



2023 CDBG

Grant Award and Financial Management

October 25, 2023

Cindi Bernhardt

Welcome

Audience Interaction

Have your cell phones
available

Hope you enjoy the
presentation

Thank you for attending!!

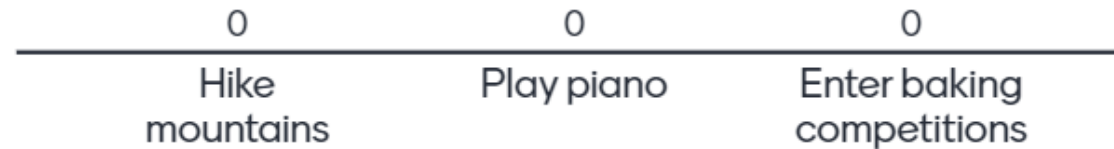
ICE BREAKER



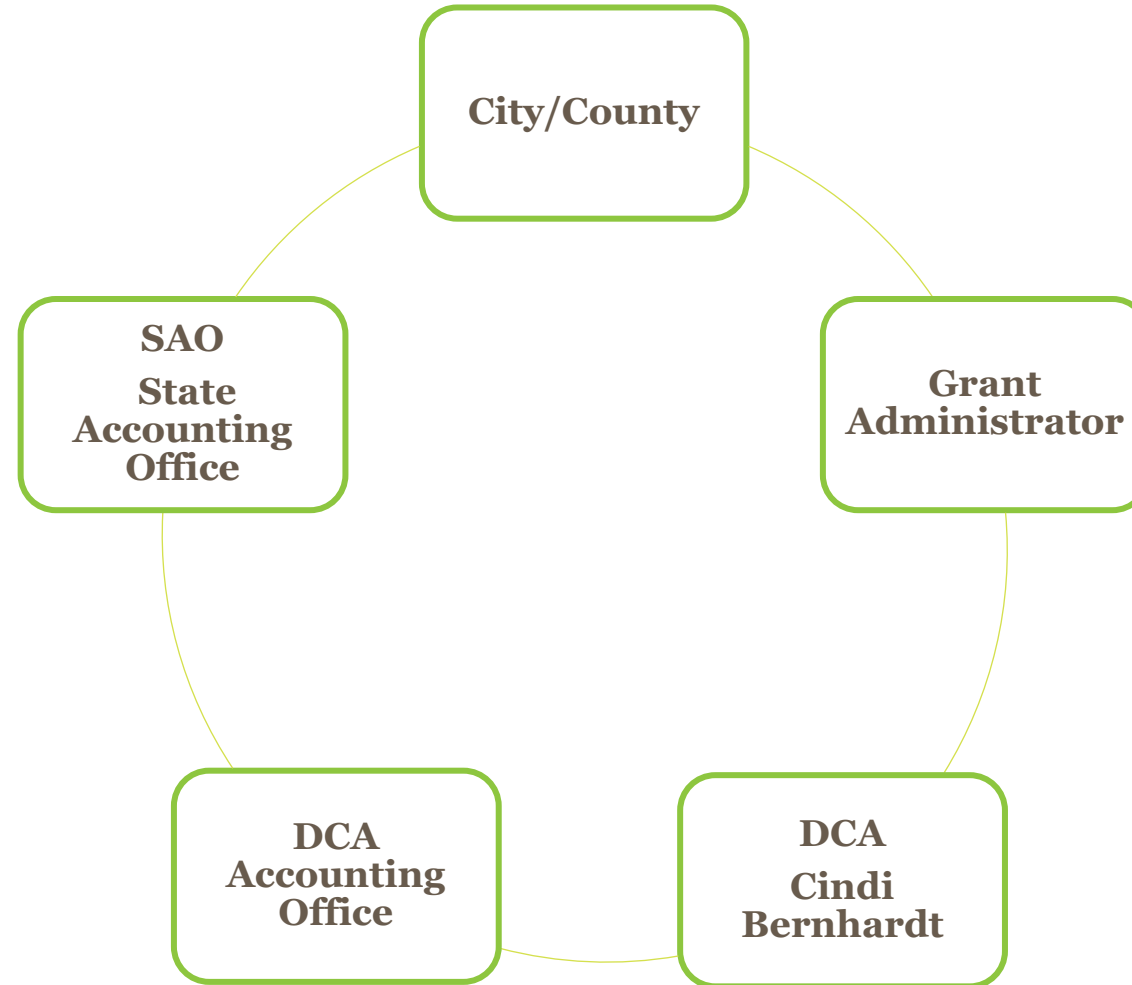
Join at menti.com use code 95611189

 Mentimeter

When I was younger, I liked to...



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
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)

- 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, 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)
- 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

- 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 0 0 0 0

SECTION 1: SUPPLIER IDENTIFICATION

FE/SSN/TIN

Supplier Name:

Doing Business As (dba): If applicable

PHYSICAL ADDRESS DO NOT enter a P O Box
Address 1:
Address 2:
City:
State: Postal Code:

ADDITIONAL ADDRESS
Address 1:
Address 2:
City:
State: Postal Code:

Contact Email:

Primary Phone #: Landline Cell Used for Identity Verification Ext: Secondary Phone #: (478) 345-5432 Landline Cell Used for Identity Verification Ext:

Driver's License #: For individuals only 299588673289u8123 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:
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 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)

FE/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 Addr ID # 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
 Change/Add Payment Alt Name to an existing address (If payable to a different name, DO NOT enter the DBA.)
 Enter Addr ID # to change: 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#

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

Join at menti.com use code 95611189

Mentimeter

What data entry errors will cause DCA to return your award package?

Waiting for responses ...

Design

Visualization type



Visual theme

Import from PPT



Adopts to the style of your PowerPoint

Use theme from Menti



Go to mentimeter.com to edit this theme

Layout preferences

- Show vote instructions
- Show question
- Show vote indicator
- Show QR code

KV

Account



Content



Design



Settings



Help & Feedback

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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)	

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.

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

Social security number
[] [] [] - [] [] - [] [] [] []
OR
Employer identification number
[] [] - [] [] [] [] [] [] [] []

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am 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 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.

Sign
Here

Signature of
U.S. person ▶

Date ▶

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Common Award Package Issues/Errors

Supplier Change Request Form – Correct Way

- Section 1 - Leave blank
- Section 2 – Must be completed, except for the Drivers License and DL State. Content must match W-9 and the Banking Letter
- Section 3 – Must be fully completed
- Section 4 – Please mark only the Add New Bank Account
- Section 5 -
- Section 6 – Contact name, phone number and days of the week/hours available

Common Award Package Issues/Errors

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

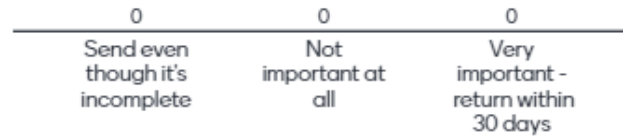
Business Address

Signed and Dated

Join at [menti.com](https://www.menti.com) use code 95611189

Mentimeter

How important is the Award Package?



Content

Your question ⓘ

How important is the Award Package?

[Add longer description](#)

Options ⓘ

- Send even though it's incomplete X
- Not important at all X
- Very important - return within 30 X

+ Add

Extras

- Show correct answer(s) ⓘ
- Show results in percentage ⓘ
- Let participants submit multiple options

[Select another question](#)

KV

Account



Content



Design



Settings



Help & Feedback

Common Award Package Issues/Errors

W-9 – Correct Way

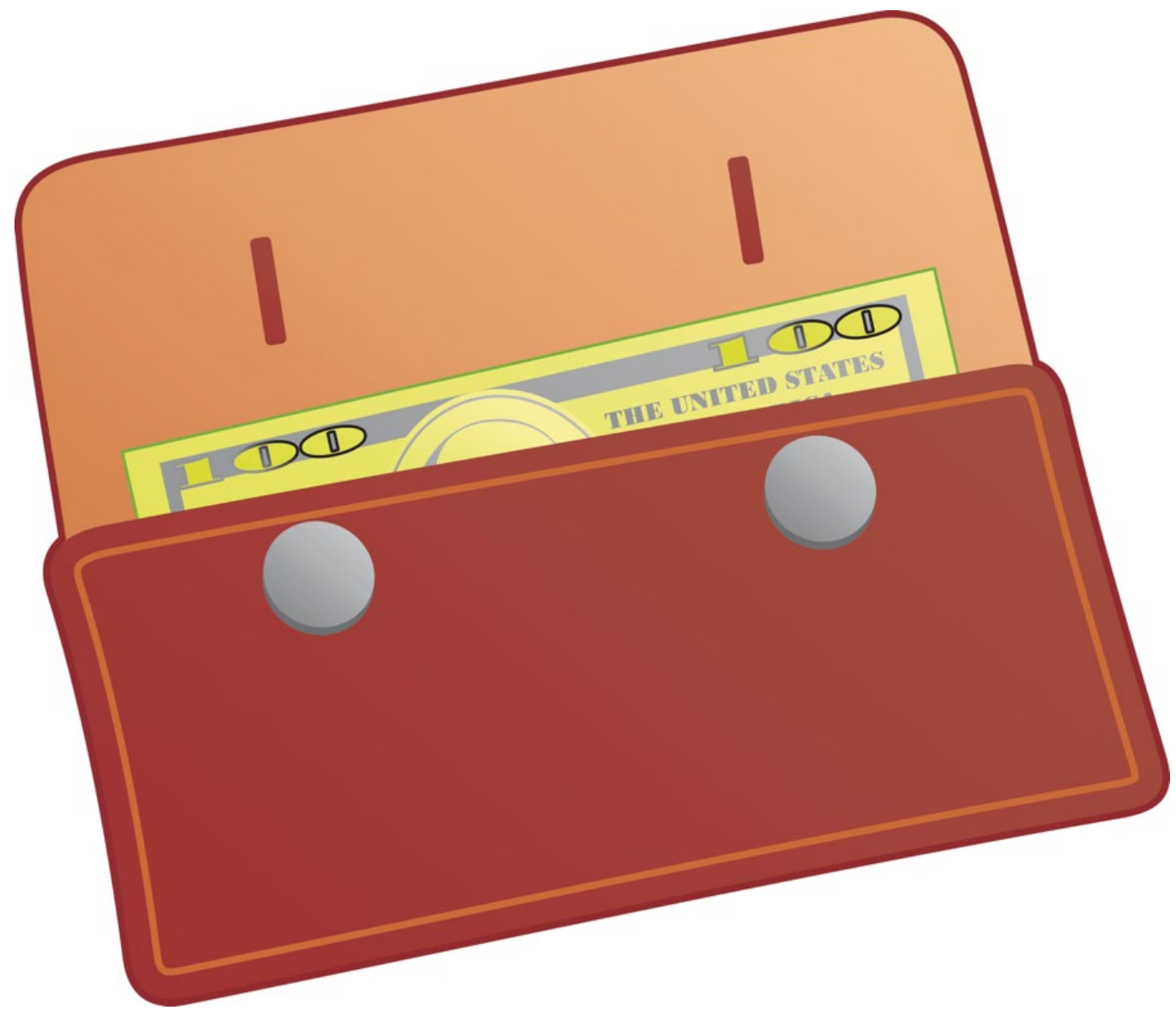
- Lines 1-7 Business Name and address – must match Supplier Change Form and Bank Letter
- Part I - EIN# must be accurate and must match Supplier Change Form
- Part II – Must be signed and dated

IMPORTANT REMINDERS

- Keep copies of your entire award package
- Sign & Return Award Package within 30 days of award, November 25, 2023
- Remember: No Signed Award Package = No \$\$\$



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)



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

Common Draw Errors

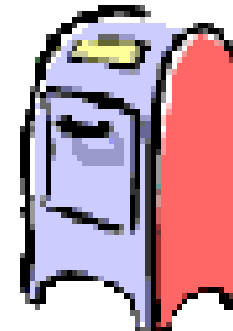
- Missing authorized signatures
- Incorrect activity codes
- Incorrect amounts – eCivis and draw form do not match
- Invoices not signed by Local Government
- Dates missing on the forms

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



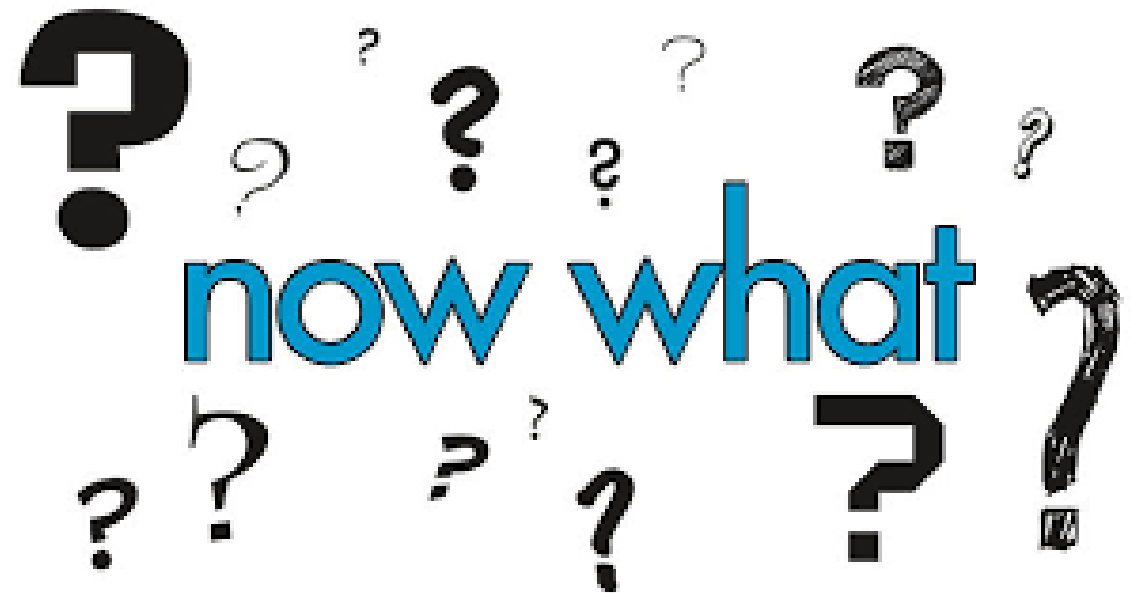
eCivis Portal

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
(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[®] Login


[Forgot Password?](#)

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

[Create an account](#)

eCivis Grants Network user?


Use your existing login above and the Grants Network[®] Login button.



My Applications


My Awards

My Profile

 Kathleen Tremblay [Log out](#)

My Awards

Show 10 entries

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
- Contact Cindi Bernhardt if you have any questions 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





Thursday Afternoon

Resource Table

Award
Package

Financial
Docs

Draws

Thanks!

Cindi Bernhardt

Grants Consultant

Cindi.Bernhardt@dca.ga.gov

dca.ga.gov