



WELCOME TO THE  
2024 COMMUNITY  
BLOCK GRANT SUMMIT

  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

2024 CDBG

Grant Award and Financial  
Management

October 7, 2024

Cindi Bernhardt

**Welcome**

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Audience Interaction

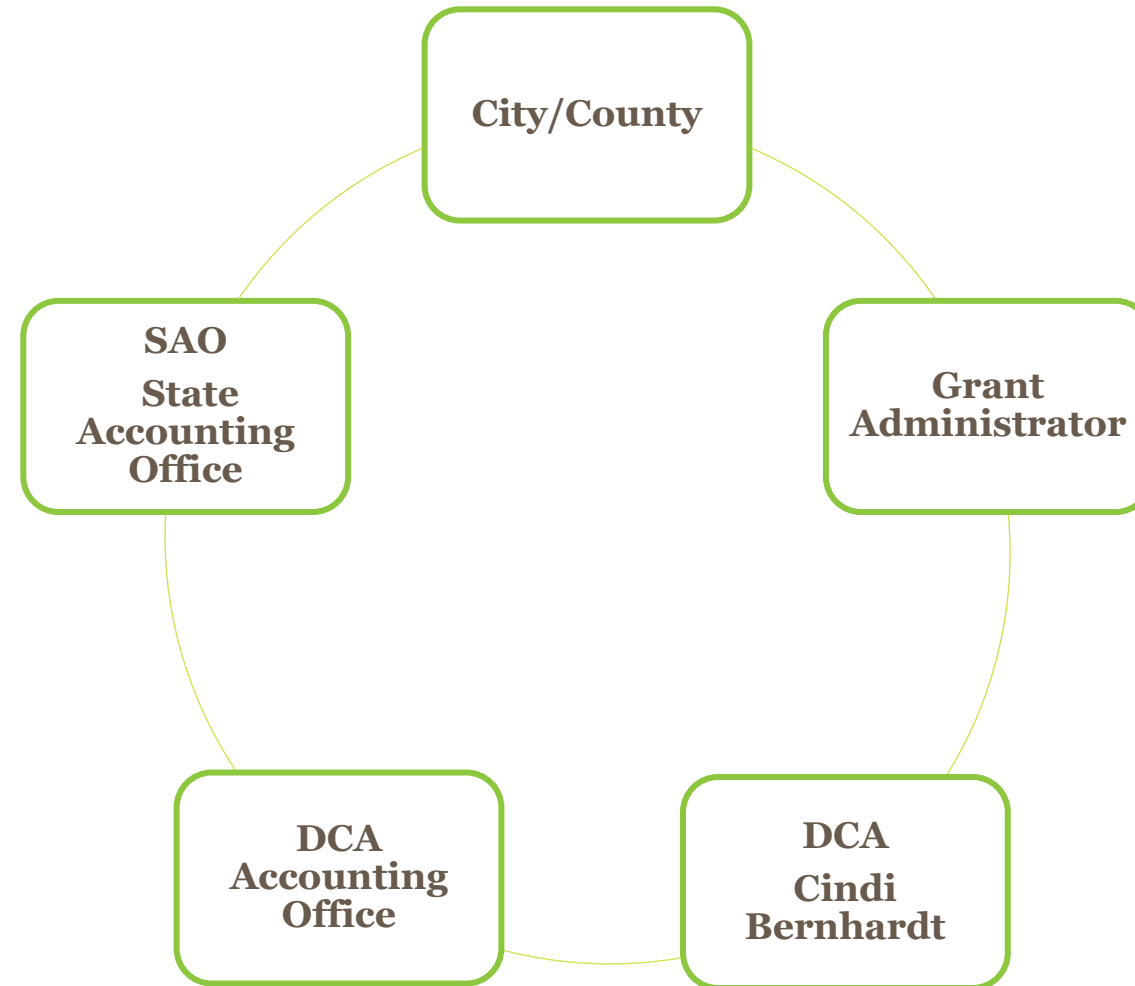
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Hope you enjoy the  
presentation

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Thank you for  
attending!!

# Communication is Key



# GRANT AWARD PACKAGE

1. Statement of CDBG Award
2. Budget Summary
3. General & Special Conditions
4. Statement of Revisions
5. Authorized Signature Card
6. Supplier Change Request Form (SCR)
7. Banking Letter
8. Drawdown Form
9. Form W-9

(Chapter 1)



# 2 PARTS OF THE AWARD PACKAGE

## **Part 1 (return in eCivis)**

- Statement of Award
- General and Special Conditions
- Statement of Revisions (if needed)

## **Part 2 (return by email to [CDBG.Biz@dca.ga.gov](mailto:CDBG.Biz@dca.ga.gov))**

- Supplier Change Request Form
- Bank Letter
- W-9 Form
- Signature Card

# 1. STATEMENT OF CDBG AWARD

- Your CONTRACT with DCA
- Your unique GRANT #. Include GRANT # on ALL forms & correspondence to DCA
- GRANT PERIOD: An Important Timeline to Keep

Sign & Return to DCA.  
KEEP A COPY FOR YOUR FILES.

# 1a. Statement of Award

Signature Required of the Chief  
Elected Official

```
graph TD; A[Signature Required of the Chief Elected Official] --> B[Unless appointed otherwise in meeting minutes or in a Resolution]; B --> C[Include a copy of the meeting minutes or a Resolution that applies with award package];
```

Unless appointed otherwise  
in meeting minutes or in a  
Resolution

Include a copy of the meeting  
minutes or a Resolution that  
applies with award package



## 2. BUDGET SUMMARY

- Your Official Budget
- Use THIS budget (not application's) to create your ledger, accounting records
- Local match/leverage is listed at bottom; keep documentation of it – *it will be monitored*
- DO NOT SIGN & RETURN this form with the award package

## 3a. GENERAL CONDITIONS

- For ALL CDBG awards
- Includes standard, mandatory CDBG compliance responsibilities (Environmental, Section 3, Conflict of Interest, BABA, etc.)
- Must be signed & returned in award package

## 3b. SPECIAL CONDITIONS

- Specific to each CDBG Award
- Elected Official's Signature = "I agree to clear these conditions ASAP." (See General Conditions)
- Not cleared until you receive a "Grant Adjustment Notice" (no clearance, no \$\$\$)
- Must be signed & returned in award package

# 4. STATEMENT OF REVISIONS

- Your Statement of Award might say, “This award is subject to revisions” →
- Changes to proposal were made (usually budget, but some project scope changes for 2024)
- Review thoroughly, sign & return with award package



# 5. AUTHORIZED SIGNATURE CARD

Local authorization to  
sign & submit draws

Gives option of 1 or 2  
signatures on draws

At least one local  
government signature is  
required  
(employee or official)

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

Name of Recipient: <input type="text"/>	Award Number: <input type="text"/>
--	---------------------------------------

CHECK ONE:

ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS  
 or  
 ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

**SIGNATURES OF INDIVIDUALS AUTHORIZED  
TO DRAW ON THE CITED LETTER OF CREDIT**

Typed Name: <input type="text"/>	Typed Name: <input type="text"/>
Job Title: <input type="text"/>	Job Title: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>

Typed Name: <input type="text"/>	Typed Name: <input type="text"/>
Job Title: <input type="text"/>	Job Title: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>

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.

## YOUR CDBG BANK ACCOUNT

- Separate, non-interest bearing bank account for each CDBG award
- Account is for CDBG \$\$\$ ONLY (no match or any other project funds!!!!!!!!!!)

### Tips:

1. Check with bank for minimum balance; if local \$ is used to open, it can be reimbursed later
2. CDBG will not pay insufficient fund charges
3. CDBG funds-on-hand for over three-business days should be limited to \$5,000 or less. If more than \$5,000....you must send it back to DCA.

## 6. SUPPLIER CHANGE FORM (SCR)

- Draw-Down funds deposited electronically to your CDBG bank account
- Must be signed & returned with award package
- Attach an approved Bank Letter



# NEW SUPPLIER CHANGE FORM



## SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

 NEW

 EXISTING

SUPPLIER ID NUMBER : Agency Use Only

### SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name:

Doing Business As (dba): if applicable

#### SUPPLIER ADDRESS

Address 1:

Address 2:

City:

State:  Postal Code:

Contact Email:

Primary Phone #:  Ext:  Secondary Phone #:  Ext:

Landline  Cell Used for Identity Verification  Landline  Cell Used for Identity Verification

Driver's License #: For individuals only  DL State:

### SECTION 2: BANK ACCOUNT INFORMATION

Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.

I do not wish to provide banking information and understand all payments made to me will be via check.

Replace Remittance Address at Loc #  With Addr ID #

Replace Invoicing Address at Loc #  With Addr ID #

Add New Bank Account  Change Bank Account Enter Loc #  Agency Liaisons are required to complete items on this line for bank changes

ROUTING #           NEW ACCOUNT #

Last Four Digits of Previous Bank Account # For changes only

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 a SPECIFIC PURPOSE   
DESCRIBE SPECIFIC PURPOSE

#### ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS 1:

PAYMENT REMIT EMAIL ADDRESS 2:

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 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

- BUSINESS CERTIFICATIONS
- GA Small Business\*  Women Owned
- GA Resident Business\*\*  Minority Business Certified
- Not Applicable  Prefer Not to Disclose

- MINORITY BUSINESS ENTERPRISE (51% ownership)
- Hispanic – Latino  African American
- Native American  Asian American
- Pacific Islander  Not Applicable
- Prefer Not to Disclose

\*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.  
\*\*Georgia resident business is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

### VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)

- Nonveteran-owned Small Business  Veteran-owned Small Business  Service Disabled VOSB  Prefer Not to Disclose

### SECTION 4: REQUESTED CHANGE(S) – (Check ALL That Apply)

- FEI/TIN Change (Cannot change if supplier is 1099 applicable)
- Business Name Change
- 1099 Eligible Cannot change to non-eligible if supplier is already 1099 eligible
- 1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099
- 1099 – M Enter Code (Required for Form 1099 – M)
- 1099 – N Code 01 (01 is the only code available for the 1099 – NEC)
- Reactivate Supplier Profile
- Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)
- Add Additional Business Address (Enter additional address in Section 1)
- Change Existing Business Address Enter Addr ID # to change:  (Agency Liaisons are required to enter Addr ID # to change)
- Change/Add Payment Alt Name to an existing address (if payable to a different name).
- Payment Alt Name:
- Classification Change: (Agency Liaisons are required to check one for Classification Changes.)
- Attorney  HCM  Student  Supplier Non-minority
- Gov Non-State of GA  Non-Supplier  Supplier Minority
- Statewide Contract (DOAS Use Only)
- HCM Vendor
- Other (Provided details in the Comments section below)
- Comments

### AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

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

AGENCY LIAISON NAME

AGENCY LIAISON SIGNATURE

DATE

B/U#

Revised 12/2023

# 7. BANKING 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 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

**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p> <p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any)</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)</p> <p align="center"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# Common Award Package Issues

## *Supplier Change Request Form – Correct Way*

- Section 1 - Complete Address 1, if adding an Address 2, that must be done on a separate SCR form. No need to complete the Drivers License and DL State.
- Section 2 –Complete - Content must match W-9 and the Banking Letter
- Section 3 – Mark Not Applicable for both Business and Minority sections
- Section 4 – Only use Comments section - enter the contact name, phone number and days of the week/hours available

# Common Award Package Issues

## *Banking Letter – Correct Way*

- All content must match Supplier Change Form and W-9
- Use DCA sample letter
- Need: Account #

Routing #

Business Name on Account

Business Address

Signed and Dated

# Common Award Package Issues

## *W-9 – Correct Way*

- Lines 1-7 Business Name and address – must match Supplier Change Form and Bank Letter
- Part I - EIN# must be accurate and must match Supplier Change Form
- Part II – Must be signed and dated

# IMPORTANT REMINDERS

- Keep copies of your entire award package
- Sign & Return Award Package within 30 days of award, November 8, 2024
- Remember: No Signed Award Package = No \$\$\$



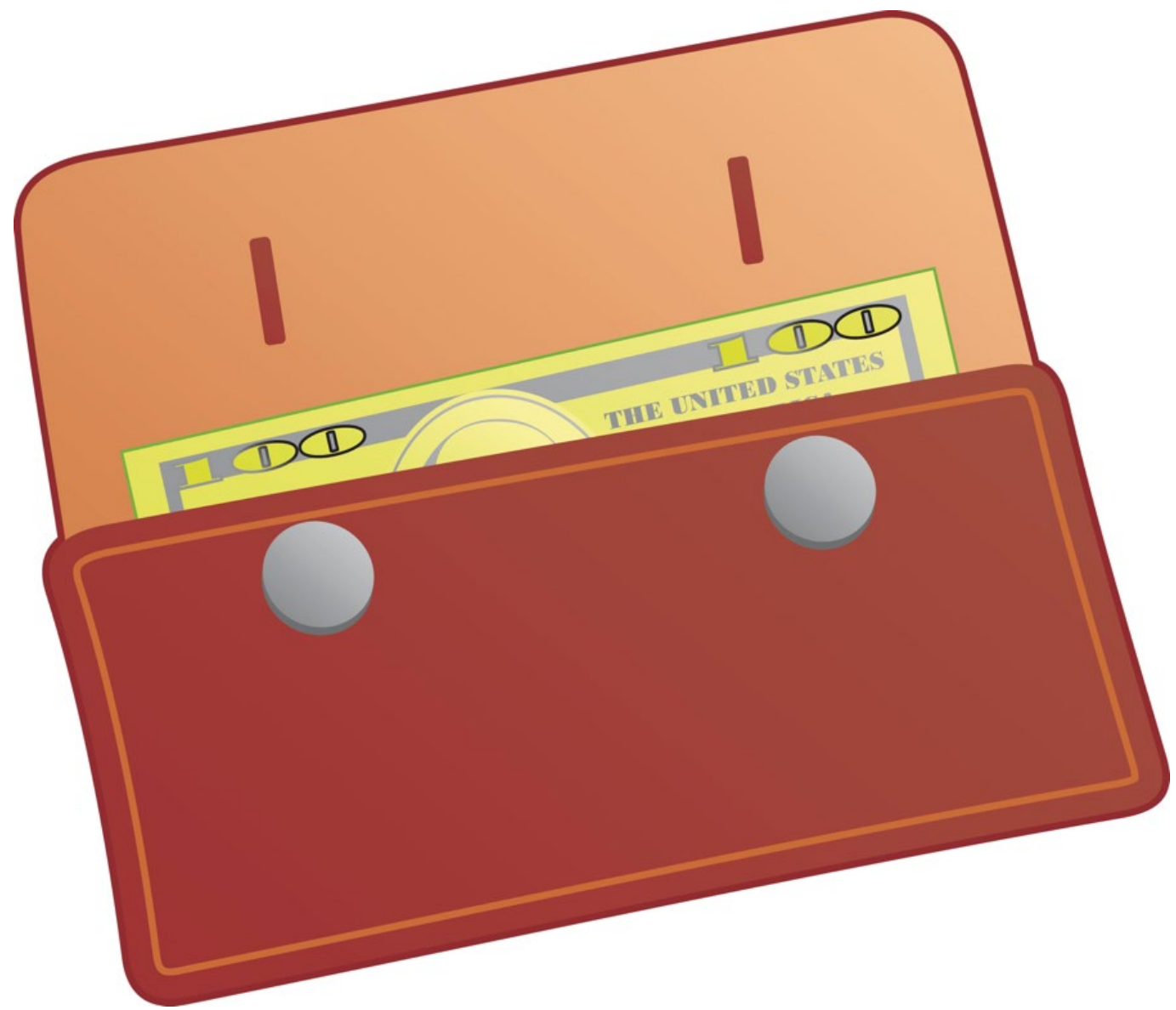
# Knowledge Check #1

*How important is the award Package?*

- A. Send even though it's incomplete
- B. Not important at all
- C. Very important – return within 30 days



# FINANCIAL MANAGEMENT



# FINANCIAL MANAGEMENT

“...financial records should be established & maintained in such a manner as to facilitate the reporting and monitoring of expenditures and obligations by activity.”

--Ch. 3, *Financial Management & Administration*

Bottom Line:

- You need a good ledger and financial filing system for your project – please review Chapter 3 carefully.
- You will be monitored for Financial Management

# YOU CANNOT DRAW DOWN FUNDS UNTIL YOU...

- Complete and submit grant award package to DCA
- Clear your special conditions through GAN's
- Receive DCA environmental clearance for non-exempt activities
- ...are caught up on Quarterly Reports
- Verify required cash match/leverage (for final draw down)



# 8. DRAWDOWN FORM

**Reset All** Georgia Department of Community Affairs Request for Drawdown of CDBG Funds **Save Data**

1. Recipient Name: \_\_\_\_\_ 2. Grant Number: \_\_\_\_\_  
 Name and telephone number of the person to contact. Drawdown Request Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Final Drawdown? (type an X in the appropriate box)  
 Yes (Click to Refresh) **Reset Draw**

**3. Drawdown Information**

A. Activity Number	B. Budget Amount	C. Budget Adjustments	D. Budget Revised	E. Amount Drawn To Date	F. Budget Balance Prior to this Draw	G. Amount of Drawdown Requested	H. Budget Balance After this Draw
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
<b>TOTAL</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(Click to Refresh)

4. If any of the amounts in Column H will exceed remaining funds available, please designate the activity number from which you want funds transferred \_\_\_\_\_.

5. Please indicate the amount of Program Income (PI) received since the date of your last drawdown: \$ \_\_\_\_\_. Leaving this blank certifies that no Program Income has been received. Please indicate the total cash on hand (including PI) in your CDBG account as of the date of this drawdown: \$ \_\_\_\_\_.

6. I hereby certify that the data above is correct, that this request is in accordance with the terms and Conditions of the above referenced grant and that the amount requested is not in excess of current needs

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Below For DCA Use Only				
Date Received	Explanation of Differences (if applicable)			
Date of Wire				
Amount Approved	Reviewed by	Date	Approved by	Date

DDForm DCA v01 2012

# DRAW DOWNS

- DCA processes draws on Tuesdays & Thursdays
- Time your draw-downs accordingly; “funds should be in your bank 10 days from the day DCA processes request”
- Match signatures to those on Authorized Signature Card
- Invoices must total at least the draw amount and signed by local government official
- Funds should be paid out of your account no later than 3 business days after they are deposited (if not, it will result in an unresolvable finding)

# Common Draw Errors

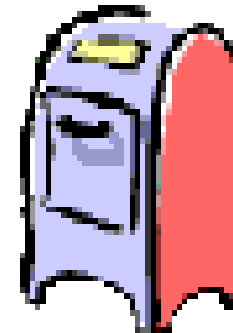
- Missing authorized signatures
- Incorrect activity codes
- Incorrect amounts – eCivis and draw form do not match
- Invoices not signed by Local Government
- Dates missing on the forms

***eCivis is our main communication for draws***

# DCA Mailing Address & Email Address

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

[CDBG.BIZ@DCA.GA.GOV](mailto:CDBG.BIZ@DCA.GA.GOV)





## **Knowledge Check #2**

*Cash on hand in excess of \$5,000, can only stay in the bank account for how many days?*

**A. 7 days**

**B. 3 days**

**C. 10 days**

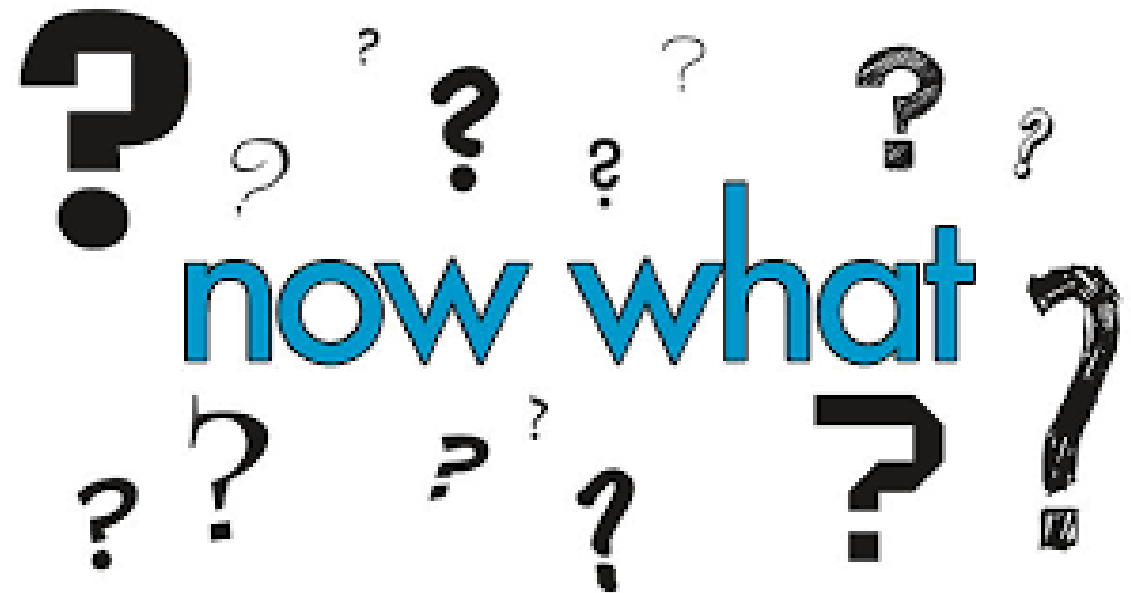
# eCivis Portal

Award Acceptance



# You've Been Awarded!

- Wait for the email with link for your community's award
- Use Portal account associated with application
- Ensure "support@eCivis" is added to your approved sender list ("Whitelist")



# The Award Notification Email

awardNotification.pdf  
29 KB

## Award Notification Letter

Dear [REDACTED]

Congratulations! An award package has been created for the following program:

**Project:** GHPLC 2017 MIT Planning  
**Program:** CDBG-MIT 2017 Planning  
**Approved Amount:** \$604,160.00  
**Federal Awards:**

- ORG0007 CDBG-MIT 2017: \$604,160.00
  - Agency: HUD
  - Fiscal Year: 2021
  - CFDA: 14.228

**Total Federal:** \$604,160.00

**Other Awards:** No non-federal funds were included in this award.  
**Total Match:** \$0.00  
**Period of Performance:** 10/04/2021 - 10/03/2023  
**Award/Contract Number:** [REDACTED]  
**Ein:** [REDACTED]

Note from grantor:  
Congratulations on your 2017 CDBG-MIT Planning award! This award package contains all the information you need for the program. Please fill out all attachments and return via eCivis. As always, if you have any questions, please do not hesitate to reach out.

Please find your award letter attached. To see full award details and accept your award, please click [here](#).

For any questions pertaining to this award package, please contact your grantor at [REDACTED]

Sincerely,  
Community Finance Division (CFD)

The eCivis Support Team  
[support@ecivis.com](mailto:support@ecivis.com)  
(877) 232-4847, option 2, 8am-5pm PT

The recipient should click the link (shown above) to see the details of the award and to see the documents required for submission to accept the award.

## Welcome to the Portal



This service provided by eCivis makes it possible for interested parties to save, collaborate, and apply for solicitations. Login, or create a free account to start.

  
(Maximum 8 chars, alphanumeric with symbol(s))

Portal Login

Grants Network<sup>®</sup> Login

[Forgot Password?](#)

[Don't have an account?](#)

[Create an account](#)

**eCivis Grants Network user?**

Use your existing login above and the Grants Network<sup>®</sup> Login button.



My Applications

**My Awards**

My Profile



Kathleen Tremblay [Log out](#)

### My Awards

Show 10 entries

Search:

Grant Title	Project Title	Award Status	Notification Date	Performance Period	Role	Actions
Test CDBG DR HRRP	Test HRRP	Awarded	11/23/2020	12/1/20 - 4/30/21	Owner	
Test CDBG DR HRRP	Test 2 HRRP	Pending Direct Award	N/A	1/22/21 - 1/20/22	Owner	

Showing 1 to 2 of 2 entries

[Previous](#) 1 [Next](#)

[Reload](#)







In the award package you will find all documents necessary to execute your award

- Award documents will require you to download for completion and/or signature(s)
- Additional documents may be samples to assist with completing the required documents
- You can upload documents as they are completed BUT do not submit until all required documents are uploaded

Award Package

Award Files - External:

[Attach Files](#)

File Name	Upload Date	File Size	Action
Approval File: awardNotification.pdf	N/A	N/A	
Acknowledgment of Subrecipient Language Access Plan Requirement.pdf	09/20/2021	173.9 Kb	
Authorized Signature Card (MIT).pdf	09/20/2021	137.9 Kb	
CDBG-MIT Award Checklist.pdf	09/20/2021	216.8 Kb	
Civil Rights Compliance Certification.pdf	09/20/2021	397.0 Kb	
DCA Subrecipient Language Access Plan Guidance.pdf	09/20/2021	344.2 Kb	

# The **ONLY** award documents to be returned thru eCivis are listed below:

The Statement of Award  
General Conditions  
Special Conditions  
Revisions to the Grant Award if needed

- All other forms (Signature Card, Supplier Change Form, W9 and the Banking Letter should be emailed to [CDBG.BIZ@DCA.GA.GOV](mailto:CDBG.BIZ@DCA.GA.GOV)
- Contact Cindi Bernhardt if you have any questions  
[cindi.bernhardt@dca.ga.gov](mailto:cindi.bernhardt@dca.ga.gov)

## Things to Remember

- If there are errors in any document, the entire award package will be returned to you
- When resubmitting please ensure you have deleted the erroneous document and only uploaded the revised version
- If you need assistance with completing the required documents, please reach out to Cindi Bernhardt





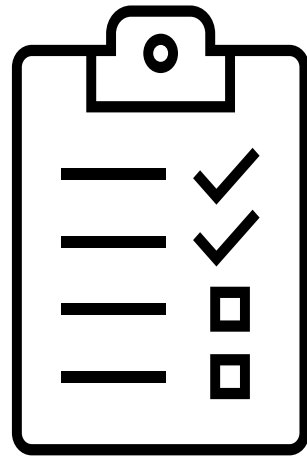
# Knowledge Check #3

*When returning the award documents in eCivis, is it important to*

- A. Return signed forms individually and submit**
- B. Return signed forms 1 half at a time and submit**
- C. Return signed forms all together and submit**

# AUDITS

## Forms and Requirements



# Audits

- For every fiscal year in which funds are drawn, audit must be submitted to DCA for review
    - Electronic copy preferred
    - [CDBG.Biz@dca.ga.gov](mailto:CDBG.Biz@dca.ga.gov)
  - 1. Must include Source and Application of Funds - notify your auditor  
*(or substitute w/Federal Schedule of Financial Assistance if total expenditures are **\$1 million** or more & upload to FAC at <https://app.fac.gov/>)*
  - 2. CDBG Project Cost Schedule
- **Grant Conditionally Closed** - until all audits reviewed along with meeting other conditions
  - **Formally closed** - after all audits received and issues resolved



# SAMPLE

## SOURCE and APPLICATION OF FUNDS SCHEDULE

Community Development Block Grant

\_\_\_\_\_

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: \_\_\_\_\_

# Sample

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### PROJECT COST SCHEDULE

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

Grant Award Number: \_\_\_\_\_

For the Period Ending: \_\_\_\_\_

Program Activity	CDBG Activity Number	Latest Approved Budget	Accumulated CDBG Expenditures to Date	Accumulated Expenditures to Date (Other Funds)	Grant Total of Expenditures to Date	Questioned Costs (if applicable)
<i>example: Sewer</i>	<i>E-17B-00</i>	<i>\$ 312,450.00</i>	<i>\$ 299,279.00</i>	<i>\$ 3,000.00</i>	<i>\$ 302,279.00</i>	<i>\$ 1,250.00</i>

## RLF Projects - Audits

- Audit Reports - include a Balance Sheet and Income Statement
- Required for each FY



*Local Government , Revolving Loan Fund  
Fiscal Year*

	<b>Revolving Loan Fund</b>	<b>Totals</b>
<b>ASSETS</b>		
<b>Current assets</b>		
Cash		
Receivables (net of allowance for uncollectibles):		
Due from other Governements		
Interest		
<b>Total Current Assets</b>		
 <b>Noncurrent assets:</b>		
Receivables (net of allowance for uncollectibles):		
<b>Capital assets:</b>		
Nondepreciable capital assets		
Depreciable capital assets, net		
<b>Total Noncurrent Assets</b>		
 <b>TOTAL ASSETS</b>		
 <b>LIABILITIES</b>		
<b>Current Liabilities:</b>		
Accounts payable		
Notes payable		
<b>Total Current Liabilities</b>		
 <b>Long-Term Liabilities</b>		
Notes Capital lease payable (net of current portion)		
<b>Total Long-Term Liabilities</b>		
 <b>TOTAL LIABILITIES</b>		
 <b>NET POSITION</b>		
Net Investment in capital assets		
Restricted		
<b>Total Net Position</b>		

# Audits



The screenshot shows the GeorgiaDATA website interface. At the top left is the GeorgiaDATA logo with the tagline "More Information. Smarter Decisions." To the right is the logo for the Carl Vinson Institute of Government, University of Georgia, with the text "Powered By". Below the logos is a navigation bar with the text "TED | Local Government Financial Documents" and a search box. Underneath is a menu bar with links: "WELCOME", "BUDGETS AND FINANCIAL REPORTS", "EVERIFY REGISTRATION INFORMATION", "LINKS", and "LOGIN". The main content area features the heading "LOCAL GOVERNMENT FINANCIAL DOCUMENTS ONLINE" in red. Below this is a welcome message: "Welcome to the TED House Bill 122 website, where you can view annual operating budgets of Georgia cities, counties, and school districts that are one million dollars or above." A blue link "VIEW FINANCIAL DOCUMENTS" is provided. To the right of the text is an image of several coins on a green background with a grid pattern. At the bottom, there is a small line of text: "Financial documents are viewable by the public without having any credentials or needing to log in. Just click on the Budgets and Financial Reports menu bar at the top of this page. From there you can click on Budget Documents, Finance Documents, and from there click on Local Finance Documents." The entire screenshot is framed by a blue border on the left and a red border on the bottom.

**Send all audits to GA Department of Audits and Accounts**  
***(Future CDBG applications are not eligible if audits are delinquent)***

Send to:

- TED / Carl Vinson Institute of Government,
- Local Government Finance Documents
- Web site maintaining audits for cities, counties, others

<https://ted.cviog.uga.edu/financial-documents/>





# Thanks!

**Cindi Bernhardt**

*Grants Consultant*

Cindi.Bernhardt@dca.ga.gov

[dca.ga.gov](http://dca.ga.gov)