

## **2025 CDBG**

# **Grant Award and Financial Management**

October 6, 2025

**Kimberly Carter** 

## Agenda

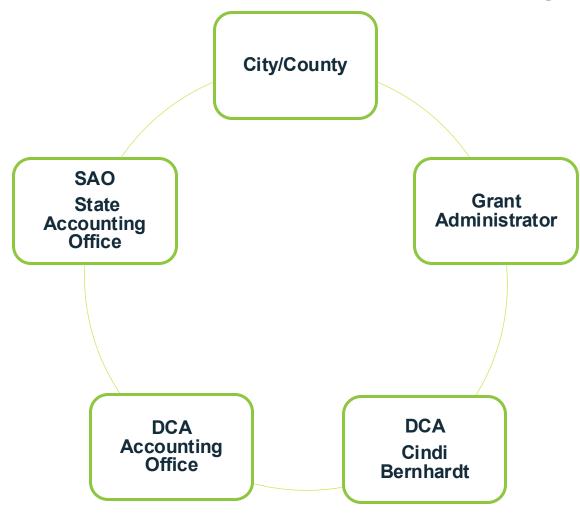
## Grant Award Package Contents

Common Award Package Issues

Financial Management

**Audits** 

## **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)



## TWO 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)

- 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

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" →



Review thoroughly, sign & return with award package



## 5. AUTHORIZED SIGNATURE CARD

Local authorization to sign & submit draws

Gives option of 1 <u>or</u> 2 signatures on draws

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

	Signature Card
For Drawdow	n of CDBG Funds
Name of Recipient:	Award Number:
CHECK ONE:	
ONLY ONE SIGNATURE REQ	QUIRED ON PAYMENT VOUCHERS
	or
ANY TWO SIGNATURES REQ	UIRED TO SIGN OR COUNTERSIGN
	VIDUALS AUTHORIZED FED LETTER OF CREDIT
Typed Name:	Typed Name:
Job Title:	Job Title:
Signature:	Signature:
Typed Name:	Typed Name:
Job Title:	Job Title:
Signature:	Signature:
I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THUNDER THE GRANT CITED ABOVE:	HE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT
Typed Name:	
Title:	
SIGNATURE OF Authorizing Official (Recipient)	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 <u>must</u> 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, <u>non-interest bearing</u> bank account for <u>each</u> 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)

 Drawn 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 0 0 0 0
SECTION 1 SUPPLIER IDENTIFICATION FEI/SSN/TIN
Supplier Name as listed with IRS:
Doing Business As (dba): If applicable
CONTACT INFORMATION (*REQUIRED) Enter the street address, city, state, zip, and county)
*Physical Address:
Mailing Address:
Payment Remit to Address:
Contact's Name (REQUIRED FOR PAYMENT).
*Contact's Email Address:
Primary Phone #: Ext: Contact's 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 ACC OUNT INFORMATION Required for New and Reactivating suppliers to addichange 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.
ACH is not applicable for the change request
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 Liabons are required to compile ferms on this line for bank changes
Name Exactly as Listed on Bank Account:
Bank Name:
ROUTING # NEW ACCOUNT #
Last Four Digits of Previous Bank Account # For changes only
Check here if this account can only be used for a SPECIFIC PURPOSE
SPECIFIC PURPOSE DESCRIPTION
ACCOUNTS RECEIVABLE NOTIFICATION
PAYMENT REMIT EMAIL ADDRESS:
PAYMENT REMIT EMAIL ADDRESS:
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 cole 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) MINORITY BUSINESS ENTERPRISE (51% ownership) **BUSINESS CERTIFICATIONS** Hispanic - Latino GA Small Business\* Women Owned African American GA Resident Business\*\* Minority Business Certified Native American Asian American Not Applicable Pacific Islander Not Applicable Prefer Not to Answer VETERANS OWNED SMALL BUSINESS (Check ALL That Apply) Nonveteran Owned Small Business Veteran-owned Small Business Service Disabled VOSB 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 domicited 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 mailtox, site trailer, or temporary structure. SECTION 4 - REQUESTED CHANGE(S) - (Check ALL That Apply) 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 109 1099 - M Enter Code (Required for Form 1099 - M) 1099 - N Code 01 (01 is the only code available for the 1099 - NEC) Add Additional Address (Enter additional address in Section 1) Change/Correct Existing Address Enter Addr ID # to change Add/Change Payment Alt Name to an existing or new address Payment Alt Name: Classification Change: (Agency Lisisons are required to check one for Classification Changes.) Attorney Supplier Non-minority HCM Student Gov Non-State of GA Supplier Minority Non-Supplier FEI/TIN Change Statewide Contract (DOAS Use Only) Deactivate Supplier Profile (Agency Liaison MUST attach written Justification from the supplier with the SCR.) Reactivate Supplier Profile Supplier Name Change Other (Provided details in the Co 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

AGENCY LIAISON SIGNATURE

CLEAR

supplier's name and Tax ID listed abo

AGENCY LIAISON NAME

Revised 4/2025

PRINT

DATE

Revised 4/2025

BU/Company ID#

42800

## 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.

Sincerety.

Name Contact information Form W-9 (Rev. March 2024)

(Rev. March 2024) Department of the Treasur Internal Revenue Service

#### Request for Taxpayer Identification Number and Certification

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

ntema	ment of the Treasury I Revenue Service Go to www.lrs.gov/FormW9 for In	structions and the latest information.	send to the IRS.
efor	e you begin. For guidance related to the purpose of Form W-9, see		•
	<ol> <li>Name of entity/individual. An entry is required. (For a sole proprietor or dentity's name on line 2.)</li> </ol>	isregarded entity, enter the owner's name on line	e 1, and enter the business/disregarde
	<ol> <li>Business name/disregarded entity name, if different from above.</li> </ol>		
್ರ	8 C 14		
eged i	Check the appropriate box for federal tax classification of the entity/indicently one of the following seven boxes.      Individual/sole proprietor		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
ions on	LLC. Enter the tax classification (C = C corporation, S = S corporation  Note: Chock the "LLC" box above and, in the entry space, enter the	on, P = Partnership)	Exempt payee code (if any)
Specific Instructions	classification of the LLC, unless it is a disregarded entity. A disregard box for the tax classification of its owner.  Other (see instructions)	led entity should instead check the appropriate	Exemption from Foreign Account 1 Compliance Act (FATCA) reporting code (if any)
S P		Of the last transfer of the state of the sta	
Specif	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LI and you are providing this form to a partnership, trust, or estate in wh this box if you have any foreign partners, owners, or beneficiaries. See in	ich you have an ownership interest, check	(Applies to accounts maintained outside the United States.)
88	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name	and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
iter	your TIN in the appropriate box. The TIN provided must match the r	ame given on line 1 to avoid Social so	ocurity number
	p withholding. For individuals, this is generally your social security r		
side	ent allen, sole proprietor, or disregarded entity, see the instructions f	or Part I, later. For other	-   -   -
	s, it is your employer identification number (EIN). If you do not have	a number, see How to get a or	
N, le	iter.	Employe	r identification number
	If the account is in more than one name, see the instructions for line er To Give the Requester for guidelines on whose number to enter.	1. See also What Name and	-
Par	Certification		
	penalties of perjury, I certify that:		
The	number shown on this form is my correct taxpayer identification nu	mber (or I am waiting for a number to be is	ssued to mel; and
. I an Ser	n not subject to backup withholding because (a) I am exempt from b vice (IRS) that I am subject to backup withholding as a result of a fa longer subject to backup withholding; and	ackup withholding, or (b) I have not been r	notified by the Internal Revenue
	n a U.S. citizen or other U.S. person (defined below); and		
The	FATCA code(s) entered on this form (if any) indicating that I am exe	mpt from FATCA reporting is correct.	
	ication instructions. You must cross out item 2 above if you have bee		
oquis	ise you have falled to report all interest and dividends on your tax return sition or abandonment of secured property, cancellation of debt, contri than interest and dividends, you are not required to sign the certificatio	buttons to an individual retirement arrangem	ent (IRA), and, generally, payments
ign Iere	Signature of	Date	
àeı	neral Instructions	New line 3b has been added to this required to complete this line to indic	
ectio oted	on references are to the internal Revenue Code unless otherwise	foreign partners, owners, or beneficia to another flow-through entity in whice	ries when it provides the Form W
late	e developments. For the latest information about developments d to Form W-9 and its instructions, such as legislation enacted beautiful and the latest termination and the latest termi	change is intended to provide a flow- regarding the status of its indirect for beneficiaries, so that it can satisfy an	eign partners, owners, or
	hey were published, go to www.lrs.gov/FormW9. at's New	requirements. For example, a partner partners may be required to complete	ship that has any indirect foreign schedules K-2 and K-3. See th
ne 3	as has been modified to clarify how a disregarded entity completes be. An LLC that is a disregarded entity should check the	Partnership instructions for Schedule  Purpose of Form	
ppro	priate box for the tax classification of its owner. Otherwise, it d check the "LLC" box and enter its appropriate tax classification.	An Individual or entity (Form W-9 requirements on return with the IRS is given	

## 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 AddressSigned 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 7, 2025**

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

# **Award Package Review Consultation**

- Set up a Teams meeting with Cindi
- Phone call can be done if Teams is not available to you
- Walk thru the actual completion of the SCR & W-9 forms
- This will save time for all with the completion and acceptance of the forms

## **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 <u>required</u> cash match/leverage (for <u>final</u> draw down)



## 8. DRAWDOWN FORM

1. Recipien	t Name:			2. G	rant Number:		
Name and te	lephone numbe	er of the person	to contact.	Dra	wdown Reques	t Number:	
Name:	,	Phone (	\	Final Drawdown? (type an X in the appropriate box			
		FIIOTIE (		Y		•	D
	n Information		-	_	-		ick to Reliesh)
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
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
number fron 5. Please inc 5	n which you wa licate the amo Leaving thi	Column H will ant funds trans unt of Progran is blank certific ing PI) in your	sferred n Income (PI) i es that no Pro	received since gram Income I	the date of yo	designate the our last drawdo ved. Please in	own: dicate the
6. I hereby c	ertify that the	data above is of eferenced gran	correct, that th	nis request is i	n accordance	with the terms	and
Date		Authorized Si	gnature			Title	
Date		Authorized Si				Title	
			Below For	DCA Use Only			
Date Rece		ination of Diffe	erences (if app	olicable)			

## **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 <u>no later than 3 business days</u> after they are deposited (if not, it will result in an unresolvable finding)

### **Common Draw Errors**

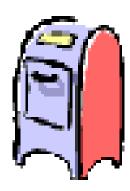
- Missing authorized signatures
- Incorrect activity codes
- Incorrect amounts eCivis and draw form do not match
- Invoices not signed by Local Government
- Dates missing on the forms

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



## 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



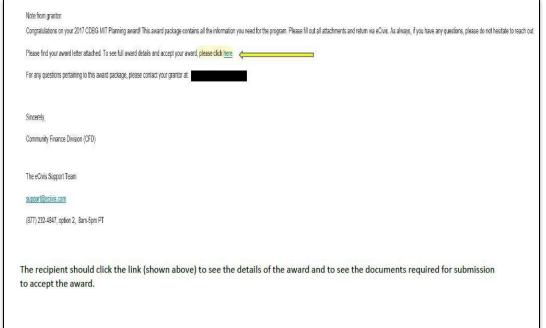
## You've Been Awarded!

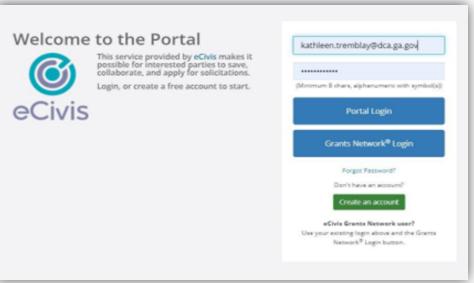
- Wait for the email with link for your community's award
- Use Portal account associated with application
- Ensure "support@eCivis" is added to your approved sender list ("Whitelist")

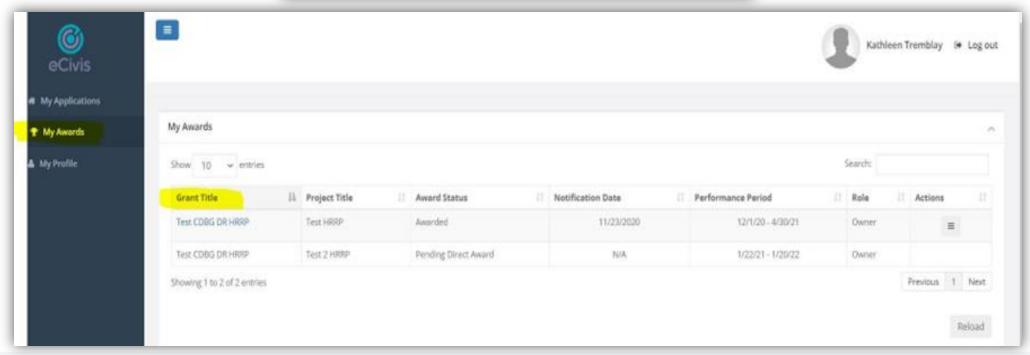


### **The Award Notification Email**



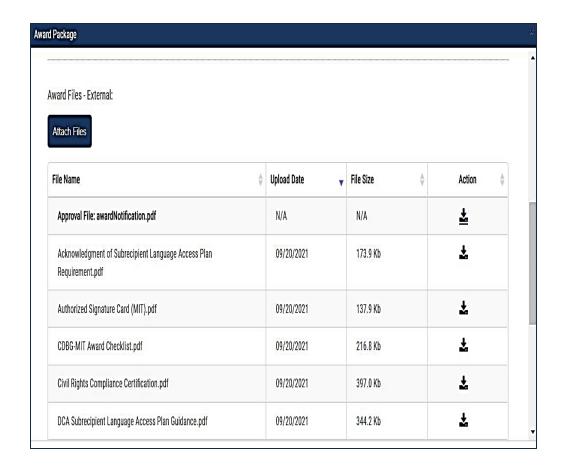






In the award package you will find all documents necessary to execute your award

- 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



# 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 <a href="mailto:CDBG.BIZ@DCA.GA.GOV">CDBG.BIZ@DCA.GA.GOV</a>
- Contact Cindi Bernhardt if you have any questions <a href="mailto:cindi.bernhardt@dca.ga.gov">cindi.bernhardt@dca.ga.gov</a>

#### 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
  - 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) 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)
example: Sewer	E-17B-00	\$ 312,450.00	\$ 299,279.00	\$ 3,000.00	\$ 302,279.00	\$ 1,250.00

#### **RLF Projects - Audits**

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



#### Local Governement , Revolving Loan Fund Fiscal Year

	riscui reui	
	Revolving Loan Fund	Totals
ASSETS		•
Current assets		
Cash		
Receivables (net of allowance for uncollectibles):		
Due from other Governements		
Interest		
Total Current Assets	<del></del>	
Noncurrent assets:		
Receivables (net of allowance for		
uncollectibles):		
Capital assets:		
Nondepreciable capital assets		
Depreciable capital assets, net		
Total Noncurrent Assets	<u></u>	
TOTAL ASSETS		
LIABILITIES		
Current Liabilities:		
Accounts payable		
Notes payable	9	
Total Current Liabilities		
Total Current Liabilities	<del></del>	1 <u></u>
Long-Term Liabilities		
Notes Capital lease payable (net of		
current portion)	<del></del>	
Total Long-Term Liabilities	<u> </u>	
TOTAL LIABILITIES		
NET POSITION		
Net Investment in capital assets		
Restricted		
Total Net Position		

#### **Audits**



## 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!

**Should you have questions, contact:** 

**Cindi Bernhardt** 

**Grants Consultant** 

Cindi.Bernhardt@dca.ga.gov

dca.georgia.gov



## GEORGIA DEPARTMENT of COMMUNITY AFFAIRS