:

\_\_\_\_\_ Initial here to confirm selection of this option

Option 2

- A business claiming Section 3 status, because at least 30% of the existing or newly hired workforce for this specific contract will be Section 3 residents throughout the entire contract period. If a Prime or General Contractor is electing this option, the 30% employment requirement will be for the entire project including all the sub-contractors' employees:

**Check all methods you will employ to secure Section 3 Residents/Persons**

Posting the position in community sources that are generally available to low income residents and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

\_\_\_\_\_ Initial here to confirm selection of this option

*I anticipate my total number of employees for this contract to be \_\_\_\_\_ and \_\_\_\_\_ will be qualified Section 3 Residents/persons.*

Option 3

- A business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business:

*Attach a list of intended subcontract Section 3 business(es) with subcontract amount.*

*Attach certification & all supporting documentation for each planned subcontract Section 3 Business.*

\_\_\_\_\_ Initial here to confirm selection of this option

**I am NOT Requesting Preference under Section 3:**

- I am NOT certifying as a qualified Section 3 Business Concern and I am not requesting a preference. However if I do trigger the regulation by doing any sub-contracting or hiring, I will comply by meeting all requirements of DCA's Section 3 policy and am committing to do the outreach as specified below.

**Check all methods you will employ to secure Section 3 Residents/Businesses**

Posting the position/contract opportunity in community sources that are generally available to low income residents and Section 3 Businesses and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initial here to confirm selection of this option

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Notarial Affidavit**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*



**Required Submittal - Assurance of Compliance Certification  
Section 3 Action Plan  
Housing and Urban Development Act of 1968  
(12 U.S.C. 1701 U)**

**Contract/Solicitation Name or Number:** \_\_\_\_\_

**DCA Funding**

**Program:** \_\_\_\_\_

**Entity Receiving DCA Funding Award:** \_\_\_\_\_

**Purpose:** To ensure that regulations promulgated under 24 CFR Part 135 Employment Opportunities for Businesses and Lower Income Persons in Connection with Assisted Projects and the Section 3 Policy of DCA, its recipients, sub-recipients and contractors to the greatest extent feasible is adhered to, and to serve as the "assurance of compliance" certification and action plan as required in the bid documents, supplemental general conditions, and required forms for the contract for any HUD work funded by DCA.

**Description of the project's work detail:** The project work will be as listed in the final scope of work in the contract with DCA, its recipients, sub-recipients and contractors including any change orders. List all known subcontractors below:

**Subcontractor(s):** \_\_\_\_\_

*Use an additional sheet if required.*

*Note: If subcontractors are unknown at this time, print UNKNOWN on the line above. Also, the contractor must notify DCA or recipient or sub-recipient if subcontractors are added or changed during the contract. Any changes to this certification requires a resubmission of this form to DCA or recipient or sub-recipient.*

**Preliminary Statement for Work Force Needs:**

DCA intends to meet Section 3 compliance at the highest level and it is our intent to identify any short-term and long-term employment or contracting opportunities for qualified Section 3 persons and Business Concerns during the course of the contract funded by DCA via its recipients or sub-recipients and contractors. Please list the status of all planned employment positions and opportunities for this contract. **Preference for all opportunities must be given to low and very low-income residents if they qualify. If awarded a contract, regardless of whether your firm has elected a preference, you are required to provide a list of your aggregate workforce on this project. Any changes to that workforce during the project will constitute NEW hires. You must notify DCA, its recipient, sub-recipient or contractor (respectively) overseeing your contract of any new hire opportunities that arise during the life of your contract. The anticipated workforce list may be provided on a separate sheet or in a different format.**

<u>List All Employees</u>	<u>Date Hired</u>	<u>Section 3 Resident (Yes/No)</u>	<u>Job Title/Trade</u>	<u>Salary Range</u>
Name: Address: City, ZIP:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				

Use additional pages as needed.

**“To the Greatest Extent Feasible”:**

The Contractor has identified \_\_\_ # of **OPEN** positions with respect to this contract. The positions are filled by the \_\_\_\_\_ (Position title) of the Contractor.

Should the scope of work or duties of the contractor change to a degree requiring a modification of the work force needs, the contractor shall put forth a reasonable effort to fill vacant positions with eligible Section 3 residents.

**Documentation of “To the Greatest Extent Feasible”:**

The contractor will work with DCA, its recipients, sub-recipients, and contractors staff to notify residents of any opportunities afforded under the contract. The contractor will partner with DCA, its recipients, sub-recipients, and contractors by giving preference of any employment opportunities to the Section 3 persons or businesses.

The contractor shall recruit or attempt to recruit from the Section 3 area the necessary number of low-income and very low-income residents and Section 3 businesses, as applicable. The contractor must also document their recruiting efforts and any impediments to compliance with DCA’s Section 3 policy and the requirements of this solicitation package. This documentation must be submitted to the recipient or sub-recipient.

1. DCA, its sub-recipients and contractors shall: Maintain a list of all low-income area residents who have applied, either on their own or from referral from any source, and employ such person if otherwise eligible and if a trainee vacancy exists.
2. Conduct solicitation in accordance with DCA’s Section 3 policy and the requirements outlined in the solicitation package.

The contractor shall review all employment applications and determine if low-income and very low-income residents or Section 3 businesses meet minimum hiring or contracting qualifications. If these applicants meet such minimum qualifications, but are not hired due to lack of employment opportunities or for other reasons, they will be placed on a priority list and offered positions/contracts upon the occurrence of the first available appropriate opening.

**Utilization of Section 3 Businesses Located Within the County:**

The recipient, sub-recipient or contractor does \_\_\_ does not \_\_\_ intend to subcontract any of the work identified in the scope of work cited in the bid specifications, scope of work or General Conditions. Should the scope of work or needs of the contractor change, the contractor shall, to the greatest extent feasible, assure that subcontracts be awarded to business concerns within the Section 3 covered area, or to business concerns owned in the substantial part (at least 51%) by persons residing in the Section 3 covered area.

**Record Keeping:**

The recipient, sub-recipient, contractor or subcontractor, as applicable, shall maintain on file all records related to employment and job training of low-income and very low-income residents or other such records, advertisements, legal notices, brochures, flyers, publications, assurances of compliance from sub-contractors, etc., in connection with this contract. If a report is needed in the future, the recipient,

sub-recipient, contractor or subcontractor, as applicable, agrees to provide all records upon request. The contractor shall, upon request, provide such records or copies of records to HUD, DCA, their recipients, sub-recipients, contractors, staff, or agents. Records shall be maintained for at least three (3) years after the close of the contract.

**Reports:**

The recipient, sub-recipient or contractor shall provide reports as required in connection with the contractor specifications. All certified and regular payrolls shall clearly detail which employees qualify under Section 3.

**Certification:**

The recipient, sub-recipient or contractor will certify that any vacant employment positions, including training positions that filled:

- 1) After the recipient, sub-recipient or contractor is selected but before the contract is executed, and
- 2) With persons other than those to who the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the subcontractor's obligations under 24 CFR Part 135.

**Grievance and Compliance:**

The recipient, sub-recipient, contractor or subcontractor hereby acknowledges that they understand that any low-income and very low-income resident of the project area, for him/her or as representatives of persons similarly situated, seeking employment or job training opportunities in the project area, or any eligible business concerns seeking contract opportunities may file a grievance if efforts to the greatest extent feasible were not executed. The grievance must be filed with HUD not later than one hundred eighty (180) calendar days from the date of the action (or omission) upon which the grievance is based.

I attest that the information on the preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Appendix K:**  
DCA Subrecipient Language Access Plan

## **DCA Sub Recipient Language Access Plan Guidance**

Pursuant to the requirements of Title VI of the Civil Rights Act of 1964, all DCA sub recipients (including State recipients) must take timely and reasonable steps to provide Limited English Proficient (LEP) persons with meaningful access to programs and activities funded by the federal government and awarded by DCA.

Within sixty days of award of funds, sub recipients must undertake the following steps:

- 1.) Conduct a Four-Factor Analysis to determine how to provide needed language assistance.
- 2.) Prepare a Language Access Plan (LAP) and submit it to your DCA representative that includes:
  - a. The Four-Factor Analysis
  - b. The name of the individual responsible for coordination of LEP compliance
  - c. A training plan on LEP requirements for all staff involved in programs and activities funded by the federal government and awarded by DCA
  - d. A list of vital documents to be translated (if necessary) and schedule for translating and disseminating vital documents
  - e. A policy for updating the Four-Factor Analysis and the LAP every five years
  - f. A plan to maintain records regarding its efforts to comply with Title VI LEP obligations.
  - g. A plan for complaints and appeals. See the complaints and appeals requirement in the DCA Policy.

The following document provides guidance on how to accomplish these steps. Additional resources on HUD compliance policies and guidance can be found in the Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons Notice: <https://www.gpo.gov/fdsys/pkg/FR-2007-01-22/pdf/07-217.pdf>. Complete LEP resources and information for all federal programs can be found on this website: <https://www.lep.gov/>

### **Conducting the Four-Factor Analysis**

The Four-Factor Analysis includes:

- 1.) The number or proportion of LEP persons served or encountered in the eligible service population ("served or encountered" includes those persons who would be served or encountered by the sub recipient if the persons received adequate education and outreach and the sub recipient provided sufficient language services).
- 2.) The frequency with which LEP persons come into contact with the program;
- 3.) The nature and importance of the program, activity, or service provided by the program; and
- 4.) The resources available and costs to the recipient.

### **Factor 1: Determining the number of LEP persons served or encountered in the eligible service population:**

Sub recipients must use the most recent and relevant data to determine the number of LEP persons in the service area. Most sub recipients will depend on the most recent release of data from the American Community Survey Table B16001 and Table S1601, updated each year in December. This data may be

supplemented by local knowledge or data, especially when evaluating sub jurisdictional areas such as target areas. All data provided must be accurately sourced.

The size of the language group determines the recommended provision for written language assistance.

Size of Language Group	Recommended Provision of Written Language Assistance
1,000 or more in the eligible population	Translated vital documents
More than 5% of the eligible population or beneficiaries and more than 50 in number	Translated vital documents
More than 5% of the eligible population or beneficiaries and 50 or less in number	Translated written notice of right to receive free oral interpretation of documents.
5% or less of the eligible population or beneficiaries and less than 1,000 in number	No written translation is required.

A vital document is any document that is critical for ensuring meaningful access to the recipients' major activities and programs by beneficiaries generally and LEP persons specifically. Leases, rental agreements and other housing documents of a legal nature enforceable in U.S. courts should be in English. See more about vital documents and legal documents in the FAQ below.

**Factor 2: The frequency with which LEP persons come into contact with the program:**

Recipients should assess, as accurately as possible, the frequency with which they have or should have contact with an LEP individual from different language groups seeking assistance. The more frequent the contact with a particular language group, the more likely the need for enhanced language services in that language. The steps that are reasonable for a recipient that serves an LEP person on a one-time basis will be very different than those expected from a recipient that serves LEP persons daily. It is also advisable to consider the frequency of different types of language contacts. For example, frequent contacts with Spanish-speaking people who are LEP may require extensive assistance in Spanish. Less frequent contact with different language groups may suggest a different and less intensified solution. If an LEP individual accesses a program or service on a daily basis, a recipient has greater duties than if the same individual's program or activity contact is unpredictable or infrequent. But even recipients that serve LEP persons on an unpredictable or infrequent basis should determine what to do if an LEP individual seeks services under the program in question. This plan need not be intricate. It may be as simple as being prepared to use one of the commercially available telephonic interpretation services to obtain immediate interpreter services. In applying this standard, recipients should consider whether appropriate outreach to LEP persons could increase the frequency of contact with LEP language groups.

**Factor 3: The nature and importance of the program, activity, or service provided by the program:**

The more important the activity, information, service, or program, or the greater the possible consequences of the contact to the LEP persons, the more likely the need for language services. The obligations to communicate rights to a person who is being evicted differ, for example, from those to provide recreational programming. A recipient needs to determine whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP individual. Decisions by HUD, another federal, state, or local entity, or the recipient to make a specific activity

compulsory in order to participate in the program, such as filling out particular forms, participating in administrative hearings, or other activities, can serve as strong evidence of the program's importance.

**Factor 4: The resources available and costs to the recipient:**

Language assistance that a sub recipient might provide to LEP persons includes, but is not limited to

- Oral interpretation services;
- Bilingual staff;
- Telephone service lines interpreter;
- Written translation services;
- Notices to staff and sub recipients of the availability of LEP services; or
- Referrals to community liaisons proficient in the language of LEP persons.
- Provide "I speak" card (more in the FAQ below)

A recipient's level of resources and the costs that would be imposed on it may have an impact on the nature of the steps it should take. Smaller recipients with more limited budgets are not expected to provide the same level of language services as larger recipients with larger budgets. In addition, "reasonable steps" may cease to be reasonable where the costs imposed substantially exceed the benefits. Resource and cost issues, however, can often be reduced by technological advances; sharing of language assistance materials and services among and between recipients, advocacy groups, and federal grant agencies; and reasonable business practices. Where appropriate, training bilingual staff to act as interpreters and translators, information sharing through industry groups, telephonic and video conferencing interpretation services, pooling resources and standardizing documents to reduce translation needs, using qualified translators and interpreters to ensure that documents need not be "fixed" later and that inaccurate interpretations do not cause delay or other costs, centralizing interpreter and translator services to achieve economies of scale, or the formalized use of qualified community volunteers, for example, may help reduce costs. Recipients should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services due to resource concerns. Small recipients with limited resources may find that entering into a bulk telephonic interpretation service contract will prove cost effective. Large entities and those entities serving a significant substantiated before using this factor as a reason to limit language assistance. Such recipients may find it useful to articulate, through documentation or in some other reasonable manner, their process for determining that language services would be limited based on resources or costs. This four-factor analysis necessarily implicates the "mix" of LEP services the recipient will provide. Recipients have two main ways to provide language services: Oral interpretation in person or via telephone interpretation service (hereinafter "interpretation") and through written translation (hereinafter "translation"). Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons through commercially available telephonic interpretation services. Written translation, likewise, can range from translation of an entire document to translation of a short description of the document. In some cases, language services should be made available on an expedited basis, while in others the LEP individual may be referred to another office of the recipient for language assistance. The correct mix should be based on what is both necessary and reasonable in light of the four-factor analysis. For instance, a public housing provider in a largely Hispanic neighborhood may need immediate oral interpreters available and should give serious consideration to hiring some bilingual staff. (Of course, many have

already made such arrangements.) By contrast, there may be circumstances where the importance and nature of the activity and number or proportion and frequency of contact with LEP persons may be low and the costs and resources needed to provide language services may be high – such as in the case of a voluntary public tour of a recreational facility – in which pre-arranged language services for the particular service may not be necessary. Regardless of the type of language service provided, quality and accuracy of those services can be critical in order to avoid serious consequences to the LEP person and to the recipient. Recipients have substantial flexibility in determining the appropriate mix.

### **Language Access Plan Frequently Asked Questions:**

#### **Who are limited English proficient (LEP) persons?**

For persons who, as a result of national origin, do not speak English as their primary language and who have a limited ability to speak, read, write, or understand. For purposes of Title VI and the LEP Guidance, persons may be entitled to language assistance with respect to a particular service, benefit, or encounter.

#### **What is Title VI and how does it relate to providing meaningful access to LEP persons?**

Title VI of the Civil Rights Act of 1964 is the federal law that protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. In certain situations, failure to ensure that persons who are LEP can effectively participate in, or benefit from, federally assisted programs may violate Title VI's prohibition against national origin discrimination.

#### **What do Executive Order (EO) 13166 and the Guidance require?**

EO 13166, signed on August 11, 2000, directs all federal agencies, including the Department of Housing and Urban Development (HUD), to work to ensure that programs receiving federal financial assistance provide meaningful access to LEP persons. Pursuant to EO 13166, the meaningful access requirement of the Title VI regulations and the four-factor analysis set forth in the Department of Justice (DOJ) LEP Guidance apply to the programs and activities of federal agencies, including HUD. In addition, EO 13166 requires federal agencies to issue LEP Guidance to assist their federally assisted recipients in providing such meaningful access to their programs. This Guidance must be consistent with the DOJ Guidance. Each federal agency is required to specifically tailor the general standards established in DOJ's Guidance to its federally assisted recipients. On December 19, 2003, HUD published such proposed Guidance.

#### **Who must comply with the Title VI LEP obligations?**

All programs and operations of entities that receive financial assistance from the federal government, including but not limited to state agencies, local agencies and for-profit and non-profit entities, must comply with the Title VI requirements. A listing of most, but not necessarily all, HUD programs that are federally assisted may be found at the "List of Federally Assisted Programs" published in the Federal Register on November 24, 2004 (69 FR 68700). Sub-recipients must also comply (i.e., when federal funds are passed through a recipient to a sub-recipient). As an example, Federal Housing Administration (FHA) insurance is not considered federal financial assistance, and participants in that program are not required

to comply with Title VI's LEP obligations, unless they receive federal financial assistance as well. [24 CFR 1.2 (e)].

**Does a person's citizenship and immigration status determine the applicability of the Title VI LEP obligations?**

United States citizenship does not determine whether a person is LEP. It is possible for a person who is a United States citizen to be LEP. It is also possible for a person who is not a United States citizen to be fluent in the English language. Title VI is interpreted to apply to citizens, documented non-citizens, and undocumented non-citizens. Some HUD programs require recipients to document citizenship or eligible immigrant status of beneficiaries; other programs do not. Title VI LEP obligations apply to every beneficiary who meets the program requirements, regardless of the beneficiary's citizenship status.

**What is expected of recipients under the Guidance?**

Federally assisted recipients are required to make reasonable efforts to provide language assistance to ensure meaningful access for LEP persons to the recipient's programs and activities. To do this, the recipient should

- (1) Conduct the four-factor analysis;
- (2) Develop a Language Access Plan (LAP); and
- (3) Provide appropriate language assistance.

The actions that the recipient may be expected to take to meet its LEP obligations depend upon the results of the four-factor analysis including the services the recipient offers, the community the recipient serves, the resources the recipient possesses, and the costs of various language service options. All organizations would ensure nondiscrimination by taking reasonable steps to ensure meaningful access for persons who are LEP. HUD recognizes that some projects' budgets and resources are constrained by contracts and agreements with HUD. These constraints may impose a material burden upon the projects. Where a HUD recipient can demonstrate such a material burden, HUD views this as a critical item in the consideration of costs in the four-factor analysis. However, refusing to serve LEP persons or not adequately serving or delaying services to LEP persons would violate Title VI. The agency may, for example, have a contract with another organization to supply an interpreter when needed; use a telephone service line interpreter; or, if it would not impose an undue burden, or delay or deny meaningful access to the client, the agency may seek the assistance of another agency in the same community with bilingual staff to help provide oral interpretation service.

**What is the four-factor analysis?**

Recipients are required to take reasonable steps to ensure meaningful access to LEP persons. This "reasonableness" standard is intended to be flexible and fact-dependent. It is also intended to balance the need to ensure meaningful access by LEP persons to critical services while not imposing undue

financial burdens on small businesses, small local governments, or small nonprofit organizations. As a starting point, a recipient may conduct an individualized assessment that balances the following four factors:

- 5.) The number or proportion of LEP persons served or encountered in the eligible service population ("served or encountered" includes those persons who would be served or encountered by the sub recipient if the persons received adequate education and outreach and the sub recipient provided sufficient language services);
- 6.) The frequency with which LEP persons come into contact with the program;
- 7.) The nature and importance of the program, activity, or service provided by the program; and
- 8.) The resources available and costs to the sub recipient. Examples of applying the four-factor analysis to HUD-specific programs are located in Appendix A of the LEP Final Guidance.

### **What are examples of language assistance?**

Language assistance that a sub recipient might provide to LEP persons includes, but is not limited to

- Oral interpretation services;
- Bilingual staff;
- Telephone service lines interpreter;
- Written translation services;
- Notices to staff and sub recipients of the availability of LEP services; or
- Referrals to community liaisons proficient in the language of LEP persons.

### **What is a Language Access Plan (LAP) and what are the elements of an effective LAP?**

After completing the four-factor analysis and deciding what language assistance services are appropriate, a sub recipient may develop an implementation plan or LAP to address identified needs of the LEP populations it serves. Some elements that may be helpful in designing an LAP include

Identifying LEP persons who need language assistance and the specific language assistance that is needed;

- Identifying the points and types of contact the agency and staff may have with LEP persons;
- Identifying ways in which language assistance will be provided; · Outreaching effectively to the LEP community;
- Training staff;
- Determining which documents and informational materials are vital;
- Translating informational materials in identified language(s) that detail services and activities provided to beneficiaries (e.g., model leases, tenants' rights and responsibilities brochures, fair housing materials, first-time homebuyer guide);
- Providing appropriately translated notices to LEP persons (e.g., eviction notices, security information, emergency plans);
- Providing interpreters for large, medium, small, and one-on-one meetings;
- Developing community resources, partnerships, and other relationships to help with the provision of language services; and
- Making provisions for monitoring and updating the LAP, including seeking input from beneficiaries and the community on how it is working and on what other actions should be taken.

### **What is a vital document?**

A vital document is any document that is critical for ensuring meaningful access to the sub recipients' major activities and programs by beneficiaries generally and LEP persons specifically. Whether or not a document (or the information it solicits) is "vital" may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information is not provided accurately or in a timely manner. For instance, applications for auxiliary activities, such as certain recreational programs in public housing, would not generally be considered a vital document, whereas applications for housing would be considered vital. However, if the major purpose for funding the sub recipient were its recreational program, documents related to those programs would be considered vital. Where appropriate, sub recipients are encouraged to create a plan for consistently determining, over time and across its various activities, what documents are "vital" to the meaningful access of the LEP populations they serve.

### **How may a sub recipient determine the language service needs of a beneficiary?**

Sub recipients should elicit language service needs from all prospective beneficiaries (regardless of the prospective beneficiary's race or national origin). If the prospective beneficiary's response indicates a need for language assistance, the sub recipient may want to give applicants or prospective beneficiaries a language identification card (or "I speak" card). Language identification cards invite LEP persons to identify their own language needs. Such cards, for instance, might say "I speak Spanish" in both Spanish and English, "I speak Vietnamese" in both Vietnamese and English, etc. To reduce costs of compliance, the federal government has made a set of these cards available on the Internet. Download the "I speak" card [here](#).

### **How may a sub recipient's limited resources be supplemented to provide the necessary LEP services?**

A sub recipient should be resourceful in providing language assistance as long as quality and accuracy of language services are not compromised. The sub recipient itself need not provide the assistance, but may decide to partner with other organizations to provide the services. In addition, local community resources may be used if they can ensure that language services are competently provided. In the case of oral interpretation, for example, demonstrating competency requires more than self-identification as bilingual. Some bilingual persons may be able to communicate effectively in a different language when communicating information directly in that language, but may not be competent to interpret between English and that language.

In addition, the skill of translating is very different than the skill of interpreting and a person who is a competent interpreter may not be a competent translator. To ensure the quality of written translations and oral interpretations, HUD encourages sub recipients to use members of professional organizations. Examples of such organizations are national organizations, including American Translators Association (written translations), National Association of Judicial Interpreters and Translators, and International Organization of Conference Interpreters (oral interpretation); state organizations, including Colorado

Association of Professional Interpreters and Florida Chapter of the American Translators Association; and local legal organizations such as Bay Area Court Interpreters.

While HUD recommends using the list posted on the official LEP website, its limitations must be recognized. Use of the list is encouraged, but not required or endorsed by HUD. It does not come with a presumption of compliance. There are many other qualified interpretation and translation providers, including in the private sector.

**May sub recipients rely upon family members or friends of the LEP person as interpreters?**

Generally, sub recipients should not rely on family members, friends of the LEP person, or other informal interpreters. In many circumstances, family members (especially children) or friends may not be competent to provide quality and accurate interpretations. Therefore, such language assistance may not result in an LEP person obtaining meaningful access to the sub recipients' programs and activities. However, when LEP persons choose not to utilize the free language assistance services expressly offered to them by the sub recipient but rather choose to rely upon an interpreter of their own choosing (whether a professional interpreter, family member, or friend), LEP persons should be permitted to do so, at their own expense. Sub recipients may consult HUD LEP Guidance for more specific information on the use of family members or friends as interpreters. While HUD guidance does not preclude use of friends or family as interpreters in every instance, HUD recommends that the sub recipient use caution when such services are provided.

**Are leases, rental agreements and other housing documents of a legal nature enforceable in U.S. courts when they are in languages other than English?**

Generally, the English language document prevails. The translated documents may carry a disclaimer. For example, "This document is a translation of a HUD-issued legal document. HUD provides this translation to you merely as a convenience to assist in your understanding of your rights and obligations. The English language version of this document is the official, legal, controlling document. This translated document is not an official document."

Where both the landlord and tenant contracts are in languages other than English, state contract law governs the leases and rental agreements. HUD does not interpret state contract law. Therefore, s regarding the enforceability of housing documents of a legal nature that are in languages other than English should be referred to a lawyer well-versed in contract law of the appropriate state or locality. Neither EO 13166 nor HUD LEP Guidance grants an individual the right to proceed to court alleging violations of EO 13166 or HUD LEP Guidance.

In addition, current Title VI case law only permits a private right of action for intentional discrimination and not for action based on the discriminatory effects of a sub recipient's practices. However, individuals may file administrative complaints with HUD alleging violations of Title VI because the HUD sub recipient failed to take reasonable steps to provide meaningful access to LEP persons.

The local HUD office will intake the complaint, in writing, by date and time, detailing the complainant's allegation as to how the state failed to provide meaningful access to LEP persons. HUD will determine jurisdiction and follow up with an investigation of the complaint.

**Who enforces Title VI as it relates to discrimination against LEP persons?**

Most federal agencies have an office that is responsible for enforcing Title VI of the Civil Rights Act of 1964. To the extent that a sub recipient's actions violate Title VI obligations, then such federal agencies will take the necessary corrective steps. The Secretary of HUD has designated the Office of Fair Housing and Equal Opportunity (FHEO) to take the lead in coordinating and implementing EO 13166 for HUD, but each program office is responsible for its sub recipients' compliance with the civil-rights related program requirements (CRRPRs) under Title VI.

**How does a person file a complaint if he/she believes the state is not meeting its Title VI LEP obligations?**

If a person believes that the state is not taking reasonable steps to ensure meaningful access to LEP persons, that individual may file a complaint with HUD's local Office of FHEO. For contact information of the local HUD office, go to the HUD website or call the housing discrimination toll free hotline at 800-669-9777 (voice) or 800-927-9275 (TTY).

**What will HUD do with a complaint alleging noncompliance with Title VI obligations?**

HUD's Office of FHEO will conduct an investigation or compliance review whenever it receives a complaint, report, or other information that alleges or indicates possible noncompliance with Title VI obligations by the state. If HUD's investigation or review results in a finding of compliance, HUD will inform the state in writing of its determination. If an investigation or review results in a finding of noncompliance, HUD also will inform the state in writing of its finding and identify steps that the state must take to correct the noncompliance. In a case of noncompliance, HUD will first attempt to secure voluntary compliance through informal means. If the matter cannot be resolved informally, HUD may then secure compliance by

- (1) Terminating the financial assistance of the state only after the state has been given an opportunity for an administrative hearing; and/or
- (2) Referring the matter to DOJ for enforcement proceedings.

**How will HUD evaluate evidence in the investigation of a complaint alleging noncompliance with Title VI obligations?**

Title VI is the enforceable statute by which HUD investigates complaints alleging a sub recipient's failure to take reasonable steps to ensure meaningful access to LEP persons. In evaluating the evidence in such complaints, HUD will consider the extent to which the state followed the LEP Guidance or otherwise demonstrated its efforts to serve LEP persons. HUD's review of the evidence will include, but may not be limited to, application of the four-factor analysis identified in HUD LEP Guidance. The four-factor analysis

provides HUD a framework by which it may look at all the programs and services that the sub recipient provides to persons who are LEP to ensure meaningful access while not imposing undue burdens on sub recipients.

**What is a safe harbor?**

A "safe harbor," in the context of this guidance, means that the sub recipient has undertaken efforts to comply with respect to the needed translation of vital written materials. If a sub recipient conducts the four-factor analysis, determines that translated documents are needed by LEP applicants or beneficiaries, adopts an LAP that specifies the translation of vital materials, and makes the necessary translations, then the sub recipient provides strong evidence, in its records or in reports to the agency providing federal financial assistance, that it has made reasonable efforts to provide written language assistance.

**What "safe harbors" may sub recipients follow to ensure they have no compliance finding with Title VI LEP obligations?**

HUD has adopted a "safe harbor" for translation of written materials. The Guidance identifies actions that will be considered strong evidence of compliance with Title VI obligations. Failure to provide written translations under these cited circumstances does not mean that the sub recipient is in noncompliance.

Rather, the "safe harbors" provide a starting point for sub recipients to consider

- Whether and at what point the importance of the service, benefit, or activity involved warrants written translations of commonly used forms into frequently encountered languages other than English;
- Whether the nature of the information sought warrants written translations of commonly used forms into frequently encountered languages other than English;
- Whether the number or proportion of LEP persons served warrants written translations of commonly used forms into frequently encountered languages other than English; and
- Whether the demographics of the eligible population are specific to the situations for which the need for language services is being evaluated. In many cases, use of the "safe harbor" would mean provision of written language services when marketing to the eligible LEP population within the market area. However, when the actual population served (e.g., occupants of, or applicants to, the housing project) is used to determine the need for written translation services, written translations may not be necessary.

The table below sets forth safe harbors for written translations.

Size of Language Group	Recommended Provision of Written Language Assistance
1,000 or more in the eligible population in the market area or among current beneficiaries	Translated vital documents
More than 5% of the eligible population or beneficiaries and more than 50 in number	Translated vital documents

More than 5% of the eligible population or beneficiaries and 50 or less in number	Translated written notice of right to receive free oral interpretation of documents.
5% or less of the eligible population or beneficiaries and less than 1,000 in number	No written translation is required.

When HUD conducts a review or investigation, it will look at the total services the sub recipient provides, rather than a few isolated instances.

**Is the sub recipient expected to provide any language assistance to persons in a language group when fewer than 5 percent of the eligible population and fewer than 50 in number are members of the language group?**

HUD recommends that sub recipients use the four-factor analysis to determine whether to provide these persons with oral interpretation of vital documents if requested.

**Are there "safe harbors" provided for oral interpretation services?**

There are no "safe harbors" for oral interpretation services. Sub recipients should use the four-factor analysis to determine whether they should provide reasonable, timely, oral language assistance free of charge to any beneficiary that is LEP (depending on the circumstances, reasonable oral language assistance might be an in-person interpreter or telephone interpreter line).

**Is there a continued commitment by the Executive Branch to EO 13166?**

There has been no change to the EO 13166. The President and Secretary of HUD are fully committed to ensuring that LEP persons have meaningful access to federally conducted programs and activities.

**Did the Supreme Court address and reject the LEP obligation under Title VI in Alexander v. Sandoval [121 S. Ct. 1511 (2001)]?**

The Supreme Court did not reject the LEP obligations of Title VI in its Sandoval ruling. In Sandoval, 121 S. Ct. 1511 (2001), the Supreme Court held that there is no right of action for private parties to enforce the federal agencies' disparate impact regulations under Title VI. It ruled that, even if the Alabama Department of Public Safety's policy of administering driver's license examinations only in English violates Title VI regulations, a private party may not bring a lawsuit under those regulations to enjoin Alabama's policy. Sandoval did not invalidate Title VI or the Title VI disparate impact regulations, and federal agencies' (versus private parties) obligations to enforce Title VI. Therefore, Title VI regulations remain in effect. Because the legal basis for the Guidance required under EO 13166 is Title VI and, in HUD's case, the civil rights-related program requirements (CRRPR), dealing with differential treatment, and since Sandoval did not invalidate either, the EO remains in effect.

**What are the obligations of HUD sub recipients if they operate in jurisdictions in which English has been declared the official language?**

In a jurisdiction where English has been declared the official language, a HUD sub recipient is still subject to federal nondiscrimination requirements, including Title VI requirements as they relate to LEP persons.

**Where can I find more information on LEP?**

You should review HUD's LEP Guidance: <https://www.gpo.gov/fdsys/pkg/FR-2007-01-22/pdf/07-217.pdf>

Additional information may also be obtained through the federal-wide LEP website and HUD's LEP website: <https://www.lep.gov/>

For CDBG LAP technical assistance, contact Michael Casper at [michael.casper@dca.ga.gov](mailto:michael.casper@dca.ga.gov) or (404) 679-0594.

**Appendix L:**  
DCA Language Access Plan Template

## Language Access Plan Template CDBG Recipients

### Instructions:

Refer to the *DCA LAP Policy* and the *DCA Sub recipient Language Access Plan Guidance* and follow the following steps described in detail below:

#### Step 1: Provide General Information

#### Step 2: Perform the Four Factor Analysis

Factor 1: The number of LEP people in the jurisdiction

- Use the most recent data release of American Community Survey Table B16001 (Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over) and Table S1601 (Language Spoken at Home) published in December of each year. *Please source all data provided to DCA.*
- Determine the threshold for providing translation

Factor 2: The frequency of interaction

Factor 3: The nature and importance of the activity

Factor 4: The resources available

#### Step 3: Prepare the Language Access Plan

- Four-Factor Analysis
- Responsible staff and training plan
- Documents to be translated (if needed)
- Plan for complaints and appeals
- Records retention and update plan

---

### Step 1: Provide General Information:

Provide the following information at the beginning of the local government's Language Access plan

- Grantee
- CDBG Grant Number
- Target Area
- Preparer's name, phone number, email address

## Step 2: Conduct a Four-Factor Analysis to determine how to provide needed language assistance

The Four Factors are:

**Factor 1:** The number or proportion of LEP persons eligible to be served or likely to be encountered by the Agency or its federally funded programs.

### Use data to answer the question:

How many Limited English Proficient people are in your local government's city or county's jurisdiction?

**Attach maps (if applicable) or other relevant data to your Language Access Plan. All data or maps provided must be accurately sourced.**

Please use the Census Table B16001 and Table S1601 to find this information. The size of the language group determines the recommended provision for written language assistance.

Size of Language Group	Recommended Provision of Written Language Assistance
1,000 or more in the eligible population	Translated vital documents
More than 5% of the eligible population or beneficiaries and more than 50 in number	Translated vital documents
More than 5% of the eligible population or beneficiaries and 50 or less in number	Translated written notice of right to receive free oral interpretation of documents.
5% or less of the eligible population or beneficiaries and less than 1,000 in number	No written translation is required.

Note: In the case where the overall jurisdiction numbers fall below the threshold to provide translated written documents but existing or planned DCA target areas exist, the DCA Sub recipient must evaluate whether there are limited English proficient households within the target areas that may need notification or other LAP services. The Sub recipient's evaluation should use local knowledge or data or other relevant data in conducting its evaluation and should indicate its conclusions regarding the steps necessary reach out to these households in the language they speak to ensure that adequate notification is achieved. This evaluation will be particularly important for housing grants where eligible applicants for assistance may need application or other documents translated to take advantage of available services.

**Factor 2:** The frequency with which LEP persons come into contact with the Agency's programs: The frequency with which a program engages with the public can vary. For example: *Daily*: walk-ins at a housing counseling agency; *Annually*: A program accepts applications for assistance once a year.

For CDBG grants, grantees must engage with the public at these critical steps:

- a. When notifying the public about a grant award application and its proposed activities
- b. When notifying the public about the grant award and its funded activities



- c. When seeking applicants to participate in the program (e.g., when seeking homeowners for rehabilitation assistance)
- d. When seeking qualified contractors
- e. When working with homeowners selected for assistance
- f. When seeking bids from builders to construct the homes
- g. When notifying the public about the grant award closeout and its accomplishments

**Identify how your program engages with the public and how frequently does this occur**

**Factor 3:** The nature and importance of the programs, activities, or services to people’s lives. The more important the activity, information, service, or program, or the greater the possible consequences of the contact to the LEP persons, the more likely the need for language services. The obligations to communicate rights to a person who is being evicted differ, for example, from those to provide recreational programming. A recipient needs to determine whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP individual.

**Answer the following questions:**

What is the nature of the program? e.g. Providing improved water and sewer services

What is the importance of the program? Would denial or delay of access to services or information could serious or even life-threatening implications for the LEP individual?

**Factor 4:** The resources available and costs to the recipient.

Read the section in the guidance on this factor and the expectations from HUD about cost reasonableness. DCA can assist with translation services if necessary. Language assistance that a sub recipient might provide to LEP persons includes, but is not limited to

- Oral interpretation services;
- Bilingual staff;
- Telephone service lines interpreter;
- Written translation services;
- Notices to staff and sub recipients of the availability of LEP services; or
- Referrals to community liaisons proficient in the language of LEP persons.
- Provide "I speak" card (see policy documents for details)

**Determine the resources to be made available if any**

**Step 3: Prepare a Language Access Plan (LAP) and submit it to your DCA representative that includes:**

- a. The Four-Factor Analysis
- b. The name of the individual responsible for coordination of LEP compliance
- c. A training plan on LEP requirements for all staff involved in programs and activities funded by the federal government and awarded by DCA



- d. A list of vital documents to be translated (if necessary) and schedule for translating and disseminating vital documents
- e. A plan for complaints and appeals. See the complaints and appeals requirement in the DCA policy.
- f. A policy for updating the Four-Factor Analysis and the LAP every five years. Note: The CDBG grant term is two years. A grantee can apply for CDBG and use the established LAP for multiple grant terms.
- g. A plan to maintain records regarding its efforts to comply with Title VI LEP obligations.



**Appendix M:**  
Overview of Environmental Review Levels  
and ERR Required Documentation

# OVERVIEW OF ENVIRONMENTAL REVIEW LEVELS AND ERR REQUIRED DOCUMENTATION

## LEVEL OF THE ENVIRONMENTAL REVIEW SUMMARY

§58.34 - EXEMPT	§58.35(b) CATEGORICALLY Excluded NOT Subject to §58.5	§58.35(a) - CATEGORICALLY Excluded Subject to §58.5	§58.36 - NEPA Environmental Assessment
<b>TYPES OF ACTIVITIES</b>			
<ul style="list-style-type: none"> <li>Environmental and other studies</li> <li>Resource Identification</li> <li>Development of plans and strategies</li> <li>Information and financial services</li> <li>Administrative and Management Activities</li> <li>Public Services (i.e.: employment, crime, child-care, prevention, health, drug abuse, education, welfare, counseling, energy conservation, recreational needs)</li> <li>Inspections and testing for hazards or defects</li> <li>Purchase insurance and tools</li> <li>Engineering or design costs</li> <li>Technical assistance and training</li> <li>Temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair or restoration activities to control or arrest the effects from disasters or imminent threats to public safety, including those resulting from physical deterioration.</li> <li>Payments of principal /interest on loans or obligations guaranteed by HUD</li> </ul>	<ul style="list-style-type: none"> <li>Tenant-based rental assistance</li> <li>Supportive services such as health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent, mortgage, or utilities, assistance in gaining access to government benefits.</li> <li>Operating costs including maintenance, furnishings, security, equipment, operation, supplies, utilities, staff training and recruitment.</li> <li>Economic development activities including equipment purchase, inventory financing, interest subsidy, operating costs, and other expenses not associated with construction or expansion.</li> <li>Activities to assist homeownership of existing dwelling units or units under construction, including closing costs and down-payment assistance to homebuyers, interest buy downs or other actions resulting in transfer of title.</li> <li>Affordable housing pre-development costs: legal consulting, developer and other site-option costs, project financing, administrative costs for loan commitments, zoning approvals, and other activities which don't have a physical impact.</li> <li>Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under §58, if: approval is by same the RE, and re-evaluation is not required, per §58.47</li> </ul>	<p>Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings) when the facilities and improvements are already in place and will be retained in the same use without change in size or capacity of more than 20%</p> <ul style="list-style-type: none"> <li>Replacement of water or sewer lines</li> <li>Reconstruction of curbs &amp; sidewalks</li> <li>Repaving of streets</li> </ul> <p>Special projects directed toward the removal of material and architectural barriers that restrict the mobility of and accessibility to the elderly and handicapped.</p> <p><u>Single Family Housing Rehabilitation</u></p> <ul style="list-style-type: none"> <li>Unit density is not increased beyond 4 units,</li> <li>Project doesn't involve change in land use from residential to non-residential</li> </ul> <p><u>Multifamily Housing Rehabilitation</u></p> <ul style="list-style-type: none"> <li>Unit density change is not more than 20%</li> <li>Project doesn't involve change in land use from residential to non-residential</li> <li>Rehabilitation cost is &lt; 75% of the estimated cost of replacement after rehabilitation</li> </ul> <p><u>Non-Residential Structures</u></p> <ul style="list-style-type: none"> <li>Facilities and improvements were in place and will not be changed in size or capacity by more than 20%;</li> <li>Activity does not involve change in land use from non-residential to commercial to industrial, or one industrial use to another;</li> </ul> <p>Individual action (e.g., disposition, new construction, demolition, acquisition) on a 1 to 4 family dwelling; or individual action on five or more units scattered on sites more than 2000 feet apart and no more than 4 units per site.</p> <p>Acquisition (including leasing) or disposition of, or equity loans on an existing structure or acquisition (including leasing) of vacant land provided that the structure or land acquired or disposed of will be retained for the same use.</p> <p>Combinations of the above activities</p>	<p>Activities not exempt or categorically excluded under §58.34 and §58.35</p> <p>It is usually new construction of five (5) or more homes, and conversion from one type of land use to another.</p>

## DOCUMENTATION REQUIRED IN ENVIRONMENTAL REVIEW RECORD

<p>Describe activity and make a written determination of exemption.</p> <p>Also, determine compliance with §58.6:</p> <ul style="list-style-type: none"> <li>◆ National Flood Insurance Program</li> <li>◆ Coastal Barrier Resource Act</li> <li>◆ Runway Clear Zones</li> </ul>	<p>Describe activity and make a written §58.35(b) determination.</p> <p>Also, determine compliance with §58.6:</p> <ul style="list-style-type: none"> <li>◆ National Flood Insurance Program</li> <li>◆ Coastal Barrier Resource Act</li> <li>◆ Runway Clear Zones</li> </ul>	<p>Complete Statutory Worksheet, (§58.5) and indicate if it converts to exempt.</p> <p>Also, determine compliance with §58.6</p> <ul style="list-style-type: none"> <li>◆ National Flood Insurance Program</li> <li>◆ Coastal Barrier Resource Act</li> <li>◆ Runway Clear Zones</li> </ul>	<ul style="list-style-type: none"> <li>○ Complete Statutory Worksheet (§58.5)</li> <li>○ NOI/RROF notification</li> <li>○ RROF &amp; Certification (form 7015.15)</li> <li>○ Authority to Use Grant Funds (form 7015.16)</li> </ul> <p>Also, determine compliance with §58.6</p> <ul style="list-style-type: none"> <li>◆ National Flood Insurance Program</li> <li>◆ Coastal Barrier Resource Act</li> <li>◆ Runway Clear Zones</li> </ul>	<ul style="list-style-type: none"> <li>○ Environmental Assessment (including Statutory Checklist) FONSI &amp; NOI/RROF notification</li> <li>○ RROF HUD-Form 7015.15</li> <li>○ ATUGF HUD-Form 7015.16</li> </ul> <p>Also, determine compliance with §58.6</p>
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**Appendix N:**  
Georgia DCA CDBG Quarterly  
Reporting Instructions

# Georgia Department of Community Affairs CDBG Quarterly Reporting

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# Georgia Department of Community Affairs CDBG Quarterly Reporting

## Overview of Reporting

The Georgia Department of Community Affairs (DCA) requires reports on financial activity and project accomplishments from all grantees. There are three separate types of quarterly reports:

- **Activity Report** – *Directly entered into eCivis*
- **CDBG Contracts & Accomplishment Reports** – *Uploaded to eCivis/GrAAM as a file*
- **Financial Activity Report** – *Directly entered into eCivis*

**Activity Reports** are assigned and accessed through the eCivis grants management portal (GrAAM). This report covers the reporting period, narrative, and activity goals.

The reporting periods and deadlines are:

- January - March (due April 30)
- April - June (due July 31)
- July - September (due October 31)
- October - December (due January 31)

The first quarterly report is due after the end of the first full quarter in which you received your grant. No report is necessary for the first partial quarter. As an example, if you receive your award in October, you do **NOT** submit a report for the October through December quarter. Your first report should be submitted by the end of April and cover any grant activity to that point.

A **final** Activity and Contract & Accomplishments Report is due 30 days after the first quarter in which all drawdowns have been made, all expenses have been paid, and all accomplishments have been completed. The “final” status should be indicated in the narrative in the Activity Report and by the “Final Report” checkbox found on the CDBG Contracts & Accomplishments Report.

**CDBG Contracts & Accomplishment Reports** require recipients to report any contracting and section 3 activity, leverage, and accomplishments. The accomplishments section provides a cross-sectional analysis of goals by activity, and includes the separate reporting areas of People, Jobs, and Housing. This report should be uploaded any time there is a new contract, or People, Jobs, or Housing are reported.

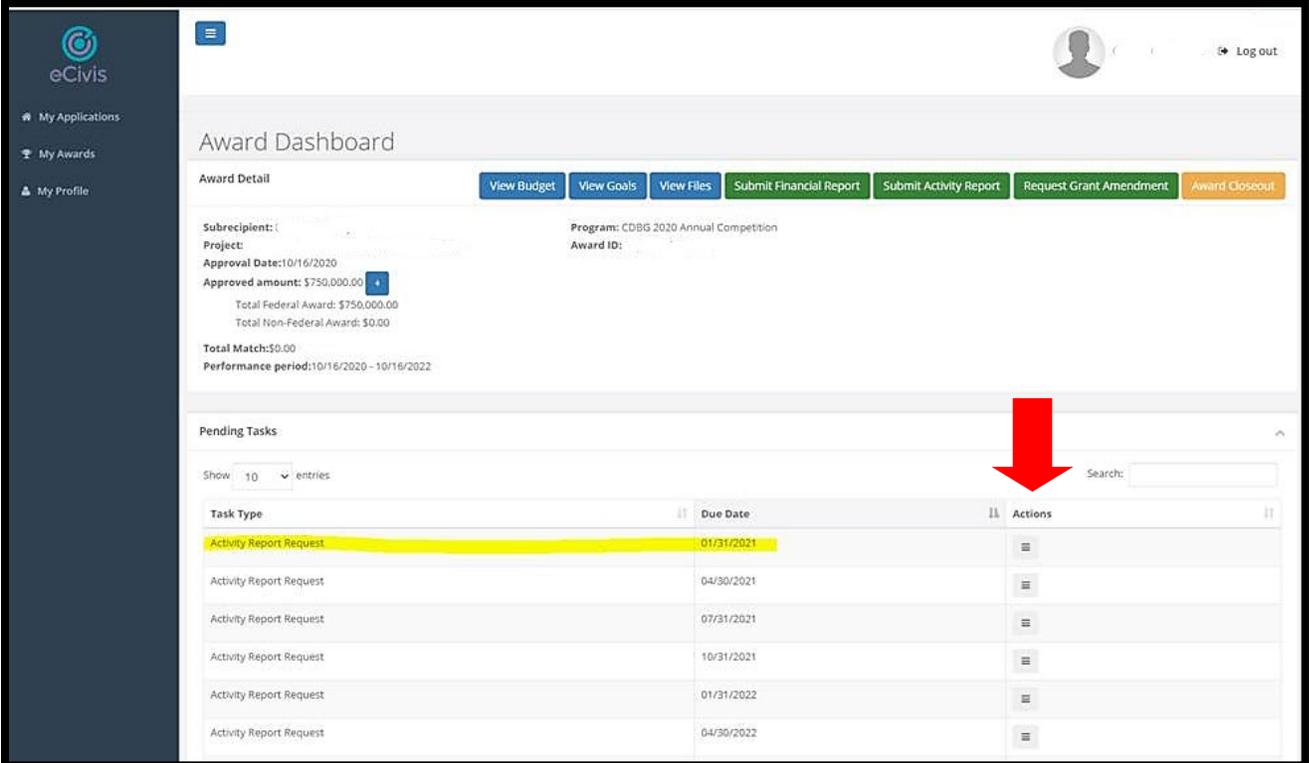
# Georgia Department of Community Affairs CDBG Quarterly Reporting

**Financial Activity Report** is required for projects without a single draw request submission occurring in the reporting quarter. This report may be used to confirm budgetary balances and to provide a narrative regarding any project related activities, updates, and delays in the project's progression.

## Instructions

### Activity Report

1. The report can be accessed through the Award Dashboard:



The screenshot shows the eCivis Award Dashboard. The top navigation bar includes 'My Applications', 'My Awards', and 'My Profile'. The main content area is titled 'Award Dashboard' and features several action buttons: 'View Budget', 'View Goals', 'View Files', 'Submit Financial Report', 'Submit Activity Report', 'Request Grant Amendment', and 'Award Closeout'. Below these buttons, the 'Award Detail' section displays information such as 'Subrecipient', 'Project', 'Approval Date: 10/16/2020', 'Approved amount: \$750,000.00', 'Total Federal Award: \$750,000.00', 'Total Non-Federal Award: \$0.00', 'Total Match: \$0.00', and 'Performance period: 10/16/2020 - 10/16/2022'. A 'Pending Tasks' section is visible below, with a search bar and a table of tasks. A red arrow points to the 'Actions' column of the first task, 'Activity Report Request', which is due on 01/31/2021.

Task Type	Due Date	Actions
Activity Report Request	01/31/2021	[Menu]
Activity Report Request	04/30/2021	[Menu]
Activity Report Request	07/31/2021	[Menu]
Activity Report Request	10/31/2021	[Menu]
Activity Report Request	01/31/2022	[Menu]
Activity Report Request	04/30/2022	[Menu]

2. Select submit report in the "Actions" menu.
3. Enter the quarter you are reporting on, in the field labeled "Report Period":
  - January - March (due April 30)
  - April - June (due July 31)
  - July - September (due October 31)
  - October - December (due January 31)

# Georgia Department of Community Affairs CDBG Quarterly Reporting

The screenshot displays the 'Activity Report' interface. At the top, there is a navigation menu and a user profile icon with a 'Log out' button. The main heading is 'Activity Report'. Below this, the 'Award Detail' section shows the following information: 'CDBG 2020 Annual Competition' (marked as 'Awarded'), 'Awarded by: Georgia Department of Community Affairs', 'Approved amount: \$750,000.00', 'Match type:', and 'Performance period: 10/16/2020 - 10/16/2022'. A 'Back to Award Detail' button is located in the top right of this section. The 'Activity Report' section contains a 'Reporting Period: \*' field and a 'Report Narrative: \*' field. The 'Report Narrative' field has a rich text editor toolbar with options for bold, italic, underline, list, and link, along with a percentage symbol. Below the toolbar is a large text area for entering the narrative.

#### 4. Enter the following information the “Report Narrative” field:

- Identify the report number.
- Provide a brief narrative description of work in progress during the reporting period. For example: "During this period the environmental clearance has been obtained, 10 applicants for rehabilitation have been screened, and 2 housing inspections have taken place." Use the Project Implementation Schedule included in your application as the basis for reporting on benchmarks.
- Provide a brief narrative description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Include quantifiable data whenever appropriate: Other expenditures of funds, including local match and leverage contributions, should be shown here.
- If applicable, information concerning problems encountered or are anticipated that may impact the project as originally proposed in the grant application. **If applicable, indicate “final” activity report and indicate that no other accomplishment / activity reports are due until the Final Financial Report.**

## Georgia Department of Community Affairs CDBG Quarterly Reporting

5. In the Activity Report Metrics, enter the units in the input fields situated to the right of the appropriate CDBG activity:

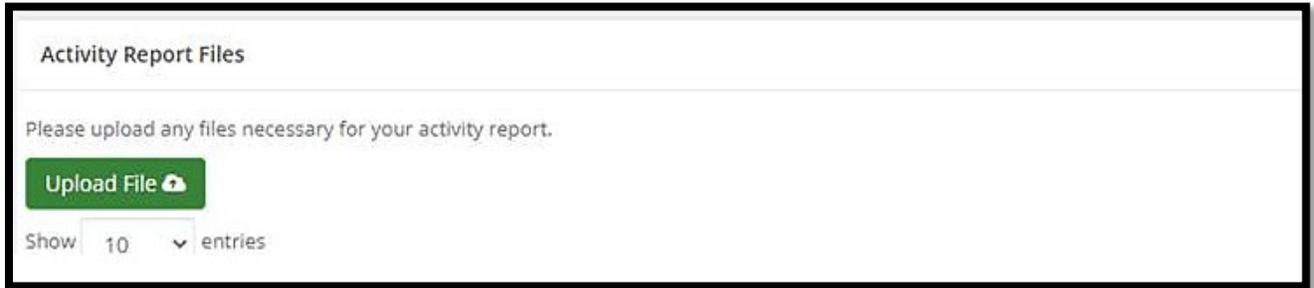
### Activity Report Metrics

Please enter metrics to describe progress on your goals.

a. Acquisition, Disposition - Number of Structures:	<input type="text" value="0.00"/>	(0.00)
b. Acquisition, Disposition - Number of Parcels:	<input type="text" value="0.00"/>	(0.00)
c. Clearance - Number of Structures:	<input type="text" value="0.00"/>	(0.00)
d. Clearance - Number of Parcels:	<input type="text" value="0.00"/>	(0.00)
e. Public Building - Number of Facilities:	<input type="text" value="0.00"/>	(0.00)
f. Public Building - Number of Persons Served:	<input type="text" value="0.00"/>	(0.00)
g. Public Building - Number of Low/Moderate Income Persons:	<input type="text" value="0.00"/>	(0.00)
h. Water and Sewer Facilities - Number of Persons Served:	<input type="text" value="0.00"/>	(0.00)
i. Water and Sewer Facilities - Number of Low/Moderate Income Persons:	<input type="text" value="0.00"/>	(0.00)
j. Street and Flood/Drainage Improvements - # of Persons Served:	<input type="text" value="0.00"/>	(0.00)

## Georgia Department of Community Affairs CDBG Quarterly Reporting

### 6. Attach the CDBG Contracts & Accomplishments Report



The screenshot shows a web interface titled "Activity Report Files". Below the title is a text prompt: "Please upload any files necessary for your activity report." There is a green button labeled "Upload File" with a cloud icon. Below the button is a "Show" dropdown menu set to "10" and the text "entries".

### 7. Submit the report



The screenshot shows a web interface with a "Previous" and "Next" button at the top right. At the bottom right, there is a red button labeled "Submit Report" and a grey button labeled "Cancel".

## CDBG Contracts & Accomplishment Reports

This report can be accessed online at [Accomplishment Reporting | Georgia Department of Community Affairs \(ga.gov\)](#) . It should be attached to the Activity Report in GrAAM/eCivis. There are three (3) types of reports to choose from – People, Jobs, or Housing. Generally, unless the project is multi-activity, Recipients will submit only one (1) of the three (3) types of reports:

- People - for activities that benefit an entire area (e.g., target area) or benefit a limited clientele (e.g., health center).
- Jobs - for economic development activities. Report total full-time and full-time-equivalent jobs. Also, report here if any jobs created or retained with CDBG funds were subsequently lost (Jobs lost data is not reported on the Accomplishment Detail tabs).
- Housing - for activities that benefit particular housing units (reported as units).

# Georgia Department of Community Affairs

## CDBG Quarterly Reporting

### Section 1: General Information

Enter information for the award - Recipient Name, Grant Number, Contact Person, Telephone Number, and E-mail address.

The Quarter End Date is the last day of the quarterly reporting period which the report covers. Report Number corresponds to the quarter end date. The first quarterly report for a grant should cover the first full quarter after the award date. If this is the Final Report for the grant, indicate by checking the Final Report check box. Please keep in mind that the Final Report is due 30 days after the first quarter in which all drawdowns have been made, all expenses have been paid, and all accomplishments have been completed.

### Section II: Contracts/Subcontracts & Labor

This section is to be used by Recipients to report all contracts and subcontracts awarded during **the reporting period**. To avoid duplication, contracts and subcontracts should only be reported once, when awarded.

- Enter the contractors' (firms or organizations that contract directly with the Recipient) and subcontractors' (firms or organizations that contract with contractors) names and addresses. Enter the contractors' and subcontractors' Employer (IRS) Number. This number is also known as the *Federal Employer Tax Number*.
- *Section 3 Classification:* This section is used to capture required Section 3 information. For both prime contractors and subcontractors, you will need to check "yes" if, they are a Section 3 business. A Section 3 business is defined as:
  - i. 51% or more owner by low or very-low-income persons.
  - ii. 75% or more labor hours are performed by low or very-low-income persons.
  - iii. 25% or more owned by current residents of public housing or Section 8-assisted housing.
- Enter the total dollar amount of the contracts or subcontracts and the CDBG portion of those contracts or subcontracts.
- Enter the numeric code (1 through 3, shown on form) that best indicates the contractor's or subcontractor's type of trade or service. The "other" category includes consultants, professional services and all other activities except construction and education/training activities.

## Georgia Department of Community Affairs CDBG Quarterly Reporting

- Enter the Racial/Ethnic Code. This is used to designate the racial/ethnic character of the business entity receiving a contract or subcontract. To be classified in a particular racial/ethnic category, a business entity must be 51% or more owned and controlled by the racial/ethnic group members of the category. When a business is not 51% or more owned and controlled by a single racial/ethnic group, enter the code for the group that seems most appropriate. Enter the code (1 through 5, as shown on the form) that indicates the ethnic background of the contractor/subcontractor.
- Indicate by checking "yes" if the contractor or subcontractor is a Women-Owned Business.

### Section 3 – Labor Hours

To comply with Section 3 regulations, the Recipient must report [24 CFR 75.25(a)]:

- The total amount of labor hours completed during the reporting quarter.
- The total amount of labor hours performed by Section 3 **target** workers during the reporting quarter.
  - A Section 3 Target Worker is a section 3 resident living within 1-mile radius of the job site.
- The total amount of labor hours performed by Section 3 workers during the reporting quarter.
  - A section 3 resident is: A Census Tract resident, OR a low or very low-income person, OR employed by a Section 3 business.

The labor hours reported must include the total number of labor hours worked on a Section 3 project, including labor hours worked by any contractors and subcontractors [24 CFR 75.25(a)(3)].

In order to meet Section 3 reporting requirements, Recipients may report labor hours by Section 3 workers and Targeted Section 3 workers from professional services **without** including labor hours from professional services in the total number of labor hours worked for the project [24 CFR 75.25(a)(4)].

### Section III: Performance Measurement

Report leverage

- Public leverage: enter the -amounts in the appropriate category(ies) (Federal, State, and/or Local). The total public leverage amount will be calculated. Do not include CDBG funds as leverage.
- Private leverage: enter the total private leverage amount.

# Georgia Department of Community Affairs

## CDBG Quarterly Reporting

### *Accomplishment Reporting*

DCA is often asked for information from Congress, HUD, the Governor's Office, the state legislature, or the general public concerning program accomplishments on a grant or project basis (a grant or project may involve more than one activity). Providing the data called for in this section allows DCA to provide this information. This data is required from each Recipient on a quarterly basis, both for the quarter being reported and for the period from inception of the grant through the quarter being reported.

The categories for reporting these accomplishments are: People, Jobs, and Housing

- People - for activities that benefit an entire area (e.g., target area in an infrastructure project) or benefit a limited clientele (e.g., health center).
- Jobs - for economic development activities. Report total full-time and full-time-equivalent jobs. Also, report here if any jobs created or retained with CDBG funds were subsequently lost. Jobs lost data is not reported on the Accomplishment Detail tabs).
- Housing - for activities that benefit particular housing units (reported as units).

Note: The data provided in this section should be an unduplicated count across all DCA-approved activities undertaken by the grant for the categories provided, i.e., people, jobs, and housing (units addressed). In some cases, this can result in the total counts differing from the totals on the Accomplishment Reports.

For example, if a household of five is benefited by a water activity (P-03J-01), a sewer activity (P-03J-02), and a street activity (P-03K-01) during the reporting period (all activities accounted for under the "Total People This Grant" block), the data entry should be "5" rather than "15". If the same household of five also receives a benefit under a housing rehabilitation activity (H-14A-01), the data entry should be "5" for Total People This Grant and "1" for Total Housing This Grant.

**Hint:** For target area projects, all people in the target area will generally benefit from the one or more DCA-approved CDBG infrastructure activities and the approved match and leverage associated with those activities, so by the end of the grant, the unduplicated count will usually be the target area population(s).

The CDBG Accomplishment Detail Report covers accomplishment details at the activity level. Please enter this information as accomplishments take place.

# Georgia Department of Community Affairs

## CDBG Quarterly Reporting

### *Performance Certification*

An important part of the report certification is the agreement by the recipient that accomplishments for the quarter have submitted accurately. If no accomplishments occurred during the reporting period, please select the check box indicating such.

### *Grant Administrator*

Indicate the date the report is completed.

## **Definitions - Activity Levels**

### DCA Activity

An eligible CDBG activity designated by DCA's 6-character alpha- numeric code. See the DCA Applicants' Manual for further information on DCA's activity numbering system.

### HUD Activity

An eligible CDBG activity designated by HUD's 2- or 3-character alpha- numeric code. This Code is found in the middle of the DCA Activity Code. For example, for the DCA Activity Code A-21A-00, the HUD Activity Code is 21A. A listing of all HUD Activity Codes and their descriptions can be found in Appendix A attached to these instructions. The Accomplishment Reports are prepared on the basis of HUD activities. Please note that Accomplishment Reports should cover only the HUD activities specified on the project budget.

## **Activity Benefit Types**

L/M-Low and Moderate: LM Income level is defined as 80% or less of Area Median Income. (See the DCA CDBG Recipients' Manual for income data.)

L/M Income Area Benefit (LMA): A LM Income Area Benefit Activity is carried out in a specific geographic area. It is critical that the target area<sup>1</sup> determined by the Recipient be the entire area served by the DCA-approved activities and that at least 70 percent of the residents are low- and moderate-income. Most often, LMA projects relate to public infrastructure activities.

L/M Income Limited Clientele (LMC): A UM Income Limited Clientele Activity provides benefits to a specific group of persons rather than everyone in an area generally. At least 70 percent of the beneficiaries of the activity must be UM income persons.

L/M Income Housing (LMH): A LM Income Housing activity assists in the acquisition, construction, or improvement of permanent, residential structures occupied by LIM income persons.

## Georgia Department of Community Affairs CDBG Quarterly Reporting

**L/M Income Jobs (LMJ):** A UM Income Jobs activity is one which creates or retains permanent jobs, at least 51 percent of which, on a full time equivalent (FTE) basis, are either held by L/M income persons or considered to be available to LM income persons.

**National Objectives:** Three broad purposes outlined in the Housing and Community Development Act of 1974:

- Benefit to Low- and Moderate- Income Persons;
- Prevention or Elimination of Slums or Blight; and
- Meeting Urgent Needs.

All CDBG activities, in order to be eligible, must achieve one or more of the aforementioned national objectives. LMA, LMS, LMH, and LMJ activities are all carried out to meet the National Objective of benefit to low- and moderate-income persons.

### ***People Accomplishment Report***

Please fill in this section at any point when people are benefited under either an LMA or LMC DCA-approved HUD Activity, or when leverage has been received for the activity. Please fill out the requested information as completely as possible.

You will be reporting only on activities specified in your award budget; use the activity codes from this budget as appropriate.

Please complete an activity report line for every activity that has had accomplishments during the quarter. It is possible that more than one People activity line will be required per quarter, even for the same grant.

For example, if a grant covers both sewer and drainage activities and accomplishments during the quarter resulted from both of those activities, two People activity lines will be required—one for the HUD Activity Code 03J (water and sewer) and one for HUD Activity Code 03K (streets and drainage).

### **Race/Ethnicity:**

Use the People Race section to report racial and ethnic background of people benefiting from each activity.

For both LMC and LMA activities, please report the number of people benefiting by the racial and ethnic breakdown provided. Note that Hispanic is not considered a race, but an ethnicity that modifies a race. For Hispanic individuals, please choose a base race first. Then enter the number of people who are Hispanic and enter the category code for the base race. A list of the available racial categories is given in Appendix B.

## Georgia Department of Community Affairs CDBG Quarterly Reporting

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Use the People Race section to report racial and ethnic background of people benefiting from each activity.

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# Georgia Department of Community Affairs

## CDBG Quarterly Reporting

### **Income Level:**

Use the People Income section to report income level of people benefiting from each activity.

For both LMC and LMA activities, report the number of people benefiting by the four income categories provided:

- extremely low income (30% or less),
- low income (31% to 50%),
- moderate income (51% to 80%),
- or non LMI income (81% or greater).

Important: For LMC Activities, if the activity is limited to assisting one or more of the groups of persons that are presumed to be low- and moderate-income, the number of persons benefiting should be reported under the following income categories:

Abused children	extremely low income
Battered spouses	low income
Severely disabled adults	low income
Homeless persons	extremely low income
Illiterate adults	low income
Persons with AIDS	low income
Migrant farm workers	low income
Elderly	moderate income

Some clientele may qualify in more than one of the above categories. The Recipient should only mark accomplishments in the income categories which are the focus of LMC activities. For example, a building project serving Disabled Adults has program participants which also qualify as elderly. The project's primary focus is Disabled Adults. Therefore, accomplishments would only be reported for Disabled Adults.

### ***Jobs Accomplishment Report***

Please fill in this section at any point when jobs are retained or created, or when leverage has been received for the activity. Please fill out the requested information as completely as possible.

Job Creation/Retention:

Indicate the number of jobs created and/or retained on the Jobs Create/Retain section.

Full-Time Jobs:

- Full Time (F/T)-a position that the local company considers full time. This number

## Georgia Department of Community Affairs CDBG Quarterly Reporting

includes all jobs regardless of income level.

- Full Time-Low Mod (F/T-LM)-a position filled by a low- and moderate- income person or that otherwise meets HUD's tests for reporting the position as low- and moderate-income.

### Part-Time Jobs:

Part Time Jobs (PIT Jobs)-the number of individual part-time jobs. A job is part-time if regular working hours are less than 40 hours per week. This number includes all jobs regardless of income level.

- Part Time Hours (PIT Hours)-the number of hours worked in a regular work- week by employees in new or retained part-time jobs. This number includes hours for all jobs regardless of income level.
- Part Time Low Mod Hours (P/T-LM Hours) --the number of hours worked in a regular work-week by employees in new or retained part-time jobs that meet HUD's tests for low- and moderate-income.

Jobs will be either created or retained as a result of the CDBG project.

- Created jobs are new jobs that are created as a result of the project. Report created jobs only once, in the quarter when they were created and filled. Because income level and ethnicity data are required for each reported job, you cannot report a new job until it has been filled. **Once a job has been reported, do not report it again.** No matter how many different employees hold the job, the only one that should be reported is the first employee to be hired. **You do not need to report any adjustments if jobs are lost after having been created and reported.**
- Retained jobs are jobs that already exist at the beginning of the project and would have been eliminated without the assistance provided by the project. The employer(s) should provide the required information on these jobs before the project begins. Report retained jobs only once, on the first quarterly report for the project. Once a job has been reported, do not report it again. No matter how many different employees hold the job, the only one that should be reported is the one holding the job at the start of the project.

### Example:

Company X has committed to retain 6 jobs. Over the course of the first year; 46 new jobs are created: 25 in the first quarter, 7 in the second quarter, and 14 in the fourth quarter. Unfortunately, 2 of the retained jobs and 1 of the jobs that had been created are eliminated in the third quarter. The report would look like this:

## Georgia Department of Community Affairs CDBG Quarterly Reporting

	<i>Retained</i>	<i>Created</i>	<i>Cumulative Total</i>
<i>1st Quarter</i>	<i>6</i>	<i>25</i>	<i>31</i>
<i>2nd Quarter</i>	<i>0</i>	<i>7</i>	<i>38</i>
<i>3rd Quarter</i>	<i>0</i>	<i>0</i>	<i>38</i>
<i>4th Quarter</i>	<i>0</i>	<i>14</i>	<i>52</i>
<i>Total</i>	<i>6</i>	<i>46</i>	<i>52</i>

Note that the lost jobs are not reported or counted in the totals on the Jobs Accomplishments report.

Racial and income data on this report is summarized from the information gathered on the individual Employee Confidential Income Release Form and the Employer Confidential Information Release Form Summary. These surveys may be obtained from DCA's EIP Program Manager at (404) 679-3174 or through DCA's web site at: <https://www.dca.ga.gov/node/3900>

Example:

Company X has hired 7 employees for new jobs. Of these employees, five work 40 hours per week, one works 20 hours per week, and one works 30 hours per week. Three of the employees working 40 hours per week meet HUD's tests for LMI, as does the employee working 30 hours per week. None of the other employees are considered LMI.

Race/Ethnicity:

Use the Jobs Race section to report racial and ethnic background of employees in all retained or newly-created jobs. This section covers each individual job, whether full-time or part-time. Information should be provided for the first person hired in a newly-created job, or the employee currently holding a retained job.

A list of the available racial categories is given in Appendix B. Note that any racial or ethnic category may also be categorized as Hispanic, if applicable. If some or all employees in a racial category are Hispanic, enter the category code in the Race # field and the number of Hispanic employees in the Hispanic A field. Use the Hispanic B and associated Race # fields to report Hispanic employee count for a second category.

Income Level:

Use the Jobs Income section to report income level of employees in each retained or newly-created job. This section covers each individual job, whether full-time or part-time.

## Georgia Department of Community Affairs CDBG Quarterly Reporting

Please indicate the income break out for the total jobs created and retained (extremely low, low, moderate, or non LMI). Information should be provided for the first person hired in a newly-created job, or the employee currently holding a retained job.

Tip: In accordance with 24 CFR570.483(b)(4)(v), should the project and subrecipient business(es) facility(ies) be located in a census tract and/or block group with a population in poverty equal to or greater than 20% (except for downtown business districts which must be 30%) as determined most recent decennial census information, it may be presumed that all jobs created and/or retained will be held by LMI persons. An income break-out for the jobs is not required to be collected in this case, so the low-income level category may be indicated on the report, until otherwise directed by HUD through DCA.

Please report the number of jobs created and retained that will receive health benefits, and how many of the jobs were filled by people who were unemployed prior to accepting one of the newly created or retained jobs.

Job Type:

Use the Jobs Type section to indicate the type of each retained or newly-created job, according to the categories provided. This section covers each individual job, whether full-time or part-time.

### *Housing Accomplishments Report*

Housing accomplishment data, unlike the other reports in this series, must be submitted for each household assisted.

Page 1 – Household Racial Data

For each household being assisted, please enter the street address and zip code. Also identify the unit number of the unit that is being assisted. The unit number is taken from the CDBG map showing housing units to be assisted on the original DCA map submitted with the application. If there are any questions about the unit number, please contact your Field Services Representative.

Enter the amount of CDBG funds used per household.

Race/Ethnicity:

In reporting racial data, use the information that applies to the head of the household. Any racial or ethnic category may be categorized as Hispanic, if applicable. Use the appropriate race codes as listed in Appendix B.

# Georgia Department of Community Affairs

## CDBG Quarterly Reporting

### Page 2 – Activity Type

Enter the household information as instructed for Page 1.

Please identify

- The amount of CDBG funds used per household
- The head of household income category
- The type of resident status
- The number of household members and the number of bedrooms
- The unit type (stick-built, modular, or manufactured housing unit)
- The activity type (rehabilitation, reconstruction, direct homebuyer assistance, homebuyer development, or other)
- Whether the household can be classified as female head of household, elderly, or handicapped 504
  - A household can be classified as "elderly" if: 1) the head, spouse, or sole member is 62 years of age or older; 2) two or more persons who are at least 62 years of age live together; or 3) one or more persons who are at least 62 years of age live with one or more live-in aides.
  - Whether the unit being assisted has been made accessible to Section 504 standards as a result of the project. Information on 504 standards can be obtained by consulting the following website:  
<https://www.access-board.gov/guidelines-and-standards>
- If the unit being assisted has been brought up to code as a result of the project, and whether the code is a local or state code or whether the code is HUD's Housing Quality Standards. For information on HUD's Housing Quality Standards, please consult HUD's regulations at 24 CFR Part 982.401. A copy may be obtained at the following web page: <https://www.govinfo.gov/content/pkg/CFR-2010-title24-vol4/pdf/CFR-2010-title24-vol4-sec982-401.pdf>
- Whether or not the unit being assisted has been brought up to the international Building Code (IBC) energy standards or meets Energy Star Standards as a result of the project For information on the IBC and EnergyStar, please consult the following web pages: <https://www.iccsafe.org> and <https://www.energystar.gov/>
- Whether or not the unit has been made lead-safe as a result of the project. ("Lead-safe" means that the unit meets all requirements defined in 24 CFR Part 35.)

# Georgia Department of Community Affairs CDBG Quarterly Reporting

## Financial Activity Report

Projects without expenditures within the previous quarter will be required to submit a financial activity report.

1. The report can be accessed through the Award Dashboard.
2. Select “Submit Financial Report”:



The Award Detail provides a summary of the award information:



The Award Financial Overview is not editable, but will update itself depending on the amounts that are submitted in the Financial Report Details. This area is a summary of the total award spent and the total award amount remaining.

The screenshot shows the 'Award Financial Overview' table. It includes a note: 'This overview will update in real time as you complete your financial request. The data here reflects all submitted spending reports, even those still in the approval process.'

	Spend	Match	Spend + Match
Award Total Spend	\$ 0.00	\$ 0.00	\$ 0.00
	0.00 %	0.00 %	
Award Remaining	\$ 100,000.00	\$ 0.00	\$ 100,000.00

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- In the Financial Report Details, click inside the Reporting Period text box and provide the dates of the reporting period then click apply:

Financial Report Details

Reporting Period: \*

07/01/2019 - 08/24/2019

07/01/2019 08/24/2019 Apply Cancel

< Jul 2019 Aug 2019 >

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6	28	29	30	31	1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31	1	2	3	25	26	27	28	29	30	31
4	5	6	7	8	9	10	1	2	3	4	5	6	7

- Enter the amounts in the appropriate category under the Spend and Match columns. Spend is the amount of grant funds spent. Match is the amount of match funds spent. Recipients can only report in categories they are awarded in.

Financial Report Details

Reporting Period: \*

07/01/2019 - 08/24/2019

Category	Spend	Match	Spend + Match	Award Remaining				
1. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				
2. Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				
3. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				
5. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				
6. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	\$ 275,000.00				
7. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				
8. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,000.00				
Program Income	<table border="0"> <tr> <td>Received</td> <td>Expended</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> </table>		Received	Expended	\$ 0.00	\$ 0.00		
Received	Expended							
\$ 0.00	\$ 0.00							
Report Total	\$ 0.00	\$ 0.00	\$ 0.00					
	0.00 %	0.00 %						

## Georgia Department of Community Affairs CDBG Quarterly Reporting

5. The Spend+Match and Award Remaining columns will automatically calculate the costs when you update the Spend and Match amounts. Additionally, the Report Totals will automatically calculate to provide a breakdown of the amounts and percentages of funds used in the Reporting period:

Reporting Period: \*  
07/01/2019 - 08/24/2019

Category	Spend	Match	Spend + Match	Award Remaining
1. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
3. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
5. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6. Contractual	\$ 50,000.00	\$ 0.00	\$ 50,000.00	\$ 225,000.00
7. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
8. Other	\$ 5,000.00	\$ 0.00	\$ 5,000.00	\$ 5,000.00
Program Income	Received	Expended		
	\$ 0.00	\$ 0.00		
<b>Report Total</b>	Spend	Match	Spend + Match	
	\$ 55,000.00	\$ 0.00	\$ 55,000.00	
	100.00 %	0.00 %		

6. Please ensure the checkbox preceding "Reimbursement Request" and "This is my final report" **remains blank**.

Report Total	Spend	Match	Spend + Match
	\$ 55,000.00	\$ 0.00	\$ 55,000.00
	100.00 %	0.00 %	
<input checked="" type="checkbox"/> Reimbursement Request*	\$ 55,000.00		
<input type="checkbox"/> This is my final report			

7. Include a narrative regarding any project related activities, updates, and delays in the project's progression.

# Georgia Department of Community Affairs CDBG Quarterly Reporting

Financial Report Narrative \*

Please develop your narrative below including key metrics, spending details, and other pertinent details.

</> H1 H2 H3 B I U [List Icons] [Link Icon]

A rich text editor interface with a toolbar containing icons for undo, redo, heading (H1, H2, H3), bold (B), italic (I), underline (U), bulleted list, numbered list, link, and unlink. Below the toolbar is a large empty text area for writing the narrative.

8. Click on Upload Files to attach a document:

Financial Report Files

Please upload any files necessary For your financial report. This may include financial transactions, receipts, program income, etc...

Upload File [Cloud Icon]

Show 10 entries Search: [Search Box]

File Name	File Size	Actions
No files are available for download		

Showing 0 to 0 of 0 entries Previous Next

The screenshot shows a file upload section with a green 'Upload File' button highlighted by a red box. Below it is a table with columns for File Name, File Size, and Actions. The table is currently empty, displaying the message 'No files are available for download'. There are also search and pagination controls.

9. Select "Submit Report" and click on the warning page to send the report to the funding agency:

Submit Report Cancel

**Warning!**

Are you sure you want to submit your financial report? This will send the contents of this form to the grantor for approval.

Cancel OK

The screenshot shows a 'Submit Report' button highlighted with a red box. A warning dialog box is open, with the 'OK' button highlighted by a red box. The dialog box contains the text: 'Warning! Are you sure you want to submit your financial report? This will send the contents of this form to the grantor for approval.'

# Georgia Department of Community Affairs CDBG Quarterly Reporting

## Appendix A: CDBG Matrix Codes

HUD CODE	HUD CODE TITLE	TYPE
01	Acquisition of Real Property	
02	Disposition of Property	
03	Public Facilities and Improvements (other)-includes domestic violence shelters, group homes, and senior centers as well as site development	People
03A	Senior Centers	People
03B	Handicapped Centers	People
03C	Homeless Facilities (not operating costs)	People
03D	Youth Centers--includes boys and girls clubs and other at-risk facilities	People
03E	Neighborhood Facilities	People
03F	Parks, Playgrounds and Other Rec. Facilities	People
03G	Parking Facilities	People
03J	Water/Sewer Improvements	People
03K	Street Improvements-includes drainage	People
03L	Pedestrian Walkways	People
03M	Child Care Centers-includes head start facilities	People
03O	Fire Protection Facilities and Equipment	People
03P	Health Facilities-includes mental health facilities	People
03Q	Abused and Neglected Children Facilities	People
03S	Facilities for Aids Patients (not operating)	People
04	Clearance and Demolition	
05	Public Services (General)- includes homebuyer education	
05H	Employment Training	
06	Interim Assistance	
08	Relocation Payments and Assistance	
09	Loss of Rental Income	
12	Housing - Construction	
13	Downpayment/Closing Cost Assistance	
14A	Rehabilitation or Reconstruction of Private Properties	
14C	Rehabilitation of Public Residential Structures	
14E	ED-Commercial and Industrial Facilities	
15	Code Enforcement	
178	ED- Public Facilities and Improvements	
17C	ED Acquisition	
18A	ED Direct Financial Assistance to Private For-Profits	
20	Planning	
21A	General Program Administration	
X00	Other (Describe)	

Georgia Department of Community Affairs  
CDBG Quarterly Reporting

**Appendix B: Race/Ethnicity Code**

CODE	DESCRIPTION
11	White
12	Black
13	Asian
14	Native American
15	Pacific Islander
16	Native American / White
17	Asian / White
18	Black / White
19	Native American / Black
20	Other Multiracial

**Appendix O:**  
Request for Release of Funds  
and Certification

# Request for Release of Funds and Certification

U.S. Department of Housing and Urban Development  
Office of Community Planning and Development

OMB No. 2506-0087  
(exp. 08/31/2023)

This form is to be used by Responsible Entities and Recipients (as defined in 24 CFR 58.2) when requesting the release of funds, and requesting the authority to use such funds, for HUD programs identified by statutes that provide for the assumption of the environmental review responsibility by units of general local government and States. Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

## Part 1. Program Description and Request for Release of Funds (to be completed by Responsible Entity)

1. Program Title(s) <input type="text"/>	2. HUD/State Identification Number <input type="text"/>	3. Recipient Identification Number (optional) <input type="text"/>
4. OMB Catalog Number(s) <input type="text"/>	5. Name and address of responsible entity <input type="text"/>	
6. For information about this request, contact (name & phone number) <input type="text"/>	7. Name and address of recipient (if different than responsible entity) <input type="text"/>	
8. HUD or State Agency and office unit to receive request <input type="text"/>		

**The recipient(s) of assistance under the program(s) listed above requests the release of funds and removal of environmental grant conditions governing the use of the assistance for the following**

9. Program Activity(ies)/Project Name(s) <input type="text"/>	10. Location (Street address, city, county, State) <input type="text"/>
--	--

11. Program Activity/Project Description

---

---

**Part 2. Environmental Certification** (to be completed by responsible entity)

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**With reference to the above Program Activity(ies)/Project(s), I, the undersigned officer of the responsible entity, certify that:**

1. The responsible entity has fully carried out its responsibilities for environmental review, decision-making and action pertaining to the project(s) named above.
2. The responsible entity has assumed responsibility for and complied with and will continue to comply with, the National Environmental Policy Act of 1969, as amended, and the environmental procedures, permit requirements and statutory obligations of the laws cited in 24 CFR 58.5; and also agrees to comply with the authorities in 24 CFR 58.6 and applicable State and local laws.
3. The responsible entity has assumed responsibility for and complied with and will continue to comply with Section 106 of the National Historic Preservation Act, and its implementing regulations 36 CFR 800, including consultation with the State Historic Preservation Officer, Indian tribes and Native Hawaiian organizations, and the public.
4. After considering the type and degree of environmental effects identified by the environmental review completed for the proposed project described in Part 1 of this request, I have found that the proposal did  did not  require the preparation and dissemination of an environmental impact statement.
5. The responsible entity has disseminated and/or published in the manner prescribed by 24 CFR 58.43 and 58.55 a notice to the public in accordance with 24 CFR 58.70 and as evidenced by the attached copy (copies) or evidence of posting and mailing procedure.
6. The dates for all statutory and regulatory time periods for review, comment or other action are in compliance with procedures and requirements of 24 CFR Part 58.
7. In accordance with 24 CFR 58.71(b), the responsible entity will advise the recipient (if different from the responsible entity) of any special environmental conditions that must be adhered to in carrying out the project.

As the duly designated certifying official of the responsible entity, I also certify that:

8. I am authorized to and do consent to assume the status of Federal official under the National Environmental Policy Act of 1969 and each provision of law designated in the 24 CFR 58.5 list of NEPA-related authorities insofar as the provisions of these laws apply to the HUD responsibilities for environmental review, decision-making and action that have been assumed by the responsible entity.
9. I am authorized to and do accept, on behalf of the recipient personally, the jurisdiction of the Federal courts for the enforcement of all these responsibilities, in my capacity as certifying officer of the responsible entity.

---

Signature of Certifying Officer of the Responsible Entity

Title of Certifying Officer

**X**

Date signed

Address of Certifying Officer

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**Part 3. To be completed when the Recipient is not the Responsible Entity**

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The recipient requests the release of funds for the programs and activities identified in Part 1 and agrees to abide by the special conditions, procedures and requirements of the environmental review and to advise the responsible entity of any proposed change in the scope of the project or any change in environmental conditions in accordance with 24 CFR 58.71(b).

Signature of Authorized Officer of the Recipient

Title of Authorized Officer

**X**

Date signed

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Appendix P:**  
Sample Notice of Intent to  
Request Release of Funds

## Sample Notice of Intent to Request a Release of Funds

The language below is HUD's recommended wording of the Notice of Intent to Request a Release of Funds. This Notice is used to request the environmental release of funds for Categorically Excluded projects [24 CFR Part 58, Section 58.35(a)] or for projects for which a Notice of Finding of No Significant Impact was previously issued. Words in **bold type** are required language. Words in *italics* are to be replaced by language appropriate to the particular project and Responsible Entity. The minimum comment period is seven days following publication or ten days if posting and mailing without publication is used

---

### NOTICE OF INTENT TO REQUEST RELEASE OF FUNDS

*Date of Notice*

*Name of Responsible Entity [RE]*

*Address (e.g., Street No. or P.O. Box)*

*City, State, Zip Code*

*Telephone Number of RE*

**On or about** *at least one day after the end of the comment period* **the name of RE will** *if the RE is not also the grant recipient, insert the following language here: "authorize the [name of grant recipient] to"* **submit a request to the HUD/State administering agency for the release of name of grant program funds under Title/Section [ ] of the name of the Act of [year], as amended, to undertake a project known as project title for the purpose of nature/scope of project, estimated funding (include non-HUD funding sources if applicable) and project location if applicable.**

**The activities proposed** *alternative #1: are categorically excluded under HUD regulations at 24 CFR Part 58 from National Environmental Policy Act (NEPA) requirements or alternative #2: comprise a project for which a Finding of No Significant Impact on the environment was [published/posted] on [date of Finding publication/posting].* **An Environmental Review Record (ERR) that documents the environmental determinations for this project is on file at name and address of RE office where ERR can be examined and name and address of other locations where the record is available for review and may be examined or copied weekdays \_\_A.M to \_\_P.M.**

### PUBLIC COMMENTS

**Any individual, group, or agency may submit written comments on the ERR to the RE designated office responsible for receiving and responding to comments. All comments received by** *if notice is published: notice date plus seven days; if notice is mailed and posted: mailing and posting date plus ten days* **will be considered by the name of RE prior to authorizing submission of a request for release of funds.**

## ENVIRONMENTAL CERTIFICATION

**The name of RE certifies to HUD/State that name of Certifying Officer in his/her capacity as Official Title consents to accept the jurisdiction of the Federal Courts if an action is brought to enforce responsibilities in relation to the environmental review process and that these responsibilities have been satisfied. HUD's State's approval of the certification satisfies its responsibilities under NEPA and related laws and authorities and allows the name of grant recipient to use Program funds.**

## OBJECTIONS TO RELEASE OF FUNDS

**HUD/State will accept objections to its release of fund and the RE's certification for a period of fifteen days following the anticipated submission date or its actual receipt of the request (whichever is later) only if they are on one of the following bases: (a) the certification was not executed by the Certifying Officer of the name of RE; (b) the RE has omitted a step or failed to make a decision or finding required by HUD regulations at 24 CFR part 58; (c) the grant recipient or other participants in the development process have committed funds, incurred costs or undertaken activities not authorized by 24 CFR Part 58 before approval of a release of funds by HUD/State; or (d) another Federal agency acting pursuant to 40 CFR Part 1504 has submitted a written finding that the project is unsatisfactory from the standpoint of environmental quality. Objections must be prepared and submitted in accordance with the required procedures (24 CFR Part 58, Sec. 58.76) and shall be addressed to HUD/State administration office at address of that office. Potential objectors should contact HUD/State to verify the actual last day of the objection period.**

*Name and Title of RE Certifying Officer*

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Note: The seven or ten-day public comment periods are the minimum time periods required by regulation prior to submission of a Request for Release of Funds and Certification [form HUD-7015.15] to HUD/State. The Responsible Entity may choose to allow a longer comment period. The fifteen-day objection period following submission of the request is a statutory requirement. The objection period follows the submission date specified in the Notice or the actual date of receipt by HUD/State, whichever is later.

Following completion of the comment period recipients may FAX the form HUD-7015.15 to HUD/State together with a copy of the public notice and a cover letter stating whether comments were received and, if so, how the recipient responded to the comment. The Request for Release of Funds and Certification should not be submitted before the recipient has responded. If the request is sent by FAX, the original signed form should be mailed to HUD/State. The date of receipt by FAX will be counted as the submission date. However, HUD will not issue the 7015.16 "Authority to Use Grant Funds" until after the original signed form is received.

**Appendix Q:**  
Mandatory Section 3 Solicitation Package

Georgia Department of Community Affairs  
60 Executive Park South, NE, Atlanta, GA 30329

## Mandatory Section 3 Solicitation Package

This mandatory solicitation package has been developed in accordance with DCA's Section 3 Policy for Covered HUD Funded Activities. DCA encourages all recipients, sub-recipients, contractors, and sub-contractors to review this policy prior to completion of the solicitation package. For those solicitations that meet the applicable Section 3 thresholds, this package must be returned in accordance with the applicable instructions to the contracting entity prior to award **or at the time of submission of a bid/proposal in order to claim a Section 3 preference**. The Section 3 Clause, required forms, and instructions are included in this package.

***To be considered for a contract award exceeding \$100,000, the entire solicitation package must be satisfactorily completed and submitted prior to award. In order to claim a preference for a contract award exceeding \$100,000, the Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification portions of the solicitation package must be satisfactorily completed and submitted at the time of submission of a bid/proposal.***

***For Section 3 Covered Assistance of \$100,000 or less, the solicitation package must be made available to bidders/offers in accordance with DCA's Section 3 Policy; however, bidders/offers are not required to submit the solicitation package unless a preference is being claimed. In this case, only the Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification must be completed at the time of submission of a bid/proposal***

***Any bid/proposal claiming a preference must include the completed and signed Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification, and be submitted by the bid/proposal deadline.***

The following Section 3 forms must be completed and returned as instructed:

- Section 3 Self Certification and Action Plan
- Previous Section 3 Compliance Certification
- Assurance of Compliance Certification

Additionally, if the contractor is claiming certification as a 51% Resident Owned Business (ROB) or is certifying as a 30% employer, the Resident Self-Certification and Skills Data Form must be returned for all employees who meet the low- or very low-income requirement as well as the appropriate Section 3 Business Certification.

## Section 3 Solicitation Overview and Instructions for Contractors

The DCA Section 3 Policy requires that, when the **Section 3 regulation is triggered**, every effort within the contractor's disposal must be made, to the greatest extent feasible, to offer all available employment and contracting opportunities to Section 3 residents and Section 3 businesses based on the compliance methods below.

### All Contracts and All Contractors must meet Section 3 compliance by:

- A. Giving notice of any and all opportunities for employment and contracting to residents of the local Public Housing Authority (PHA), and other low and very low income area residents and businesses, by posting the opportunity in community sources generally available to low income residents and the general public. Exercising a **minimum of three (3)** of the following listed sources must be completed prior to offering employment to anyone not covered by Section 3 requirements:
1. The local community newspaper
  2. The most widely distributed newspaper
  3. Company or agency website
  4. The management office of the local housing authority/homeless service agency/local low income housing community
  5. Local Workforce Board (i.e. Department of Labor)
  6. Local office of the Georgia Division of Family and Children Services
  7. Dodge Room <http://www.construction.com/dodge/dodge.asp>
  8. Other locations as approved by DCA
- B. The recipient, sub-recipient or contractor must check the HUD Section 3 Business Registry to determine if there are any Section 3 businesses in the County where the work will be performed. If there are Section 3 businesses in the County that may be able to perform the work, the recipient, sub-recipient or contractor must provide a copy of the contracting opportunity(ies) (e.g., bid notices) to the Section 3 businesses. See the HUD Section 3 Business Registry at: <https://portalapps.hud.gov/Sec3BusReg/BRegistry/What>.
- C. Clearly stating in notices that the position is a "Section 3 covered position under the HUD Act of 1968 and that Section 3 Residents and Business Concerns are encouraged to apply."
- D. Placing the Section 3 Clause provided in Appendix A in ALL solicitations.
- E. When possible, other activities may be done to demonstrate effort to comply with the Safe Harbor Limits. These other efforts are listed in the appendix to part 135 of the Code of Federal Regulations—24 CFR Part 135 and include:
1. Distributing or posting flyers advertising positions to be filled;

2. Contacting the local government or housing authority for a list of residents who have expressed interest in Section 3 employment;
  3. Holding job informational meetings for residents, contractors, etc...;
  4. Contacting agencies administering HUD YouthBuild programs and requesting their assistance in recruiting HUD YouthBuild program participants for training and employment positions.
- F. Linking residents or businesses to local resources that may be available to help prepare them for applying for and achieving the opportunity.
- G. Working with DCA, the recipient, sub-recipient or contractor as applicable in developing a communication and follow up process to track and report all Section 3 applications and hiring activities to ensure the reporting of compliance efforts, and that contracting and sub-contracting are accurate. Provide preference in hiring and contracting to Section 3 applicants and contractors when employment or contracting opportunities are offered and all requirements are met and remain equal. Contractors must:
1. Provide this package to all sub-contractors when soliciting bids for all contracts or sub-contracts;
  2. Meet all the same processes in A-E; and
  3. Provide Preference to all sub-contractors meeting the definitions as stated in Section VI of DCA's Section 3 Policy for Covered HUD Funded Activities.
- H. In order for Preference as a Section 3 Contractor to be factored into the award decision, all elements of the solicitation criteria must be equal between contracts. This means price and all other factors must be equal. Then the contractors that elect Preference on the Certification and Action Plan form that meet that Preference criterion will be provided Preference in the award of the contract as provided in Part VI., Preferences and Eligibility of DCA's Section 3 Policy for Covered HUD Funded Activities.

Example:

Bill's electrical and Sue's Electrical bid a job where the housing authority has a budget of \$500,000. Bill bids \$480,000 and elects a Preference as a Section 3 business concern because he qualifies as a 51% Resident Owned Business. Sue bids \$450,000 but does not elect any Preference. Both companies met all the other requirements. Sue will be awarded the contract because Bill's bid was higher.

**Important items to remember about receiving Preferences in contract award:**

All contractors and/or subcontractors that elect a Preference and are awarded a contract must be in compliance prior to the issuance of a Notice to Proceed by DCA, the recipient, sub-recipient, or the contractor based on the policies established for the applicable DCA funding program. The contractor and/or subcontractor must maintain the elected Preference standard during the entire contract or risk having the contract terminated for failure to comply. **See Appendix B for further details.**

When a contractor and/or subcontractor that elected a Preference is unable to identify a Section 3 resident or a Section 3 business for employment or contracting opportunities, the contractor then **must** offer employment related training to the Section 3 residents in the county. The training must be provided according to Part VII – Other Economic Opportunities in DCA’s Section 3 Policy.

## **Appendix A** **Section 3 Clause**

**Training and Employment Opportunities for Residents in the Project Area** (Section 3, HUD Act of 1968; 24 CFR 135)

(a) The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

(b) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 135, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 135 regulations.

(c) The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to hire, availability of Section 3 apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

(d) The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 135.

(e) The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 135.

(f) Noncompliance with HUD's regulations in 24 CFR Part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.

## **Appendix B**

### **Section 3 Contract Non-Compliance Cure /Termination Processes**

This language is a component of contract compliance with the work to which you are responding in this solicitation. The full requirements are provided in the Section 3 Clause found elsewhere in this package and in DCA's Section 3 Policy for Covered HUD Funded Activities.

Any recipient, sub-recipient or contractor claiming Preference **must be in compliance prior to issuance of a notice to proceed by DCA, recipient, sub-recipient, or contractor based on the policies established for the applicable DCA funding program. This preference can be met by any of the three qualifications:**

1. Resident Owned Businesses (ROBs) owned and operated at 51% by Section 3 Residents.
2. Businesses that employ Section 3 residents at no less than 30% of the contractors aggregate full time staff.
3. Contractors that at the time of bid show evidence (meaning the specific name and preference met) of their intent to award no less than 25% of their total award to Section 3 business concerns.

The recipient, sub-recipient or contractor must maintain compliance throughout the life of the contract. The contractor understands and agrees that a compliance management firm may be used to conduct routine and certified payroll reviews to ensure compliance. The Contractor agrees to provide the payroll data in an Excel or Word format each time the payroll is processed throughout the contract.

Failure to meet the Section 3 requirements will result in penalties up to and including contract termination. Any contractor triggering the regulation by doing any hiring or contracting once they are awarded the contract through execution must comply with the Section 3 requirements by executing the efforts on their Certification and Action Plan in accordance with DCA's Section 3 Policy.

DCA, the recipient, sub-recipient or contractor shall execute these remedies to achieve compliance in this order:

#### **NON-COMPLIANCE CURE PROCESS**

- A. Based on the first observation or report of non-compliance with Section 3, the recipient, sub-recipient or contractor will be sent an e-mail by the compliance manager notifying them of their non-compliance issue. The recipient, sub-recipient or contractor will have until the next payroll or 10 business days, whichever is less, to bring the contract into compliance and/or justify in writing why they cannot meet compliance requirements.
- B. DCA, the recipient, sub-recipient or contractor must render a response to the violating party within 10 business days of receipt of the violating party's letter of reason for non-compliance. If DCA, the recipient, sub-recipient, or the contractor deems the reason to

be unacceptable, at its option, DCA, the recipient, sub-recipient, or the contractor can extend the response period one time for up to 5 business days to allow the violating party to identify and secure other compliance options.

#### **NON-COMPLIANCE TERMINATION PROCESS**

If the violating party fails to take any corrective action to bring the contract into compliance within the allotted time, or DCA, the recipient, sub-recipient, or the contractor rejects any of the corrective plans and justifications for non-compliance, DCA, the recipient, sub-recipient, or the contractor will either terminate the contract immediately or impose liquidated damages equal to \$100 a day for every day out of compliance. At DCA's determination, any liquidated damages received must be paid to the recipient, sub-recipient or DCA, at DCA's determination, and be used to promote economic opportunities for Section 3 Residents and Business Concerns.

DCA, the recipient, sub-recipient, or the contractor will hold **all funds due to the violating party until such time that a financial workout is completed.**

***Additionally the violating party may be banned by DCA, the recipient, sub-recipient, and the contractor on future HUD funded projects.***

## Section 3 Forms



**I am Certifying as a Section 3 Business Concern and requesting Preference accordingly (Select only One Option):**

Option 1

- A business claiming status as a Section 3 Resident-Owned Business Concern (ROB) entity:

\_\_\_\_\_ Initial here to confirm selection of this option

Option 2

- A business claiming Section 3 status, because at least 30% of the existing or newly hired workforce for this specific contract will be Section 3 residents throughout the entire contract period. If a Prime or General Contractor is electing this option, the 30% employment requirement will be for the entire project including all the sub-contractors' employees:

**Check all methods you will employ to secure Section 3 Residents/Persons**

Posting the position in community sources that are generally available to low income residents and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initial here to confirm selection of this option

*I anticipate my total number of employees for this contract to be \_\_\_\_\_ and \_\_\_\_\_ will be qualified Section 3 Residents/persons.*

Option 3

- A business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business:

*Attach a list of intended subcontract Section 3 business(es) with subcontract amount.*

*Attach certification & all supporting documentation for each planned subcontract Section 3 Business.*

\_\_\_\_\_ Initial here to confirm selection of this option

**I am NOT Requesting Preference under Section 3:**

- I am **NOT** certifying as a qualified Section 3 Business Concern and I am not requesting a preference. However **if I do trigger the regulation by doing any sub-contracting or hiring, I will comply by meeting all requirements of DCA's Section 3 policy and am** committing to do the outreach as specified below.

**Check all methods you will employ to secure Section 3 Residents/Businesses**

Posting the position/contract opportunity in community sources that are generally available to low income residents and Section 3 Businesses and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initial here to confirm selection of this option

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Notarial Affidavit**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*



**Required Submittal - Assurance of Compliance Certification**  
**Section 3 Action Plan**  
**Housing and Urban Development Act of 1968**  
**(12 U.S.C. 1701 U)**

**Contract/Solicitation Name or Number:**

---

**DCA Funding**

**Program:** \_\_\_\_\_

**Entity Receiving DCA Funding Award:** \_\_\_\_\_

**Purpose:** To ensure that regulations promulgated under 24 CFR Part 135 Employment Opportunities for Businesses and Lower Income Persons in Connection with Assisted Projects and the Section 3 Policy of DCA, its recipients, sub-recipients and contractors to the greatest extent feasible is adhered to, and to serve as the “assurance of compliance” certification and action plan as required in the bid documents, supplemental general conditions, and required forms for the contract for any HUD work funded by DCA.

**Description of the project’s work detail:** The project work will be as listed in the final scope of work in the contract with DCA, its recipients, sub-recipients and contractors including any change orders. List all known subcontractors below:

**Subcontractor(s):** \_\_\_\_\_

*Use an additional sheet if required.*

*Note: If subcontractors are unknown at this time, print UNKNOWN on the line above. Also, the contractor must notify DCA or recipient or sub-recipient if subcontractors are added or changed during the contract. Any changes to this certification requires a resubmission of this form to DCA or recipient or sub-recipient.*

**Preliminary Statement for Work Force Needs:**

DCA intends to meet Section 3 compliance at the highest level and it is our intent to identify any short-term and long-term employment or contracting opportunities for qualified Section 3 persons and Business Concerns during the course of the contract funded by DCA via its recipients or sub-recipients and contractors. Please list the status of all planned employment positions and opportunities for this contract. **Preference for all opportunities must be given to low and very low-income residents if they qualify. If awarded a contract, regardless of whether your firm has elected a preference, you are required to provide a list of your aggregate workforce on this project. Any changes to that workforce during the project will constitute NEW hires. You must notify DCA, its recipient, sub-recipient or contractor (respectively) overseeing your contract of any new hire opportunities that arise during the life of your contract. The anticipated workforce list may be provided on a separate sheet or in a different format.**

<u>List All Employees</u>	<u>Date Hired</u>	<u>Section 3 Resident (Yes/No)</u>	<u>Job Title/Trade</u>	<u>Salary Range</u>
Name: Address: City, ZIP:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				

Use additional pages as needed.

**“To the Greatest Extent Feasible”:**

The Contractor has identified \_\_\_ # of **OPEN** positions with respect to this contract. The positions are filled by the \_\_\_\_\_ (Position title) of the Contractor.

Should the scope of work or duties of the contractor change to a degree requiring a modification of the work force needs, the contractor shall put forth a reasonable effort to fill vacant positions with eligible Section 3 residents.

**Documentation of “To the Greatest Extent Feasible”:**

The contractor will work with DCA, its recipients, sub-recipients, and contractors staff to notify residents of any opportunities afforded under the contract. The contractor will partner with DCA, its recipients, sub-recipients, and contractors by giving preference of any employment opportunities to the Section 3 persons or businesses.

The contractor shall recruit or attempt to recruit from the Section 3 area the necessary number of low-income and very low-income residents and Section 3 businesses, as applicable. The contractor must also document their recruiting efforts and any impediments to compliance with DCA’s Section 3 policy and the requirements of this solicitation package. This documentation must be submitted to the recipient or sub-recipient.

1. DCA, its sub-recipients and contractors shall: Maintain a list of all low-income area residents who have applied, either on their own or from referral from any source, and employ such person if otherwise eligible and if a trainee vacancy exists.
2. Conduct solicitation in accordance with DCA’s Section 3 policy and the requirements outlined in the solicitation package.

The contractor shall review all employment applications and determine if low-income and very low-income residents or Section 3 businesses meet minimum hiring or contracting qualifications. If these applicants meet such minimum qualifications, but are not hired due to lack of employment opportunities or for other reasons, they will be placed on a priority list and offered positions/contracts upon the occurrence of the first available appropriate opening.

**Utilization of Section 3 Businesses Located Within the County:**

The recipient, sub-recipient or contractor does \_\_\_ does not \_\_\_ intend to subcontract any of the work identified in the scope of work cited in the bid specifications, scope of work or General Conditions. Should the scope of work or needs of the contractor change, the contractor shall, to the greatest extent feasible, assure that subcontracts be awarded to business concerns within the Section 3 covered area, or to business concerns owned in the substantial part (at least 51%) by persons residing in the Section 3 covered area.

**Record Keeping:**

The recipient, sub-recipient, contractor or subcontractor, as applicable, shall maintain on file all records related to employment and job training of low-income and very low-income residents or other such records, advertisements, legal notices, brochures, flyers, publications, assurances of compliance from sub-contractors, etc., in connection with this contract. If a report is needed in the future, the recipient,

sub-recipient, contractor or subcontractor, as applicable, agrees to provide all records upon request. The contractor shall, upon request, provide such records or copies of records to HUD, DCA, their recipients, sub-recipients, contractors, staff, or agents. Records shall be maintained for at least three (3) years after the close of the contract.

**Reports:**

The recipient, sub-recipient or contractor shall provide reports as required in connection with the contractor specifications. All certified and regular payrolls shall clearly detail which employees qualify under Section 3.

**Certification:**

The recipient, sub-recipient or contractor will certify that any vacant employment positions, including training positions that filled:

- 1) After the recipient, sub-recipient or contractor is selected but before the contract is executed, and
- 2) With persons other than those to who the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the subcontractor's obligations under 24 CFR Part 135.

**Grievance and Compliance:**

The recipient, sub-recipient, contractor or subcontractor hereby acknowledges that they understand that any low-income and very low-income resident of the project area, for him/her or as representatives of persons similarly situated, seeking employment or job training opportunities in the project area, or any eligible business concerns seeking contract opportunities may file a grievance if efforts to the greatest extent feasible were not executed. The grievance must be filed with HUD not later than one hundred eighty (180) calendar days from the date of the action (or omission) upon which the grievance is based.

I attest that the information on the preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



**Purpose:**

The purpose of Section 3 of the Housing and Urban Development of 1968 (12 U.S.C. 1701u) (Section 3) is to ensure that employment and other economic and business opportunities generated by HUD Financial Assistance shall be directed to the Authority Residents and other low- and very low-income persons, particularly those who are recipients of government housing assistance and to business concerns which provide economic opportunities to Residents and other low- and very low-income persons.

Section 3 resident means:

- (1) A public housing resident; or
- (2) An individual who resides in the metropolitan area or non-metropolitan county in which the section 3 covered assistance is expended, and who is:
  - I. A low-income person, as this term is defined in section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2)). Section 3(b)(2) of the 1937 Act defines this term to mean families (including single persons) whose incomes do not exceed 80% of the median family income for the area, as determined by the Secretary, with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low-income families; or
  - II. A very low-income person, as this term is defined in section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2)). Section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2) defines this term to mean families (including single persons) whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments made for smaller or larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes.
- (3) A person seeking the training and employment preference provided by section 3 bears the responsibility of providing evidence (if requested) that the person is eligible for the preference.

Service area means the geographical area in which the persons benefiting from the Section 3-covered project reside.

The figures below represent very low-income families; bottom figures represent low-income families. The most recent income limits established for each county may be found at:

<http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income/>.

**Subrecipient or Contractor to Insert 2013 Income Limits for Project Location**

FY 20XX Income Limit Area	Median Income	FY 20XX Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<b>Very Low (50%) Income Limits</b>								
		<b>Low (80%) Income Limits</b>								

**RESIDENT SECTION 3 SELF-CERTIFICATION  
AND SKILLS DATA FORM  
AFFADAVIT**

---

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of the City/County of \_\_\_\_\_,  
State of \_\_\_\_\_, do hereby certify that, \_\_\_\_\_, whose  
name is signed to the writing above bearing date on the \_\_\_\_\_ Day of \_\_\_\_\_,  
20\_\_\_\_, has acknowledged the same before me in my State aforesaid.

Given under my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*

### SECTION 3 BUSINESS CONCERN SELF CERTIFICATION

The Georgia Department of Community Affairs (DCA) is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations which promote contract, employment and training opportunities for State of Georgia residents, DCA has instituted a Section 3 Self Certification process.

Businesses seeking certification must complete and submit the attached Section 3 Business Concern Self Certification forms as follow:

1. If your company is qualified because it is owned (51% or more) by one or more Section 3 residents, then complete **Form A, "Section 3 Business Concern – Resident Business Owner(s) Verification"**;

**OR**

2. If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents\*, then complete **Form B, "Section 3 Business Concern – 30% + Workforce"**.

**OR**

3. If more than 25% of all subcontract work to be awarded shall be performed by Section 3 business concerns as described above, then complete **Form C, "Section 3 Business Concern-Subcontractor"**.

Please answer all questions, sign the completed forms, and notarize the affidavit.

Completed packets must be returned to the sub-recipient or contractor as follows:

Name of sub-recipient/contractor: \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

If you have any questions or require assistance, please contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Form A**  
**SECTION 3 BUSINESS CONCERN**  
**Resident Business Owner(s) Verification**

A business can be certified as a Section 3 Business Concern if the business is owned (51% or more) by Georgia Section 3 Resident(s).

Name of Owner: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home City, County, & Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_%

**Low- to – Moderate Income (80% of Median)**

Check the appropriate box for your family size and income *if your total household income is equal to or less than the Gross Household Income Maximum amount listed for your appropriate household size:*

Check Box	# of Persons in Household	Gross Household Income Maximum
	1 Individual	
	2 Individuals	
	3 Individuals	
	4 Individuals	
	5 Individuals	
	6 Individuals	
	7 Individuals	
	8 Individuals	

(Effective \_\_\_\_\_, 2013)

*If the business is owned by more than one Section 3 resident, list each owner below and each should submit a separate Resident Business Owner Verification Form (Form A).*

Please list additional Section 3 Resident owners of the business below:

Name	Position	% Percentage of Ownership

**I certify that I am a resident of the State of Georgia and my total household income last year was not more than the amount shown above for my family size. I further certify the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.**

**Print:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form B**  
**SECTION 3 BUSINESS CONCERN**  
**30% + Workforce**

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of the first employment with the business. You may also certify as a Section 3 Business Concern if, for this award, you will hire Section 3 residents for at least 30% of your permanent, full-time employees for this specific project. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent, full-time employees**.

**You may attach additional copies of this chart, if necessary.**

List All Employees	Date Hired	Section 3 Resident	Job Title/Trade	Salary Range
Name: Address: City/Zip:				
Total Number of Employees:	<b>Full-Time:</b> _____	<b>Part-Time:</b> _____	<b>Contract:</b> _____	
Number of Section 3 Residents:				
Section 3 % of Total Workforce:				

**I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 Business Concern.**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Form C**  
**SECTION 3 BUSINESS CONCERN**  
**Subcontractor Awarded**

A business can be certified as a Section 3 Business Concern if the firm makes a commitment to subcontract in excess of twenty-five percent (25%) of the total amount of subcontracts to be awarded to: A) Section 3 Resident Owned Businesses; or B) Businesses for which 30% or more of their permanent full-time workforce is comprised of Section 3 Residents.

List all work performed by Section 3 Business Concerns Identified (This Form is to be updated as Section 3 Business Concerns are awarded through the completion of the project):

Name of Business	Qualifying Conditions	Total Contract Award

All identified Section 3 Business Concerns listed above are required to complete a Section 3 Self Certification Application (Forms A – C as appropriate) or provide proof of Section 3 Certification status. Attach all required documents to this form.

**I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 business concern.**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Appendix R:**  
Section 3 Policy for Covered  
HUD Activities

## **Section 3 Policy for Covered HUD Funded Activities**

This Section 3 policy pertains to training, employment contracting, and other economic opportunities arising in connection with the expenditure of Federal housing assistance and community development assistance that is used in conjunction with the following activities:

- Housing rehabilitation,
- Housing construction, and
- Other public construction.

All Recipients and Sub-recipients of Section 3 Covered Assistance (including but not limited to contractors, sub-contractors, developers, grantees, CHDOs, non-profits, and local government entities) must be in compliance with the provisions of this policy in order to be eligible for DCA awards.

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SOLICITATION PACKAGE AND CERTIFICATION DOCUMENTS

## **BACKGROUND ON THE SECTION 3 REGULATION:**

The purpose of Section 3 of the Housing and Urban Development Act of 1968, as amended by Section 915 of the Housing and Community Development Act of 1992 (Section 3), is to “ensure that employment and other economic opportunities generated by certain HUD financial funding shall, to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations, be directed toward low and very low-income persons, particularly those who are recipients of government funding for housing and to Business Concerns which provide economic opportunities to low- and very low-income persons.”

Consistent with 24 CFR Part 135, as a recipient of HUD Housing and Community Development Funding, the State of Georgia Department of Community Affairs (DCA) requires fulfillment of Section 3 obligations on all contracts subject to 24 CFR Part 135 that make use of that assistance. These policies are implemented for contract amounts as specified in 24 CFR Part 135 whether it is designated as housing construction, housing rehabilitation, lead based paint abatement, or other public construction project. DCA works to ensure the provision of employment, training, contracting, and other economic opportunities to low-income persons. In doing so, DCA utilizes Section 3 as a means of promoting stability and self-sufficiency of Section 3 Residents. Implementation procedures may be amended periodically by DCA to insure that the policy requirements are being met and/or to enhance the efficiencies of compliance.

### **PART I. APPLICABILITY:**

Section 3 of the Housing and Urban Development Act of 1968 by the Housing and Community Development Act of 1992. Section 3, as amended, requires that economic opportunities generated by Federal Housing and Community Development programs shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons.

Section 3 requirements apply to **all** housing rehabilitation, housing construction or other public construction projects, and activities for which the recipient or sub recipient's award exceeds \$200,000 and the contract or subcontract exceeds \$100,000. If the recipient or sub recipient's award of assistance exceeds \$200,000, but the contracts and subcontracts do not exceed \$100,000, then only the recipient or sub recipient is subject to the Section 3 requirements. The recipient or sub recipient's responsibility includes awarding contracts, to the greatest extent feasible, to Section 3 business concerns.

## **PART II. DEFINITIONS:**

Please refer to the 24 CFR 135.5 for a full list of prevailing definitions found in the regulation.

*Employment Opportunities Generated by Section 3 Covered Assistance:* All employment opportunities generated by the expenditure of applicable Federal Section 3 covered funding (i.e., Housing and Community Development Funding) and with respect to Section 3 covered Housing and Community Development Funding, all employment opportunities arising in connection with Section 3 Covered Projects.

*Full-Time:* For recipient, sub-recipients, and contractors, this term refers to an employee assigned to a position who regularly works a minimum of forty (40) hours per week on a continuous basis. For DCA, this term refers to an employee who is assigned to an unclassified position who regularly works a minimum of forty (40) hours per week on a continuous basis. Regular full-time employees will be eligible to receive full State-sponsored benefits and accrue any form of service credit.

*Housing and Community Development Funding:* Resources from the U.S. Department of Housing and Urban Development (HUD) covered by Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u) include Community Development Block Grant (CDBG), HOME Investment Partnership (HOME), Emergency Solutions Grant (ESG), Housing Opportunities for Persons with AIDS (HOPWA), and Neighborhood Stabilization (NSP) programs, as well as certain grants awarded under HUD Notices of Funding Availability (NOFAs). The requirements for Section 3 only apply to the portion(s) of covered funding used for project/activities involving housing construction, rehabilitation, demolition, and/or other public construction.

*Low Income Person:* A person whose household (including single persons) has a total income that does not exceed 80% of the median income for the project area. Income levels can be obtained online at: <https://www.huduser.gov/portal/datasets/il.html>.

*New Hires:* Full-time employees for at-will, permanent, temporary or seasonal employment opportunities for any Section 3 covered contract.

*Recipient:* An entity which receives Section 3 covered assistance directly from HUD (i.e., DCA) or from any other recipient (e.g., local government, PHA or other public body, public or private non-profit organization, private agency or institution, mortgagor, developer, limited dividend sponsor, builder, property manager, Community Housing Development organization, resident management corporation, resident council, or cooperative association). For the purpose of this policy, the phrase, “any other recipient” will carry the same definition as “Sub-recipient” and may include DCA in cases when program terminology establishes a “Recipient” as any entity receiving an award of DCA funds under a HUD-funded program.

Resident Owned Business (ROB): A Business Concern owned or controlled by low or very low-income residents who reside within the legal boundaries where the funds are expended. A ROB must meet these requirements: (a) at least 51% owned and operated by Section 3 residents, and (b) whose management and daily business operations are controlled by one or more such individuals. For purposes of Section 3 compliance, a ROB must also meet Subpart A to the definition of a Section 3 Business Concern.

Section 3: Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u).

Section 3 Resident:

- (1) A public housing resident; or
- (2) An individual who resides in the area in which the Section 3 covered assistance is expended, and who is a low-income person whose household income does not exceed 80% of the average median income for the area or a very low-income person whose household income does not exceed 50% of the average median income for the area as per Section 3(b) (2) of the U.S. Housing Act of 1937 (1937 Act).

To find the current Average Median Income go to:

<https://www.huduser.gov/portal/datasets/il.html>

Section 3 Business Concern: As defined by HUD, an entity:

- A. That is Fifty-one (51%) percent or more owned by Section 3 Residents; or
- B. Whose permanent, full-time employees includes persons, at least 30 percent of whom are current Section 3 Residents, or were Section 3 Residents within three (3) years of the date of first employment with the Business; or
- C. That provides evidence of a commitment to subcontract in excess of 25 percent of the total contract award amount (including any modifications) to Section 3 Business Concerns as defined in A or B. Example: If the Contract Amount is = \$1,000,000, the contractor must subcontract in excess of 25%, or greater than \$250,000, to a Section 3 Business Concern (s) as defined in A or B in this part.

Section 3 Clause: The contract provisions and sanctions set forth in 24 CFR 135.38

Section 3 Covered Activity: Any activity that involves housing construction, rehabilitation, or other public construction funded by Section 3 covered assistance.

Section 3 Covered Assistance: The requirements of Part 135 apply to Recipients of covered Section 3 Housing and Community Development Funding for which the amount of the assistance exceeds \$200,000. These requirements also apply to contractors and subcontractors performing

work on projects using Federal Housing and Community Development Funding from DCA for which the Recipient's award exceeds \$200,000 and the contract or subcontract exceeds \$100,000. If the Recipient or Sub-recipient's award of assistance exceeds \$200,000, but the contracts and subcontracts do not exceed \$100,000, then only the Recipient or Sub-recipient is subject to the Section 3 requirements. The Recipient's responsibility includes awarding contracts, to the greatest extent feasible, to Section 3 business concerns.

*Section 3 Covered Contract:* A contract or subcontract, including a professional service contract, awarded by a recipient, sub-recipient, or contractor for work generated by the expenditure of Section 3 Covered Assistance or for work arising in connection with a Section 3 Covered Project. "Section 3 Covered Contracts" do not include contracts for the purchase of supplies and materials except whenever a contract for materials includes the installation of the materials.

*Section 3 Covered Project:* The construction, reconstruction, conversion or rehabilitation of housing (including reduction and abatement of lead-based paint hazards), other public construction which includes buildings or improvements (regardless of ownership) assisted with applicable Federal Housing and Community Development Funding.

*Section 3 Joint Venture:* An association of Business Concerns, one of which qualifies as a Section 3 Business Concern, formed by written joint venture agreement to engage in and carry out a specific business venture for which purpose the Business Concerns combine their efforts, resources, and skills for joint profit, but not necessarily on a continuing or permanent basis for conducting business generally, and for which the Section 3 Business Concern:

- Is responsible for a clearly defined portion of the work to be performed and holds management responsibilities in the joint venture; and
- Performs at least 25% of the work and is contractually entitled to compensation proportional to its work.

*Sub-recipient:* Any public or private agency, institution, organization, or other entity ( e.g. Local government, Public Housing Authority, public or private non-profit organization, private agency or institution, mortgagor, developer, limited dividend sponsor, builder, property manager, Community Housing Development organization, resident management corporation, resident council, or cooperative association) to whom Federal financial assistance is extended, through the Georgia Department of Community Affairs for any program or activity, or who otherwise participates in carrying out such program or activity but such term does not include any Beneficiary under any such program. The term "Sub-recipient" may include the term "Recipient" when program terminology establishes a "Recipient" as any entity receiving an award of DCA funds under a HUD-funded program.

*Very Low Income Person:* A person whose household (including single persons) has a total income that does not exceed 50% of the median family income for the project area.

**PART III. GOALS OF THE SECTION 3 REGULATION:**

DCA's Section 3 protocol seeks to aid Section 3 residents to the greatest extent feasible in three ways, listed in order of preference:

*A. Hiring low- and very low-income workers*

DCA requires that a recipient or sub-recipient and its contractors make every effort within their disposal to attempt to hire at least 30% Section 3 residents of the aggregate number of full-time new hires with a preference for Section 3 residents in this order:

- 1: Residents of HUD-assisted housing.
- 2: Residents at the site where the work is being performed.
- 3: Residents of the city where the work is being performed.
- 4: Residents of the county where the work is being performed.

*B. Awarding contracts to Section 3 business concerns*

DCA requires that the recipient or sub-recipient, and its contractors make every effort within their disposal to award at least 10% of the total dollar amount of all Section 3 covered contracts for building trades work arising in connection with housing rehabilitation, housing construction, and other public construction, to Section 3 business concerns. DCA also requires that the recipient or sub-recipient and its contractors make every effort within their disposal to award at least 3% of the total dollar amount of all "Other" Section 3 covered contracts.

*C. Providing other economic opportunities*

If a recipient, sub-recipient, or contractor identifies a greater need, other training and employment opportunities may be provided to substitute for goals A and B. In such cases, a recipient, sub-recipient, or contractor must provide training and other employment opportunities as described in Part VII equal to or exceeding 3% of the total contract award in order to meet this goal.

**PART IV. RECIPIENT AND SUBRECIPIENT RESPONSIBILITIES:**

The recipient or sub recipients of DCA Housing and Community Development Funding accept the responsibility of not only enforcing the Section 3 requirements, but also for pro-actively providing notice, encouraging, and facilitating compliance with Section 3 subject to the definition of a Section 3 Covered Project. The recipient or sub-recipient will have fulfilled this responsibility when they can provide evidence that the following have occurred in the case of every contract and sub-contract solicitation that exceeds the threshold requirements of 24 CFR Part 135:

The following actions are required for all contract and sub-contract solicitations:

- A) Notifying Section 3 residents of opportunities through posting of job openings in community sources that are generally available to low income residents and the general public, including but not limited to: the local community newspaper; the most widely distributed newspaper; the management office of the local housing authority, or homeless agency, or/local low-income housing community; the local workforce board; the local office of the Georgia Division of Family and Children Services; and the local office of the Georgia Department of Public Health serving the county in which the project is located.
- B) Conveying that the contract work is a Section 3 Covered Contract in any advertisement for bids and proposals by placing the following language in each advertisement/public notice and website: **“This project is covered under the requirements of Section 3 of the HUD Act of 1968.”**
- C) Notifying contractors of Section 3 requirements in any pre-bid or pre-construction meeting held.
- D) Incorporating the HUD mandated Section 3 clauses in all contracts where the work to be performed is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3).
- E) Providing Resident Certification and Affidavit forms for employment at the recipient or sub-recipient’s business offices and allowing applications to be submitted at appropriate local locations.
- F) Encouraging the training of Section 3 residents by the contractors.
- G) Reporting quarterly on its efforts regarding Section 3 implementation on the DCA prescribed mechanism or form.
- H) Refusing to award contracts to businesses or persons that have previously violated Section 3 requirements.
- I) Using the attached Solicitation Package for each procurement associated with a covered project indicating that the work to be performed is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C.1701u (Section 3).
- J) Documenting actions taken to comply with Section 3 requirements including all results and impediments using the DCA prescribed mechanism or form.

Recipients or Sub-recipients also must implement at least one (1) of the following actions:

- K) Facilitating an opportunity fair annually for contractors to meet interested Section 3 residents for possible employment. A list can be developed as a resource for the recipient or sub-recipient and contractors when seeking to hire Section 3 workers in the future.
- L) When employment opportunities arise or are anticipated, posting all job sites funded by DCA with a location or phone number of whom and how to apply for any opportunities for employment, training or contracting. The sign should be no smaller than 24" x 24" in Black ink and specifically read:

*"This project is covered under Section 3 of the HUD Act of 1968 which requires that any new hiring opportunities first be directed to low- and very low income persons in this community. Please contact (list the contact person name and number) for information on any employment, contracting and sub-contracting opportunities."*

**PART V. RECIPIENT, SUB-RECIPIENT, AND CONTRACTOR RESPONSIBILITIES:**

All recipient, sub-recipients, and contractors must submit prior to an award exceeding \$100,000 the prescribed forms in the attached solicitation package describing their proposal to implement Section 3. Omission of a satisfactorily completed solicitation package prior to award makes that contractor ineligible for award. Regardless of the amount of the potential contract award, all recipient, sub-recipients, and contractors that wish to claim a Section 3 preference must submit with any bid or proposal the *Section 3 Self-Certification and Action Plan* and the *Section 3 Business Concern Self Certification* that is part of the attached solicitation package. Prior to award of a contract exceeding \$100,000, the remainder of the solicitation package must be prepared in its entirety. No preference may be claimed after bids are opened.

The only safe harbors for determining whether Section 3 requirements have been met are the following:

- A. The 30% new hiring of Section 3 Residents goal;
- B. The 10% Section 3 Business Concern Contracting for Building Trades Work goal; and,
- C. The 3% Section 3 Business Concern Contracting for "Other" Covered Contracts goal.

As DCA does not execute final funding contracts, it is reliant upon the compliance of its recipient, sub-recipient, and/or contractor(s) to execute DCA's Section 3 initiatives. If the goals above cannot be met by the recipient, sub-recipient, and/or contractor, the recipient, sub-recipient, and/or contractor must provide documentation explaining why those numerical goals could not be met, including a description of any actions taken, any impediments encountered, and any other economic opportunities provided (See Part VII – Other Economic Opportunities). This documentation must be submitted to DCA for review and approval. DCA will take each recipient or sub-recipient's explanation into consideration when making the determination of compliance.

In addition to the notice requirements for both hiring and contracting, other examples of activities to demonstrate effort to comply with the Safe Harbor Limits are listed in the appendix to part 135 of the Code of Federal Regulations—24 CFR Part 135 and include:

1. Distributing or posting flyers advertising positions to be filled;
2. Contacting the local government or housing authority for a list of residents who have expressed interest in Section 3 employment;
3. Holding job informational meetings for residents, contractors, etc...;
4. Contacting agencies administering HUD YouthBuild programs and requesting their assistance in recruiting HUD YouthBuild program participants for training and employment positions.

**PART VI. PREFERENCES AND ELIGIBILITY:**

*Note: All persons who are recipients of housing assistance from the government are Section 3 residents. Residents of HUD assisted housing are top priority Section 3 residents (Tier One). HUD assisted housing includes: (A) public housing, (B) Housing Choice Voucher holders, (C) substance abuse rehabilitation housing, (D) domestic violence shelters, (E) transitional housing facilities, (F) homeless shelters, and (G) veterans housing. The businesses owned by Section 3 residents (ROBs) are top priority business concerns (Tier One). When employment or contracting opportunities are offered and all requirements are met and remain equal, HUD assisted housing residents and ROBs within the area of the project shall be provided preference over other Section 3 residents/business concerns and non-Section 3 residents/business concerns.*

- A) Regarding the hiring of Section 3 residents, preference, in the following order, shall be given to those residents who live:
  1. In HUD assisted housing.
  2. At the site where the work is being performed.
  3. In the city where the work is being performed.
  4. In the county where the work is being performed.
- B) Regarding the contracting opportunities for Section 3 business concerns, preference shall be given to business concerns, in the order of preference described in Section A of Part VI, Preference and Eligibility, meeting these definitions and in this order:
  1. Resident Owned Businesses (ROBs) owned and operated at 51% by Section 3 Residents.
  2. Businesses that employ Section 3 residents at no less than 30% of the contractors aggregate full time staff.

3. Contractors that at the time of bid show evidence (meaning the specific name and preference met) of their intent to award no less than 25% of their total award to Section 3 business concerns.
- C) A Section 3 resident seeking employment must fulfill the requirements of the sought position and, if asked, must provide evidence of their Section 3 status (e.g., proof of residency in public housing development; evidence of participation in a HUD YouthBuild program operated in the metropolitan area (or non-metropolitan county) where the Section 3 covered assistance is spent; evidence that the individual resides in the Section 3 area and is a low or very low-income person as defined in Section 3(b) (2) of the U.S. Housing Act of 1937). Recipient agencies may choose to allow prospective Section 3 residents to self-certify their eligibility. Any self-certification should include a statement of penalty for falsifying information. A Section 3 Business Concern seeking to win a contract must fulfill the requirements of the contract and, if asked, provide evidence of their Section 3 status.

**PART VII. OTHER ECONOMIC OPPORTUNITIES:**

The Other Economic Opportunities provision may only be used when a contractor, recipient, or sub-recipient desires to claim a preference under Part VI and cannot comply with the hiring or subcontracting goals set forth in the Preference Tier structure, or, based on observed special needs, has concluded that providing Other Economic Opportunities will be a greater benefit to Section 3 Residents or Businesses. Whenever the Other Economic Opportunities provision is employed, the actions must equal or exceed 3% of the total contract value including all labor and material costs as well as any change orders to these costs.

Firms that will provide other economic opportunities will be responsible for soliciting and contracting a qualified firm/individual experienced in providing a Georgia Department of Labor Approved training curriculum consistent with Section 3 requirements of 135.11 in the area of Section 3 resident training in the following areas:

- Employment Readiness and Professional Development
- Section 3 Small Business Concern Development Training
- Computer Literacy and Data Entry Skills Training
- Employment Skills Training (Any Viable Employment Field)
- Other training curriculum approved by DCA

The acceptability of these efforts will be determined by DCA in the case of a recipient, sub-recipient, and by the recipient or sub-recipient in the case of a contractor, or in cases of a complaint, by HUD.

**PART VIII. DCA SECTION 3 RESPONSIBILITIES:**

Refer to the Georgia Department of Community Affairs Section 3 Hiring Policy available upon request to the Georgia Department of Community Affairs Human Resources Department.

**PART IX. COMPLAINTS AND COMPLIANCE:**

Any Section 3 resident or business concern that feels that the Section 3 regulations were not complied with may file a complaint directly to the Assistant Secretary for Fair Housing and Equal Opportunity at the following address (or as otherwise directed by HUD):

Assistant Secretary for Fair Housing and Equal Opportunity  
U.S. Department of Housing and Urban Development  
Regional Field Office  
40 Marietta Street, NW  
Atlanta, Georgia 30303

The complaint must be in writing and be received within 180 days from the date of the action upon which the complaint is based. It should include the complainant's name and address, the recipient, sub-recipient's or contractor's name and address, and a description of the acts in question. The complainant will receive a response from HUD within 10 days in which further investigation will be explained.

**PART X. DCA STANDARD SECTION 3 OPERATING PROCEDURES**

Policy Effective Date: \_\_\_\_\_, 20\_\_      Procedural Change Date: \_\_\_\_\_, 20\_\_

**Procedure Title: Section 3**

This operating procedure is tied to the Operating Policy on Section 3 designed to achieve and maintain compliance with the HUD Act of 1968 revised in 1992 and in 1994.

The procedures contained within are relative to the Section 3 daily operations in:

- Hiring
- Procurement
- Contracting
- Compliance Management
- Solicitation Package and Certification Documents

**Section 1 – Recipient, Sub-Recipients and Contractors: Hiring**

This procedure encompasses all full time employment types including, long term, short term, temporary and special assignments. In the process of seeking new employees for the recipient,

sub-recipient, contractor, or subcontractor, the following procedures should be followed in an effort to create as many employment opportunities for Tier 1 HUD direct beneficiaries:

**Step 1:** Post the position in community sources that are generally available to low income residents and the general public. It is required that a minimum of three (3) of the following listed sources will be exercised at least once prior to extending an offer of employment to anyone not covered by Section 3 requirements:

- A) The local community newspaper
- B) The most widely distributed newspaper
- C) Company or agency website
- D) The management office of the local housing authority, or homeless service agency, or local low income housing community
- E) Local Workforce Board (i.e., Department of Labor)
- F) Local office of the Georgia Division of Family and Children Services
- G) Local office of the Georgia Department of Public Health
- H) Dodge Room <http://www.construction.com/dodge/dodge.asp>
- I) Other locations as approved by DCA.

**Step 2:** Be certain to list in the notice that the position is a **“Section 3 Covered Position under the HUD Act of 1968 and that Section 3 Residents and Business Concerns are encouraged to apply.”**

**Step 3:** In reviewing all applicants, be certain to first select candidates that best fit the position requirements. If a Tier I resident is identified as a qualified candidate, all things being equal with others in consideration, a preference for employment should be given to the Section 3 Resident based on the Policy order established in Part VI – Preferences and Eligibility.

**Step 4:** In cases where a recipient, sub-recipient or contractor establishes a relationship and requirement with any temporary employment agency contractor, the temporary employment agency contractor or temporary employment agency must require placements to its recipient, sub-recipient or contractors to complete the Self Certification form clarifying their qualifications as a qualified Section 3 Resident. Any person certifying as a qualified Section 3 Resident must be given Preference for any Section 3 covered assignment with the recipient, sub-recipient or contractor providing they meet all other position requirements.

## **Section 2 –Recipient, Sub-Recipients and Contractors: Procurement**

Whenever a contract opportunity is solicited, these steps must be followed in order to comply with DCA’s Section 3 Policy.

**ROB Verification:** Whenever ROB status is sought, the recipient, sub-recipient or contractor staff shall request address and ownership verification of the 51% Owner/Operator rule as stated in

the HUD Act of 1968. Use of the “**Section 3 Self-Certification Form**” attached to this policy is an acceptable statement of address and business data, when presented along with all other required incorporation documents, including any Letter of Issuance of a Federal Employer Identification Number (FEIN) and state Articles of Incorporation.

**Step 1: This step is only applicable when a public housing authority is involved in the transaction.** During the development process of any solicitation or work project, there should be a determination as to whether or not the work can be and/or should be isolated to Resident Owned Businesses (ROB’s) under the **24 CFR Part 963.12 Alternative Procurement Method**. If so, then Steps 2-8 should be followed with respect for **ROB’s ONLY**. Keep in mind, a qualified ROB can be one that is a Joint Venture Partnership where a non-ROB can participate at no more than 49% ownership, operations and profit. A statement where both parties have committed to these terms is required as validation of ROB status.

**Step 2:** As a direct method of encouraging greater participation and election of Section 3 Preference by contractors, DCA requires that all recipient, sub-recipient, and contractors conduct at least one pre-bid meeting or workshop to facilitate the meeting of contractors (large and small) in hopes that more opportunities will be afforded all parties in covered DCA funded contracts. These steps must be in compliance with State of Georgia procurement laws. Where a conflict occurs, the recipient, sub-recipient, or contractor should not conduct such acts that would constitute a violation.

**Step 3:** Post the contract opportunity in community sources that are generally available to Section 3 Businesses, low income residents and the general public. It is required that a minimum of three (3) of the listed sources will be exercised at least once prior to entering into a contract with anyone not covered by Section 3 requirements:

- A) The local community newspaper
- B) The most widely distributed newspaper
- C) Company or agency website
- D) The management office of the local housing authority, or homeless service agency, or local low income housing community
- E) Local Workforce Board (i.e. Georgia Department of Labor)
- F) Local Office of the Georgia Division of Family and Children Services
- G) Local Offices of the Georgia Department of Public Health
- H) Dodge Room <http://www.construction.com/dodge/dodge.asp>
- I) Other locations as approved by DCA.

DCA recommends that all such posting periods shall last at least one calendar week.

**Step 4:** The recipient, sub-recipient or contractor must check the HUD Section 3 Business Registry to determine if there are any Section 3 businesses in the County where the work will be performed. If there are Section 3 businesses in the County that may be able to perform the work, the recipient,

sub-recipient or contractor must provide a copy of the contracting opportunity(ies) (e.g., bid notices) to the Section 3 businesses. See the HUD Section 3 Business Registry at: <https://portalapps.hud.gov/Sec3BusReg/BRegistry/What>.

**Step 5:** All ads must include a notice that the contract opportunity is a **“Section 3 Covered Contract and that Section 3 Business Concerns are encouraged to apply.”**

**Step 6:** All awardees must include the attached **“Solicitation Package”** for recipient, sub-recipients and contractors to complete and return with their applications/responses. Any application/response claiming a preference must include the satisfactorily completed *Section 3 Self-Certification and Action Plan* and the *Section 3 Business Concern Self Certification*.

**Step 7:** In reviewing the solicitation responses, any contractors that claim a preference and are identified as qualified Section 3 Concerns should be reviewed and if legitimate, granted a Preference in contracting, all other things being equal.

**Step 8:** When procurements require point scores as part of the award process, the recipient, sub-recipient or contractor shall ensure that a method of providing Preference exists based on the solicitation criteria to secure the most qualified firm or individual for the contract. Under no circumstances shall a contract be awarded to a firm (Section 3 or Non-Section 3) if they fail to meet minimum standards or do not score high enough to surpass “competitive range” scoring. **Section 3 Preference only is to be considered after all other relative quantitative and qualitative factors have been scored and weighted.**

**Step 9:** All solicitations exceeding \$100,000 shall require that applicants/respondents prior to award convey prior compliance with Section 3 on any HUD funded contract. **If a contractor has not complied on any HUD funded contract effective on or after January 1, 2014, they should be considered non-responsive.**

**Step 10:** All solicitations exceeding \$100,000 must include a certification of prior compliance with HUD Section 3 for all HUD funded contracts effective on or after January 1, 2014 as a requirement for award. See the attached form titled: “Previous Compliance Certification.”

### **Section 3 – Recipient, Sub-Recipients and Contractors: Contracting**

**Step 1:** In addition to the required Section 3 contract language provided in 24 CFR §135.38, the following language is to be added to all new contracts effective immediately:

“All contractors claiming a Preference in contracting by meeting any of the three qualifications including: a Resident Owned Business, Hiring/Employing 30% of New Hires, and/or sub-contracting at least 25% of their total award to a Section 3 Concern, shall maintain that status throughout the life of the contract. Failure to meet this requirement will result in penalties up to and including contract termination.”

**Step 2:** Any recipient, sub-recipient or contractor claiming a Preference **must be in compliance prior to the issuance of a notice to proceed** by DCA, recipient, sub-recipient, or contractor based on the policies established for the applicable DCA funding program.

**Step 3:** The sub-recipient or contractor must maintain compliance. If at any time a recipient, sub-recipient or contractor fails to bring the contract into compliance, DCA, recipient, the sub-recipient, or contractor must withhold all future payments until the contract is in compliance or until other penalties have been levied as stated below.

DCA, the recipient, sub-recipient, or the contractor shall execute these remedies to achieve compliance in this order:

- A. Based on the first observation or report of non-compliance with Section 3, the recipient, sub-recipient or contractor will be sent an e-mail by the compliance manager notifying them of their non-compliance issue. The recipient, sub-recipient or contractor will have until the next payroll or 10 business days, whichever is less, to bring the contract into compliance and/or justify in writing why they cannot meet compliance requirements.
- B. DCA, the recipient, sub-recipient or contractor must render a response to the violating party within 10 business days of receipt of the violating party's letter of reason for non-compliance. If DCA, the recipient, sub-recipient, or the contractor deems the reason to be unacceptable, at its option, DCA, the recipient, sub-recipient, or the contractor can extend the response period one time for up to 5 business days to allow the violating party to identify and secure other compliance options.
- C. If the violating party fails to take any corrective action to bring the contract into compliance within the allotted time, or DCA, the recipient, sub-recipient, or the contractor rejects any of the corrective plans and justifications for non-compliance, DCA, the recipient, sub-recipient, or the contractor will either terminate the contract immediately or impose liquidated damages equal to \$100 a day for every day out of compliance. At DCA's determination, any liquidated damages received must be paid to the recipient, sub-recipient or DCA, at DCA's determination, and be used to promote economic opportunities for Section 3 Residents and Business Concerns.
- D. .

DCA, the recipient, sub-recipient, or the contractor will hold **all funds due to the violating party until such time that a financial workout is completed.**

***Additionally the violating party may be banned by DCA, the recipient, the sub-recipient, and the contractor on future HUD funded projects.***

**Appendix S:**  
Authorized Signature Card for  
Drawdown of CDBG-DR Funds

**Authorized Signature Card  
For Drawdown of CDBG-DR  
Funds**

Name of Recipient:	Award Number:
<p>CHECK ONE:</p> <p style="text-align: center;"><input type="checkbox"/> ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS</p> <p style="text-align: center;">or</p> <p style="text-align: center;"><input type="checkbox"/> ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN</p>	
<b>SIGNATURES OF INDIVIDUALS AUTHORIZED TO DRAW ON THE CITED LETTER OF CREDIT</b>	
Typed Name:  Job Title:  Signature:	Typed Name:  Job Title:  Signature:
Typed Name:  Job Title:  Signature:	Typed Name:  Job Title:  Signature:
I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:	
Typed Name:  Title:	
SIGNATURE OF Authorizing Official ( <i>Recipient</i> )	DATE

INSTRUCTIONS

An Authorized Signature Card must be signed by at least two signatories (one of which must be a local government employee) authorized to request payment of funds under the grant agreement. Check the box designating either one (1) or two (2) signatures as required. **(NOTE If the authorized official designates himself for drawdown, the two (2) signatures required box must be checked.)** The Authorizing Official should also sign the card (on the **SIGNATURE OF AUTHORIZING OFFICIAL** line) to certify that the individuals named are indeed authorized to request payment and that the signatures on the card are theirs. No erasures or corrections may appear on this form.

If the name of someone on this form changes, DCA must receive a corrected signature card with current information within 30 days for the signature to be valid.

Each drawdown form must have the signature of at least one authorized local government representative at the time of the draw.

**Appendix T:**  
CDBG-DR Award Package Checklist

DCA will only accept a complete award package. Please follow this checklist to ensure all forms are completed accurately.

**Within 30 Days of Award:**

- Carefully read and review ALL information received.**
- Execute the Subrecipient Agreement, paying close attention the General and Special Conditions noted within the document.**
  - All forms must be signed by the Chief Elected Official or Authorized Designee
  - Attest the signature and have legal counsel approve as to Form and Legal Sufficiency
- Complete the Authorized Signature Card (Instructions are noted on the bottom of the form)**
  - Be sure to select whether 1 or 2 signatures are required for drawdown requests
  - Provide up to 4 approvers with titles and signatures
  - Form must be signed by the Chief Elected Official ONLY
- Supplier (Vendor) Management Form (Rev. 3/25/21)**
  - Leave the State of Georgia Liaison Section blank
  - The State Accounting Office will CALL to verify the account. Carefully select who can verify the information and provide the contact information and availability of this person.
- Banking Letter**
  - Use the attached sample as a guide. Please use the exact wording.
  - Must be placed on bank letterhead and be signed by a bank official
  - Legal Business Name on the account must match the W-9 form
- W-9 Form (Rev. October 2018)**
  - Line 1 – Business Name must match the Bank Letter and the Supplier Management Form
  - Line 2 – Only if different from #1
  - Line 3 – Check the “Other” box and enter “City Government” or “County Government” whichever applies
  - Line 4 – Leave blank
  - Lines 5 & 6 – Enter complete address of City/County government
  - Line 7 – Leave Blank
  - Part I – Taxpayment Identification Number – Enter Employer Identification Number
  - Part II – Certification – Form should be signed by an Authorized Official for the local government and dated
- Retain one copy of the entire award package for the local grant file**
- Grant administrators should review the award package for accuracy. Incomplete forms or forms with errors will result in the award package being returned for changes.**
- Upload the original award package including all forms to eCivis Portal**

**Appendix U:**  
Sample Bank Letter

# BANK LETTERHEAD

## Exhibit A Sample Bank Letter

Date: (Date of Vendor Visit)

TO WHOM IT MAY CONCERN:

Please accept this letter as confirmation for the following account in order to direct electronic payments such as wires and ACH's into the account as necessary. This is a non-interest bearing bank account and will contain only CDBG-MIT grant funds.

Account Number:

ABA/Routing Number:

Legal Business Name on Account:

Address:

Please let me know if you have any further questions or require any additional information.

Sincerely,

Name  
Contact information

**Appendix V:**  
Vendor Management Form



# SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

## SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

**CHECK ONE AND ENTER ID NUMBER**

<input type="checkbox"/>	Newly Assigned Supplier ID																		
<input type="checkbox"/>	Existing TeamWorks Supplier ID																		

### SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Loc#	
<input type="checkbox"/>	Change Address - #	
<input type="checkbox"/>	Classification Change	
<input type="checkbox"/>	HCM Vendor	
<input type="checkbox"/>	Statewide Contract ( <b>DOAS Use Only</b> )	
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: \_\_\_\_\_  
 SUPPLIER NAME: \_\_\_\_\_  
 PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DL STATE: \_\_\_\_\_  
 PRIMARY#: \_\_\_\_\_ EXT: \_\_\_\_\_ SECONDARY#: \_\_\_\_\_ EXT: \_\_\_\_\_  
 LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)      LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)  
 CONTACT EMAIL: \_\_\_\_\_

## SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # 

--	--	--	--	--	--	--	--	--	--

 ACCOUNT # 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.  
 Check here if this account can only be used for SPECIFIC purpose. \_\_\_\_\_  
Describe specific purpose

### ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: \_\_\_\_\_  
 PYMT REMIT EMAIL: \_\_\_\_\_

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer \_\_\_\_\_ Signature of Company Officer \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.**

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)									
<input type="checkbox"/>	Reactivate Supplier Profile									
<input type="checkbox"/>	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 3)									
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 3)									
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)									
<input type="checkbox"/>	Supplier (Business) Name Change									
<input type="checkbox"/>	Add <u>Additional</u> Business Address									
<input type="checkbox"/>	Change <u>Existing</u> Business Address									
<input type="checkbox"/>	Other (Provide Details in Section 6)									

**SECTION 5 – TYPE OF BUSINESS (Check All That Apply)**

**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

- \*Small Business
- GA Resident Business
- Women Owned
- Minority Business Certified

**MINORITY BUSINESS ENTERPRISE (51% Owned):**

- Hispanic – Latino
- Asian American
- African American
- Pacific Islander
- Native American
- Not Applicable

\*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

**SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)**

**Appendix W:**  
W-9 Tax Form  
:



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Appendix X:**  
Disclosure Report Form



If this is an Updated Report:

- 1) Check this box,   
2) Provide Recipient:

Name: \_\_\_\_\_

Grant #: \_\_\_\_\_

- 3) Certifying Official must sign below.

**PART III – Other Government Assistance Applied For and/or Provided**

Provide the information below for any other federal, state or local governmental assistance on-hand or applied for, that will be used in conjunction with the CDBG-MIT grant.

Name of Agency Providing or to Provide Assistance	Program Name	Type of Assistance	Amount Requested or Provided

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Typed or Printed Name and Title)

If this is an Updated Report:

1) Check this box,

2) Provide Recipient:

Name: \_\_\_\_\_

Grant #: \_\_\_\_\_

3) Certifying Official must sign below.

**PART IV – Interested Parties**

List of all persons or entities with a reportable financial interest in the project (See instructions)	Social Security # or Employer ID #	Type of Participation	Financial Interest (Amount and Percent of Total Project Cost)

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Typed or Printed Name and Title)

If this is an Updated Report:

- 1) Check this box,   
2) Provide Recipient:

Name: \_\_\_\_\_

Grant #: \_\_\_\_\_

- 3) Certifying Official must sign below.

### Part V – Expected Sources and Uses of All Funds

This Part requires that you identify the sources and uses of all assistance for the project, including CDBG-MIT, CDBG, CHIP and/or any other funds that may or will be used for the Project.

Source	Use

### Part VI – CERTIFICATION

I hereby certify that the information provided in the Disclosure Report is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil monetary penalty not to exceed \$10,000 for each violation.

\_\_\_\_\_  
(Signature of Certifying Official)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Typed or Printed Name and Title)

**Appendix Y:**  
Environmental Assessment Form



**U.S. Department of Housing and Urban  
Development**

451 Seventh Street, SW  
Washington, DC 20410  
[www.hud.gov](http://www.hud.gov)  
[espanol.hud.gov](http://espanol.hud.gov)

# **Environmental Assessment Determinations and Compliance Findings for HUD-assisted Projects 24 CFR Part 58**

## **Project Information**

**Project Name:**

**Responsible Entity:**

**Grant Recipient** (if different than Responsible Entity):

**State/Local Identifier:**

**Preparer:**

**Certifying Officer Name and Title:**

**Grant Recipient** (if different than Responsible Entity):

**Consultant** (if applicable):

**Direct Comments to:**

**Project Location:**

**Description of the Proposed Project** [24 CFR 50.12 & 58.32; 40 CFR 1508.25]:

**Statement of Purpose and Need for the Proposal** [40 CFR 1508.9(b)]:

**Existing Conditions and Trends** [24 CFR 58.40(a)]:

**Funding Information**

<b>Grant Number</b>	<b>HUD Program</b>	<b>Funding Amount</b>

**Estimated Total HUD Funded Amount:**

**Estimated Total Project Cost** (HUD and non-HUD funds) [24 CFR 58.32(d)]:

**Compliance with 24 CFR 50.4, 58.5, and 58.6 Laws and Authorities**

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

<b>Compliance Factors:</b> Statutes, Executive Orders, and Regulations listed at 24	Are formal compliance steps or	Compliance determinations
---	--------------------------------------	---------------------------

CFR §58.5 and §58.6	mitigation required?	
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR 50.4 and 58.6</b>		
<b>Airport Hazards</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
24 CFR Part 51 Subpart D		
<b>Coastal Barrier Resources</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]		
<b>Flood Insurance</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]		
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR 50.4 &amp; 58.5</b>		
<b>Clean Air</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Clean Air Act, as amended, particularly section 176(c) & (d); 40 CFR Parts 6, 51, 93		
<b>Coastal Zone Management</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Coastal Zone Management Act, sections 307(c) & (d)		
<b>Contamination and Toxic Substances</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
24 CFR Part 50.3(i) & 58.5(i)(2)		
<b>Endangered Species</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Endangered Species Act of 1973, particularly section 7; 50 CFR Part 402		
<b>Explosive and Flammable Hazards</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
24 CFR Part 51 Subpart C		

<b>Farmlands Protection</b> Farmland Protection Policy Act of 1981, particularly sections 1504(b) and 1541; 7 CFR Part 658	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Floodplain Management</b> Executive Order 11988, particularly section 2(a); 24 CFR Part 55	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Historic Preservation</b> National Historic Preservation Act of 1966, particularly sections 106 and 110; 36 CFR Part 800	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Noise Abatement and Control</b> Noise Control Act of 1972, as amended by the Quiet Communities Act of 1978; 24 CFR Part 51 Subpart B	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Sole Source Aquifers</b> Safe Drinking Water Act of 1974, as amended, particularly section 1424(e); 40 CFR Part 149	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Wetlands Protection</b> Executive Order 11990, particularly sections 2 and 5	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Wild and Scenic Rivers</b> Wild and Scenic Rivers Act of 1968, particularly section 7(b) and (c)	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>ENVIRONMENTAL JUSTICE</b>		
<b>Environmental Justice</b> Executive Order 12898	Yes No <input type="checkbox"/> <input type="checkbox"/>	

**Environmental Assessment Factors** [24 CFR 58.40; Ref. 40 CFR 1508.8 &1508.27] Recorded below is the qualitative and quantitative significance of the effects of the proposal on the character, features and resources of the project area. Each factor has been evaluated and documented, as appropriate and in proportion to its relevance to the proposed action. Verifiable source documentation has been provided and described in support of each determination, as appropriate. Credible, traceable and

supportive source documentation for each authority has been provided. Where applicable, the necessary reviews or consultations have been completed and applicable permits of approvals have been obtained or noted. Citations, dates/names/titles of contacts, and page references are clear. Additional documentation is attached, as appropriate. **All conditions, attenuation or mitigation measures have been clearly identified.**

**Impact Codes:** Use an impact code from the following list to make the determination of impact for each factor.

- (1) Minor beneficial impact
- (2) No impact anticipated
- (3) Minor Adverse Impact – May require mitigation
- (4) Significant or potentially significant impact requiring avoidance or modification which may require an Environmental Impact Statement

Environmental Assessment Factor	Impact Code	Impact Evaluation
<b>LAND DEVELOPMENT</b>		
Conformance with Plans / Compatible Land Use and Zoning / Scale and Urban Design		
Soil Suitability/ Slope/ Erosion/ Drainage/ Storm Water Runoff		
Hazards and Nuisances including Site Safety and Noise		
Energy Consumption		

Environmental Assessment Factor	Impact Code	Impact Evaluation
<b>SOCIOECONOMIC</b>		
Employment and Income Patterns		
Demographic Character Changes, Displacement		

Environmental Assessment Factor	Impact Code	Impact Evaluation
<b>COMMUNITY FACILITIES AND SERVICES</b>		
Educational and		

Cultural Facilities		
Commercial Facilities		
Health Care and Social Services		
Solid Waste Disposal / Recycling		
Waste Water / Sanitary Sewers		
Water Supply		
Public Safety - Police, Fire and Emergency Medical		
Parks, Open Space and Recreation		
Transportation and Accessibility		

Environmental Assessment Factor	Impact Code	Impact Evaluation
<b>NATURAL FEATURES</b>		
Unique Natural Features, Water Resources		
Vegetation, Wildlife		
Other Factors		

**Additional Studies Performed:**

**Field Inspection** (Date and completed by):

**List of Sources, Agencies and Persons Consulted** [40 CFR 1508.9(b)]:

**List of Permits Obtained:**

**Public Outreach** [24 CFR 50.23 & 58.43]:

**Cumulative Impact Analysis** [24 CFR 58.32]:

**Alternatives** [24 CFR 58.40(e); 40 CFR 1508.9]

**No Action Alternative** [24 CFR 58.40(e)]:

**Summary of Findings and Conclusions:**

**Mitigation Measures and Conditions** [40 CFR 1505.2(c)]

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

**Determination:**

**Finding of No Significant Impact** [24 CFR 58.40(g)(1); 40 CFR 1508.27]  
 The project will not result in a significant impact on the quality of the human environment.

**Finding of Significant Impact** [24 CFR 58.40(g)(2); 40 CFR 1508.27]  
 The project may significantly affect the quality of the human environment.

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title/Organization: \_\_\_\_\_

\_\_\_\_\_  
 Certifying Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

**Appendix Z:**  
Cash Match Verification/Leverage Form

# Cash Match Verification/Leverage Assessment

Recipient: \_\_\_\_\_

Grant No: \_\_\_\_\_

Match Amount Required: \_\_\_\_\_

Match Amount Verified: \_\_\_\_\_

Leverage Required: \_\_\_\_\_

Leverage Contributed to Date: \_\_\_\_\_

Date Match/Leverage Reviewed: \_\_\_\_\_

How Verified/Assessed: \_\_\_\_\_

Recommendation for Final Draw:                      Yes                      No

Assessment of Status of Leverage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Program Representative

Route to: (1) Grants Consultant; (2) Grant file

Instructions: This form is to be prepared prior to a grantee's final draw request. It is to be used to **verify** the required cash match and to **assess** the status of committed leverage funds. Leverage can be assessed by reviewing leverage funds contributed to date and estimating leverage funds to be contributed based on contracts, project schedules, and type of grantee in-kind contributions. Final **verification** of leverage must be done at the closeout site visit. Under "Assessment of Status of Leverage" above, please indicate whether meeting anticipated leverage requirements is expected to be an issue for the grantee.

**Appendix AA:**  
Notice of Early Public Review

**Early Notice and Public Review of a Proposed  
Activity in a [100-Year/500-year Floodplain or Wetland]**

**[Note: May also be combined with other notices such as state floodplain or wetland notices so long as it contains the required information]**

To: All interested Agencies **[include all Federal, State, and Local]**, Groups and Individuals

This is to give notice that **[HUD under part 50 or Responsible Entity under Part 58]** has determined that the following proposed action under **[Program Name]** and **[HUD grant or contract number]** is located in the **[100-year/500-year floodplain/wetland]**, and **[HUD or the Responsible Entity]** will be identifying and evaluating practicable alternatives to locating the action in the **[floodplain/wetland]** and the potential impacts on the **[floodplain/wetland]** from the proposed action, as required by **[Executive Order 11988 and/or 11990]**, in accordance with HUD regulations at 24 CFR 55.20 Subpart C Procedures for Making Determinations on Floodplain Management and Protection of Wetlands. **[Describe the activity, e.g. purpose, type of assistance, the size of the site, proposed number of units, size of footprint, type of floodplain/wetland, natural and beneficial values potentially adversely affected by the activity]. [State the total number of acres of floodplains/wetland].** The proposed project(s) is located **[at addresses]** in **[Name of City]**, **[Name of County]**.

There are three primary purposes for this notice. First, people who may be affected by activities in **[floodplains/wetlands]** and those who have an interest in the protection of the natural environment should be given an opportunity to express their concerns and provide information about these areas. Commenters are encouraged to offer alternative sites outside of the **[floodplain/wetland]**, alternative methods to serve the same project purpose, and methods to minimize and mitigate impacts. Second, an adequate public notice program can be an important public educational tool. The dissemination of information and request for public comment about **[floodplains/wetlands]** can facilitate and enhance Federal efforts to reduce the risks and impacts associated with the occupancy and modification of these special areas. Third, as a matter of fairness, when the Federal government determines it will participate in actions taking place in **[floodplains/wetlands]**, it must inform those who may be put at greater or continued risk.

Written comments must be received by **[HUD or Responsible Entity]** at the following address on or before **[month, day, year]** **[a minimum 15 calendar day comment period will begin the day after the publication and end on the 16<sup>th</sup> day after the publication]:** **[HUD or Responsible Entity]**, **[Address]** and **[phone number]**, Attention: **[Name of Certifying Officer or designee]**, **[Title]**. A full description of the project may also be reviewed from **[enter available office hours]** at **[address or state address is same as above]** and **[web address if available]**. Comments may also be submitted via email at **[email address]**.

**Date:**

**Appendix AB:**  
Notice of Explanation

## **Final Notice and Public Explanation of a Proposed Activity in a [100-Year/500-year Floodplain or Wetland]**

To: All interested Agencies **[include all Federal, State, and Local]**, Groups and Individuals

This is to give notice that the **[HUD under part 50 or Responsible Entity under Part 58]** has conducted an evaluation as required by **[Executive Order 11988 and/or 11990]**, in accordance with HUD regulations at 24 CFR 55.20 Subpart C Procedures for Making Determinations on Floodplain Management and Wetlands Protection. The activity is funded under the **[Program Name]** under **[HUD grant or contract number]**. The proposed project(s) is located **[at addresses]** in **[Name of City]**, **[Name of County]**. **[Describe the activity, e.g. purpose, type of assistance, the size of the site, proposed number of units, size of footprint, type of floodplain/wetland, natural values]. [State the total number of acres of floodplains/wetland involved].**

**[HUD or Responsible Entity]** has considered the following alternatives and mitigation measures to be taken to minimize adverse impacts and to restore and preserve natural and beneficial values: **[List (i) ALL of the reasons why the action must take place in a floodplain/wetland, (ii) alternatives considered and reasons for non-selection, (iii) all mitigation measures to be taken to minimize adverse impacts and to restore and preserve natural and beneficial values] [Cite the date of any final or conditional LOMR's or LOMA's from FEMA where applicable] [Acknowledge compliance with state and local floodplain/wetland protection procedures]**

**[HUD or Responsible Entity]** has reevaluated the alternatives to building in the **[floodplain/wetland]** and has determined that it has no practicable alternative. Environmental files that document compliance with steps 3 through 6 of **[Executive Order 11988 and/or 11990]**, are available for public inspection, review and copying upon request at the times and location delineated in the last paragraph of this notice for receipt of comments.

There are three primary purposes for this notice. First, people who may be affected by activities in **[floodplains/wetlands]** and those who have an interest in the protection of the natural environment should be given an opportunity to express their concerns and provide information about these areas. Second, an adequate public notice program can be an important public educational tool. The dissemination of information and request for public comment about **[floodplains/wetlands]** can facilitate and enhance Federal efforts to reduce the risks and impacts associated with the occupancy and modification of these special areas. Third, as a matter of fairness, when the Federal government determines it will participate in actions taking place in **[floodplains/wetlands]**, it must inform those who may be put at greater or continued risk.

Written comments must be received by the **[HUD or Responsible Entity]** at the following address on or before **[month, day, year] [a minimum 7 calendar day comment period will begin the day after the publication and end on the 8<sup>th</sup> day after the publication]: [Name of Administrator], [Address] and [phone number]**, Attention: **[Name of Certifying Officer or designee], [Title]**. A full description of the project may also be reviewed from **[enter available office hours]** at **[address or state address is same as above] and [web address if available]**. Comments may also be submitted via email at **[email address]**.

**Date:**

**Appendix AC:**  
Request for 10 Day Wage Rate Check

**REQUEST for 10 DAY WAGE RATE CHECK**  
(Prior to Bid Opening for Wage Determination)

CDBG Recipient Name \_\_\_\_\_

Requested by \_\_\_\_\_

CDBG Grant # \_\_\_\_\_

Email Address \_\_\_\_\_

Current Wage Rate \_\_\_\_\_

Wage Classification \_\_\_\_\_

County Location of Project \_\_\_\_\_

Bid Date \_\_\_\_\_

---

(To Be Completed by DCA)

Most Recent Wage Rate Available \_\_\_\_\_

Date of Publication \_\_\_\_\_

Date Decision Mailed \_\_\_\_\_

Approving DCA Representative \_\_\_\_\_

**Appendix AD::**  
Clearance of Prime Contractor

Georgia Department of Community Affairs  
Office of Community Development  
60 Executive Park South, NE  
Atlanta, Georgia 30329-2231

**Request for Clearance of Prime Contractor**

\_\_\_\_\_

CDBG Recipient

\_\_\_\_\_

Grant Number

\_\_\_\_\_

Name

\_\_\_\_\_

Title (Mayor/Commissioner)

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

<i>Type of Work</i>	<i>Contractor Name and Address</i>	<i>Start Date</i>

Submitted by:

Cleared by DCA Staff:

\_\_\_\_\_

Signature and Date

\_\_\_\_\_

Signature and Date

*CC Form To:*

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

E-Mail Address

**Appendix AE:**  
Notice of Contract Action

**NOTICE OF CONTRACT ACTION, PRIME CONTRACTORS**  
*Community Development Block Grant*

**REPORT #** \_\_\_\_\_

**Attach itemized bid tabulation**

Contract(s) No: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grantee: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

**RETURN TO:**  
 CDBG Administrative Secretary  
 GA. Dept. of Community Affairs  
 60 Executive Park South, NE  
 Atlanta, Georgia 30329-2231

	Contract 1	Contract 2	Contract 3
1. Activity Number			
2. Architect/Engineer Name			
3. Description of Work			
4. Wage Dec.# / Mod. #			
5. Bid Date			
6. Date of Contract Execution			
7. Contract Amount			
8. Contractor			
Contractor Address			
Contractor Address			
9. Construction Start Date			
10. Estimated Completion Date			

**INSTRUCTIONS:**

- Complete this form each time a contract is executed. This also applies to multiple contracts.  
 Form should be submitted within 7 days of contract execution.
- Include appropriate information for all contracts each time form is submitted.
- Number reports beginning with #1. Mark last report "Final".
- Submit "Request for Clearance of Prime Contractor" separately.
- Certified bid tabulation must be attached.**

**Appendix AF:**  
Final Wage Compliance Report

**FINAL WAGE COMPLIANCE REPORT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

CDBG Recipient: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

1. While you or your representative were reviewing the contractor's and subcontractor's weekly payroll submissions, were any laborers or mechanics paid less than the prevailing wage rate as specified in the Secretary of Labor's official Wage Rate Determination that applied to this project (Check one Answer)?

Yes, or No.

2. If yes, provide the following information:

a) Total amount of wage restitution paid (difference between what was first paid and what was required to be paid by Wage Rate:

\$ \_\_\_\_\_

b) Method of restitution (check one):

Paid by contractor, or

Paid by CDBG Recipient government with funds withheld from payments to contractor.

Name of Contractor or Subcontractor	Name of Affected Employee	Amount of Restitution Paid to Employee	Nature of the Violation Requiring Restitution

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix AG:**  
Sample Hearing Notices

**SAMPLE PUBLIC HEARING NOTICE  
COMMUNITY DEVELOPMENT BLOCK GRANT  
PROGRAM**

(Post Award Hearing)

The (City or County) of (name of City or County) will hold a PUBLIC HEARING on (Date/Time/Location) for the purpose of discussing the approved activities of the City's/County's Community Development Block Grant. On (date) the City/County was awarded a grant in the amount of \$                     to perform (list of activities) in the following location(s)                    .

The items to be discussed at the hearing include:

- The amount of funds received and a description of the activities
- The amount of funds available each activity and the amount of funds that will benefit low-and- moderate-income persons
- The plan, if applicable, to minimize or prevent displacement of persons and the plan to assist persons whom may be displaced
- Fair Housing laws and the City's/County's plan to further Fair Housing

The Public is invited to this Hearing to become informed of the project activities.

The (City or County) of (name of City of County) is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless of race, color, national origin, religion, sex, familial status, disability or age. For a reasonable accommodation please contact (                    ) at (phone number) or email                     .

If you need an alternative format or language, please contact (                    ) at (phone number) or email                     .

Persons with hearing disabilities can contact us at our TDD number (AC+ number). [Applicants who do not have a TDD phone may consider using the Georgia Relay Service, at (TDD) 1-800-255-0056 or 1-800- 255-0135 (Voice).]

The applicant must maintain detailed minutes of this hearing, a "tear sheet" or affidavit pertaining to the public notice and documentation as to whether or not meeting "special needs" was required and, if applicable, addressed.

**SAMPLE PUBLIC HEARING NOTICE COMMUNITY DEVELOPMENT  
BLOCK GRANT PROGRAM**  
(Project Completion Hearing)

The (City of County) of (name of City or County) has completed its FY XXXX Community Development Block Grant Project. The following activities were completed.

(List accomplishments, benefit numbers, etc.)

The (City or County) of (name of City or County) will hold a PUBLIC HEARING on (Date/Time/Location) for the purpose of discussing the completed activities and receiving citizen comments. All citizens are invited to attend this Hearing.

A copy of the Final Quarterly Report is now available at (LOCATION) for review. Any person desiring to comment on the performance of the project may write to the City/County at (ADDRESS).

The (City or County) of (name of City or County) is committed to providing all persons with equal access to its services, programs, activities; education and employment regardless of race, color, national origin, religion, sex, familial status, disability or age. For a reasonable accommodation please contact (\_\_\_\_\_) at: (phone number) or email \_\_\_\_\_. If you need an alternative format or language, please contact (\_\_\_\_\_) at: (phone number) or email\_\_\_\_\_.

Persons with hearing disabilities can contact us at our TDD number (AC+ number). [Applicants who do not have a TDD phone may consider using the Georgia Relay Service, at (TDD) 1-800-255-0056 or 1-800- 255-0135 (Voice).]

The applicant must maintain detailed minutes of this hearing, a "tear sheet" or affidavit pertaining to the public notice and documentation as to whether or not meeting "special needs" was required and, if applicable, addressed.

**Appendix AH:**  
Personnel Activity Report







**Appendix A1:**  
Project Cost Schedule



**Appendix AJ:**  
Source and Application of Funds  
Schedule

# **SAMPLE**

## SOURCE and APPLICATION OF FUNDS SCHEDULE

### Community Development Block Grant

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Recipient Name

---

Grant Number

For the Period Ending: \_\_\_\_\_

(Cumulative)

- I. Total Fiscal Year \_\_\_ CDBG Funds Awarded to Recipient: \_\_\_\_\_
- II. Total Amount Drawdown by Recipient from DCA: \_\_\_\_\_
- III. Less CDBG Funds Expended by Recipient: \_\_\_\_\_
- IV. Amount of Fiscal Year \_\_\_\_\_ CDBG Funds held by Recipient: \_\_\_\_\_