

# APPENDIX 1 INDEX

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Many of these documents are available on the DCA website, at this address:  
<http://www.dca.ga.gov/communities/CDBG/programs/CDBGforms.asp>

**1.**

**Statement of CDBG  
Award—Sample**

Georgia Department of  
**COMMUNITY AFFAIRS**  
60 Executive Park South, N.E.  
Atlanta, Georgia 30329-2231

**STATEMENT OF CDBG AWARD**  
**GEORGIA COMMUNITY DEVELOPMENT**  
**BLOCK GRANT PROGRAM**

Recipient: \_\_\_\_\_ CDBG Funds: \_\_\_\_\_  
Date of Award: \_\_\_\_\_ Grant Period: From \_\_\_\_\_ To \_\_\_\_\_  
Program Title: \_\_\_\_\_ Program Category: \_\_\_\_\_  
Grant Number: \_\_\_\_\_

Award is hereby made in the amount and for the period shown above under the Housing and Community Development Act of 1974, as amended to the above mentioned recipient, in accordance with the plan set forth in the application of the above mentioned recipient and subject to any attached revisions or special conditions.

This award is subject to all applicable rules, regulations, and conditions as prescribed by the Department of Community Affairs' CDBG Non-entitlement Program Regulations, its Applicants' Manual and Recipients' Manual as well as the Uniform Administration Requirements ("the common rule") 24 CFR Part 85 and OMB Circulars A-87 and A-133, the U.S. Department of Housing and Urban Development's Community Development Block Grant: State's Program Final Rule (24 CFR Part 570) and Environmental Review Procedures for Title I Community Development Block Grant Program (24 CFR Part 58). It is also subject to such further rules, regulations and policies as may be reasonably prescribed by the State or Federal Government consistent with the purposes and authorization of the Housing and Community Development Act of 1974, as amended.

This grant shall become effective on the beginning date of the grant period (above), provided that within thirty (30) days of the award execution date (below) the properly executed original of the "Statement of CDBG Award" and any attached properly executed revisions and special condition statements are returned to the Georgia Department of Community Affairs.

DEPARTMENT OF COMMUNITY AFFAIRS

- This award is subject to revisions.  
(attached)
- This award is subject to special  
conditions. (attached)

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date Executed

I, \_\_\_\_\_, acting under my authority to contract on behalf of the recipient, hereby signify acceptance for the recipient of the above described grant on the terms and conditions stated above or incorporated by reference therein.

Date of Acceptance: \_\_\_\_\_  
Chief Elected Official

\_\_\_\_\_  
Title (typed)

# **2.**

## **Vendor Management Bank Account Form**

## VENDOR MANAGEMENT FORM (TeamWorks)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

### SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: \_\_\_\_\_ FEI/SSN/EMP ID NUMBER: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

PYMT REMIT EMAIL \_\_\_\_\_ LOC # \_\_\_\_\_ PYMT REMIT EMAIL \_\_\_\_\_ LOC # \_\_\_\_\_

PYMT REMIT EMAIL \_\_\_\_\_ LOC# \_\_\_\_\_ PYMT REMIT EMAIL \_\_\_\_\_ LOC# \_\_\_\_\_

### SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # \_\_\_\_\_ BANK 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 a SPECIFIC purpose \_\_\_\_\_

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods 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 above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

\_\_\_\_\_  
(Vendor Printed Name)

\_\_\_\_\_  
(Vendor Signature)

\_\_\_\_\_  
(Date)

### SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Vendor                  | <input type="checkbox"/> Employee                           | <input type="checkbox"/> 1099 Code _____                      |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address                        | <input type="checkbox"/> FEI/TIN Change**                     |
| <input type="checkbox"/> Name Change**               | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Right of Way Purchase                |
| <input type="checkbox"/> Vendor Deactivation         | <input type="checkbox"/> Fleet Anywhere Vendor              | <input type="checkbox"/> Other (provide details in Section 4) |
| <input type="checkbox"/> Bank Account Add            | <input type="checkbox"/> Bank Account Change                | <input type="checkbox"/> Bank Account Delete                  |
| <input type="checkbox"/> E - Payable                 |   |   |

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc): Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

#### SIC CODES (CHECK ALL THAT APPLY)

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business    | <input type="checkbox"/> Women Owned                 | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American   |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic - Latino            | <input type="checkbox"/> Native American  | <input type="checkbox"/> Pacific Islander |

### SECTION 4 – ADDITIONAL COMMENTS

### SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: Denise Robinson Agency BU#: 42800 Date: \_\_\_\_\_

Email: denise.robinson@dca.ga.gov Phone: 404.679.5273 Fax #: 404.679.3143

**3.**

**Authorized Signature Card**

## Authorized Signature Card For Drawdown of CDBG Funds

Name of Recipient:

Award Number:

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:

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 THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:

Typed Name:

Title: Chief Elected Official must sign here

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 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.

**3.**

**Authorized Signature Card**

## Authorized Signature Card For Drawdown of CDBG Funds

Name of Recipient:

Award Number:

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:

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 THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:

Typed Name:

Title: Chief Elected Official must sign here

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 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.

# **4.**

## **Recipient's Civil Rights Compliance Certification**



## CIVIL RIGHTS COMPLIANCE CERTIFICATION

\_\_\_\_\_  
**Grant Recipient**

\_\_\_\_\_  
**Grant Number**

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

- |  | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Has your government had any employment vacancies in the past three months?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If so, did you follow 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"/> | <input type="checkbox"/> |
| 4. Do you have employment records available?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your employment data detailed enough to determine your staff composition by:   |                          |                          |                          |
| ▪ Sex?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Race?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Disability Status?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ National Origin?   | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 7. Does your employment data indicate any deficiencies in providing for equal employment opportunities?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any written civil rights complaints been filed against your community? If yes, list and briefly describe below.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Use the space below to describe any situation relating to the above questions that need additional clarification.

The undersigned hereby certifies that the information contained in this Civil Rights Compliance Certification is correct to the best of his or her knowledge.

\_\_\_\_\_  
Signature: Chief Elected Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person preparing Certification

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# **5.**

## **Statement of Special Conditions**

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
CDBG PROGRAM  
STATEMENT OF SPECIAL CONDIIONS

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

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

SAMPLE

Date

Authorized Signature

**6.**

**Statement of Revisions**

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
CDBG PROGRAM  
STATEMENT OF REVISIONS

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

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

SAMPLE

Date

Authorized Signature

# **7.**

## **Request for Drawdown of CDBG Funds**



# **8.**

## **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

# **9.**

## **Quarterly Expenditure and Progress Report**

**REVISED 9/15/2009**





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

Final Report \_\_\_\_\_

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

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

Report No: \_\_\_\_\_

Quarter End: \_\_\_\_\_

Final Report: \_\_\_\_\_

**SECTION IV: Work in Progress**

Use this section to provide a brief narrative description of work in progress during the reporting period. Use the Project Implementation Schedule included in your application as the basis for reporting.

**SECTION V: Other Supporting Efforts**

Use this section to provide a description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Use quantifiable data whenever possible. Use the information from DCA 8 (Budget Analysis) as the basis for reporting

**SECTION VI: Problems Encountered / Technical Assistance Needed**

Use this section to provide a brief description of any problems or delays encountered or anticipated, or any technical assistance needed from DCA.

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
QUARTERLY EXPENDITURES AND PROGRESS REPORT

Final Report \_\_\_\_\_

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

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

Report No: \_\_\_\_\_

Quarter End: \_\_\_\_\_

Final Report: \_\_\_\_\_

**SECTION IV: Work in Progress**

Use this section to provide a brief narrative description of work in progress during the reporting period. Use the Project Implementation Schedule included in your application as the basis for reporting.

**SECTION V: Other Supporting Efforts**

Use this section to provide a description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Use quantifiable data whenever possible. Use the information from DCA 8 (Budget Analysis) as the basis for reporting

**SECTION VI: Problems Encountered / Technical Assistance Needed**

Use this section to provide a brief description of any problems or delays encountered or anticipated, or any technical assistance needed from DCA.



# **10.**

## **Actual Accomplishments Form**

**Georgia Department of Community Affairs  
CDBG Program  
Actual Accomplishments Report**

1. Recipient: \_\_\_\_\_  
 2. Grant # \_\_\_\_\_  
 3. Prepared by: \_\_\_\_\_  
 4. Date \_\_\_\_\_  
 5. Reviewed by: \_\_\_\_\_

<b>Activity</b>	<b>Measure</b>	<b>Accomplishments</b>
Acquisition, Disposition	# of Structures # of Parcels	
Clearance	# of Structures # of Parcels	
Building Type:	# of Facilities # of Persons Served # Low and Moderate Income	
Water Facilities	# of Persons Served # Low and Moderate Income	
Sewer Facilities	# of Persons Served # Low and Moderate Income	
Flood/Drainage Facilities	# of Persons Served # Low and Moderate Income	
Street Improvements	# of Persons Served # Low and Moderate Income	
Other Public Facilities Type:	# of Persons Served # Low and Moderate Income	
Public Services	# of Persons Served # Low and Moderate Income	
Relocation Assistance	# of Businesses Relocated # of Households Relocated # LMI Households Relocated	
Residential Rehabilitation	# of Units Rehabbed # of Persons Served # of Low and Moderate Income	
Economic Development	# of Businesses Assisted # of Jobs Created # of LMI Jobs Created # of Jobs Retained # of LMI Jobs Retained	
Reconstruction of Housing	# of Units # of Persons Served # of Low and Moderate Income	