



Georgia[®] Department of Community Affairs

YOUR 2022 CDBG

Grant Award and Financial Management

Georgia Department of
Community Affairs

October 26, 2022

Cindi Bernhardt



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 Management Form
7. Banking Letter
8. Drawdown Form
9. Form W-9

(Chapter 1)



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.

- Signature Required of the Chief Elected Official unless appointed otherwise in meeting minutes or in a Resolution.
- A copy of the meeting minutes or a Resolution that applies must be included with the award package documents and returned to DCA within 30 days of receipt of the 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Award Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
CHECK ONE: <input type="checkbox"/> ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS <div style="text-align: center; margin: 5px 0;">or</div> <input type="checkbox"/> ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN	
SIGNATURES OF INDIVIDUALS AUTHORIZED TO DRAW ON THE CITED LETTER OF CREDIT	
Typed Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Job Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Typed Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Job Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Typed Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Job Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Typed Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Job Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE: Typed Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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 MANAGEMENT FORM

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

SECTION 4 - SPECIFY TYPE OF SUPPLIER. CHECK ALL THAT APPLY TO THE SUPPLIER									
<input type="checkbox"/> New Vendor Supplier Profile (Enter justification in Section 6)									
<input type="checkbox"/> Supplier Supply Chain									
<input type="checkbox"/> New COOP applicable	<input type="checkbox"/> COOP applicable	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10	<input type="checkbox"/> COOP 10
<input type="checkbox"/> Add supplier to COOP (Enter complete number 1-10)									
<input type="checkbox"/> Change supplier to COOP (Enter complete number 1-10)									
<input type="checkbox"/> COOP Change (Enter to change if COOP applicable)									
<input type="checkbox"/> Supplier (Contract) Name Change									
<input type="checkbox"/> Add Supplier External Address (Enter complete number 1-10)									
<input type="checkbox"/> Change Supplier External Address (Enter complete number 1-10)									
<input type="checkbox"/> Other (Provide location in Section 6)									

SECTION 5 - TYPE OF BUSINESS (check all that apply)									
<input type="checkbox"/> Business (Contract) - Check all that apply									
<input type="checkbox"/> Small business	<input type="checkbox"/> Minority-owned	<input type="checkbox"/> Woman-owned	<input type="checkbox"/> Veteran-owned	<input type="checkbox"/> Disabled veteran-owned	<input type="checkbox"/> Service-disabled veteran-owned	<input type="checkbox"/> 8(a) business	<input type="checkbox"/> HUBZone	<input type="checkbox"/> Historically Black college/university	<input type="checkbox"/> Other
<input type="checkbox"/> Non-business	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Government	<input type="checkbox"/> Academic	<input type="checkbox"/> Religious	<input type="checkbox"/> Charitable	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

*Check for Single Use (SUS) and/or (SUS) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 500 or less employees or 50 million or less in sales gross receipts per year.

SECTION 6 - ADDITIONAL SUPPLIER COMMENTS (Specify if "Other" or "Description" box checked in Section 4)

Form Approved by the GSA (48 CFR 101-11.6)

[illegible]

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**

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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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. <input type="checkbox"/> Other (see instructions) ► _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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 Vendor 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 - Optional
- 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 Vendor Form and W-9
- Use DCA sample letter
- Need: Account #

Routing #

Business Name on Account

Business Address

Signed and Dated

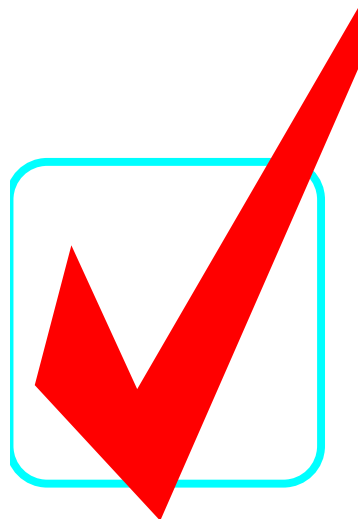
Common Award Package Issues/Errors

W-9 – Correct Way

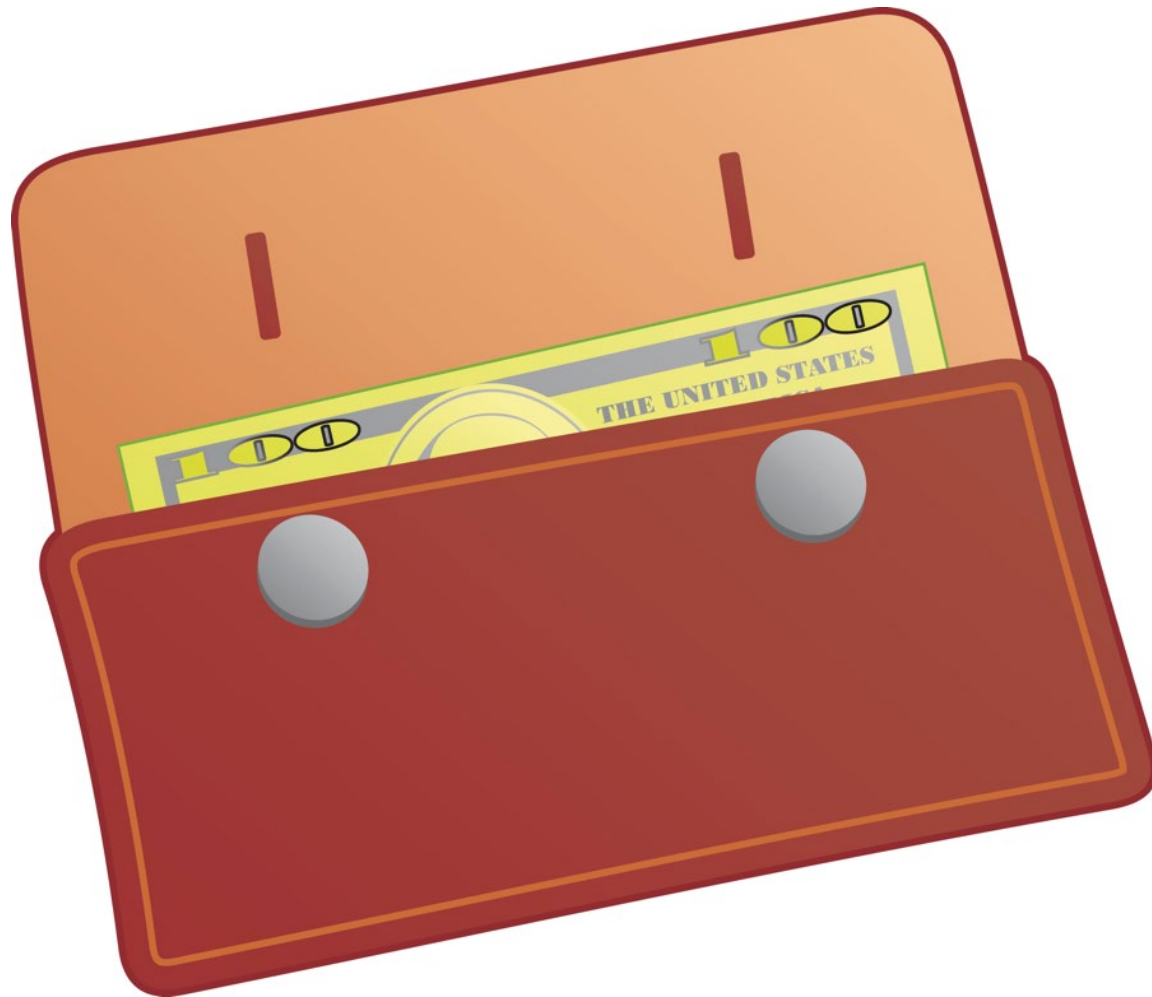
- Lines 1-7 Business Name and address – must match Vendor Form and Bank Letter
- Part I - EIN# must be accurate and must match Vendor Form
- Part II – Must be signed and dated

IMPORTANT REMINDERS

- Keep copies of your entire award package
- Sign & Return Award Package within 30 days of award
- November 26, 2022
- 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)



8. DRAWDOWN FORM

Georgia Department of Community Affairs Request for Drawdown of CDBG Funds									
Reset All								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)					
				<input type="checkbox"/> Yes (Click to Refresh)					
3. Drawdown Information								Reset Draw	
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		
TOTAL	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

DCA Mailing Address and 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



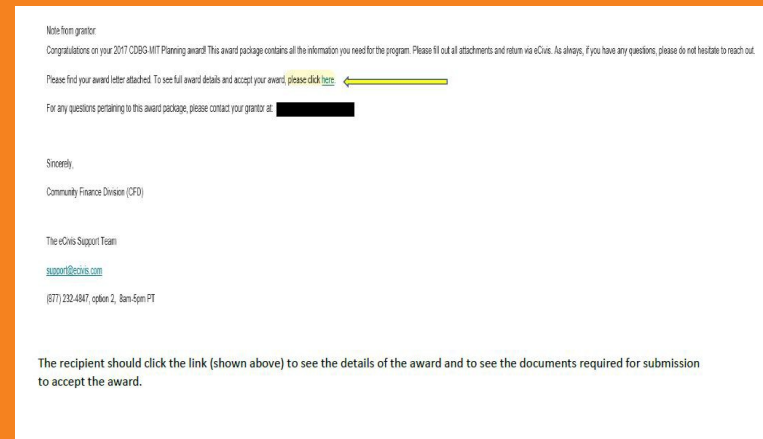
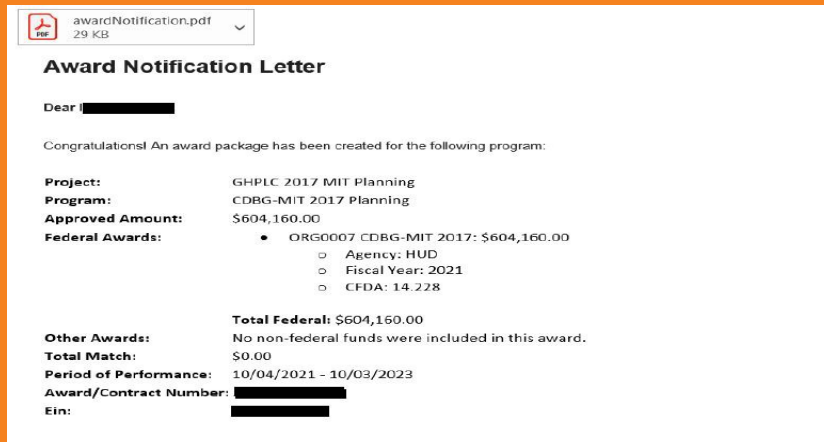
eCivis Portal

Award Acceptance




You've Been Awarded! **Now What?**

- ✓ 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



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.

(Minimum 8 chars, alphanumeric with symbols)


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

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	Download
Acknowledgment of Subrecipient Language Access Plan Requirement.pdf	09/20/2021	173.9 Kb	Download
Authorized Signature Card (MIT).pdf	09/20/2021	137.9 Kb	Download
CDBG-MIT Award Checklist.pdf	09/20/2021	216.8 Kb	Download
Civil Rights Compliance Certification.pdf	09/20/2021	397.0 Kb	Download
DCA Subrecipient Language Access Plan Guidance.pdf	09/20/2021	344.2 Kb	Download

NEW FOR 2022 AWARDS !!

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, VMF, 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

Successful Award Acceptance



Verify!

Be sure to check your uploads to ensure they are oriented correctly, legible, and the signed document is the one attached



This Photo by Unknown Author is licensed under CC BY-SA



Ask for help!

DCA staff are here to assist you as you navigate accepting the award in the eCivis Portal



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Timeliness!

Ensure that the award package is completed and returned to DCA within 30 days (November 26, 2022)



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



Remember!!!

