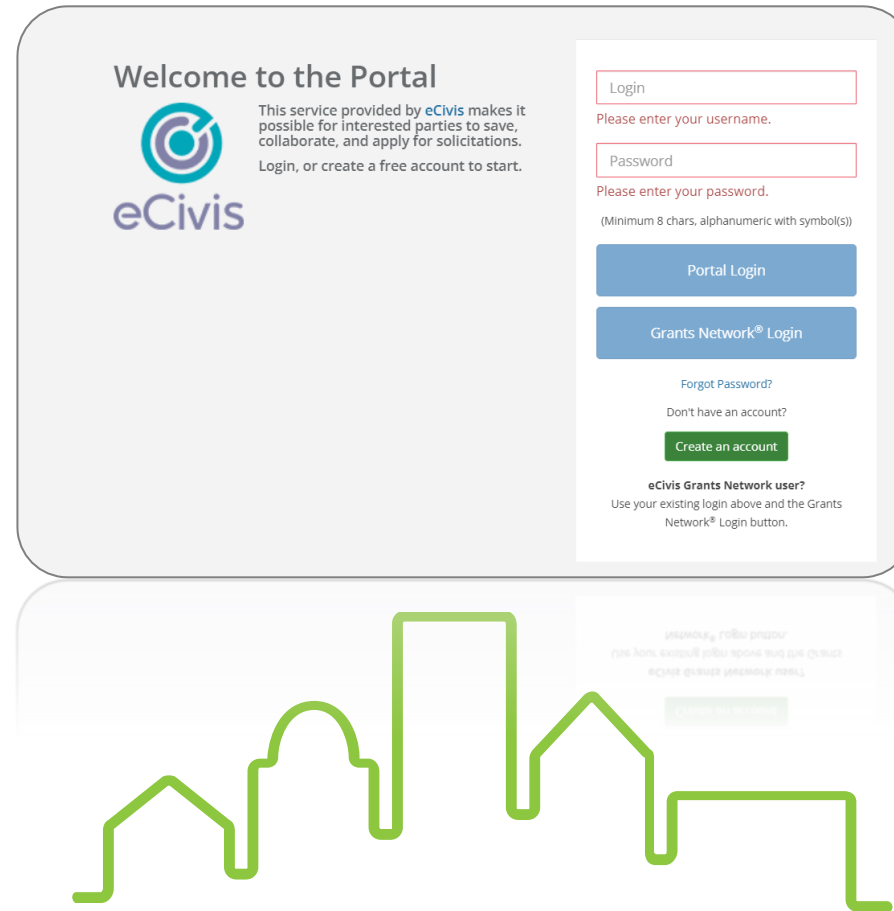



# GrAAM/eCivis Award Administration



The image shows a screenshot of the eCivis portal login page. The page is divided into two main sections. The left section, titled "Welcome to the Portal", features the eCivis logo and a message: "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." The right section contains the login form. It has two input fields: "Login" (with a red border and the text "Please enter your username.") and "Password" (with a red border and the text "Please enter your password. (Minimum 8 chars, alphanumeric with symbol(s))"). Below these fields are two blue buttons: "Portal Login" and "Grants Network® Login". There are also links for "Forgot Password?" and "Don't have an account?", followed by a green button labeled "Create an account". At the bottom of the right section, there is a section for "eCivis Grants Network user?" with the text "Use your existing login above and the Grants Network® Login button." A green line-art graphic, resembling a stylized mountain range or a series of connected peaks, is positioned at the bottom of the page, partially overlapping the bottom of the login form.

Welcome to the Portal

  
eCivis

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.

Login

Please enter your username.

Password

Please enter your password.  
(Minimum 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.

Kathleen Vaughn

October 26, 2022

## GrAAM/ eCivis



- ☐ Special Conditions
- ☐ Activity Reports/  
Accomplishments
- ☐ Financial Reports/Draws
- ☐ Extensions/ Budget Amendments/  
Scope Reductions
- ☐ De-obligation Requests

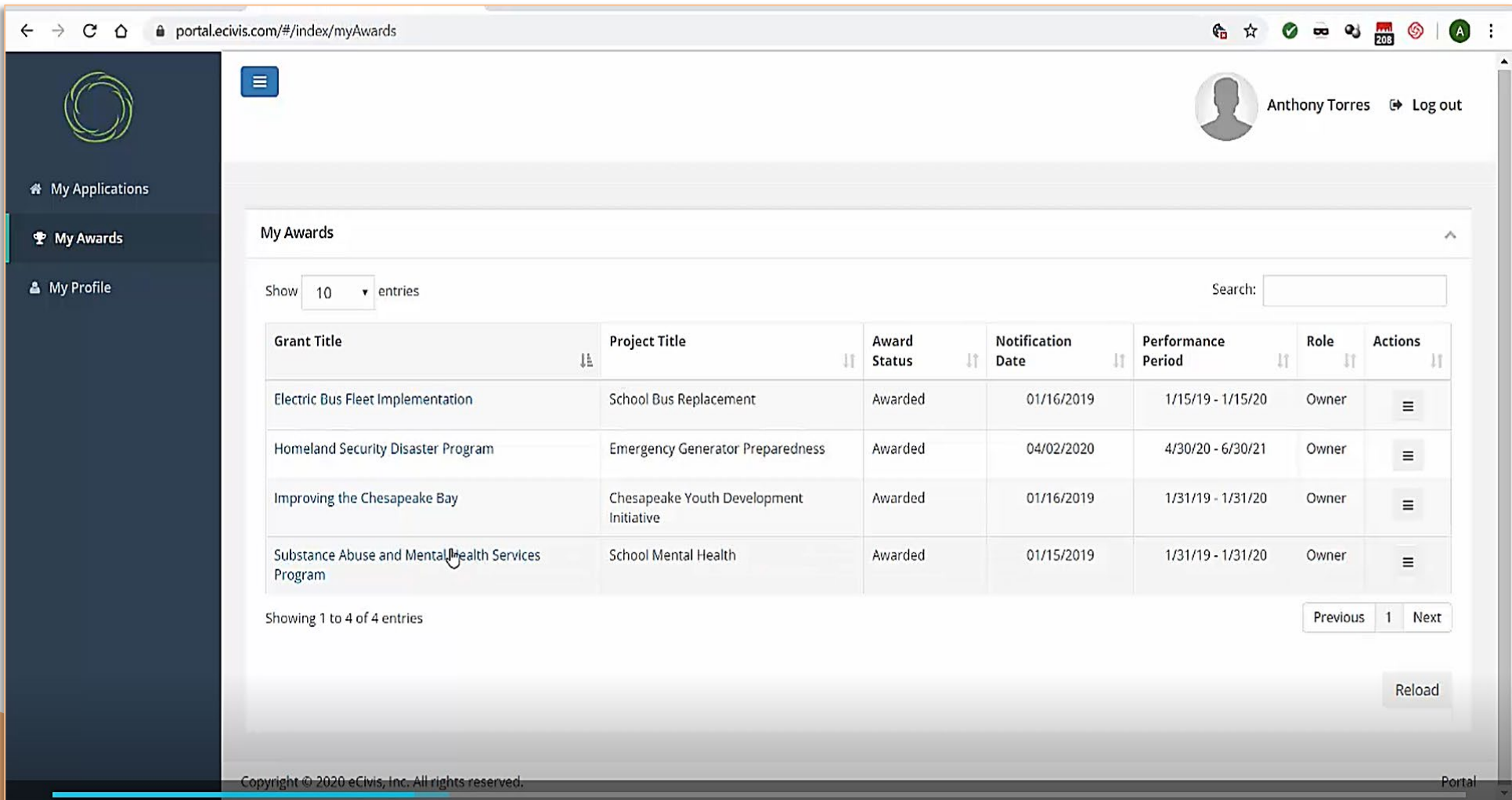


## CDBG-CV or CDBG.Biz



- ☐ Requests for Release of Funds
- ☐ Wage Determinations & Add'l  
Classifications
- ☐ Contractor Clearance
- ☐ Notice of Contract Action
- ☐ Sole Source Requests

# Recipient Award Selection Page



The screenshot displays the 'My Awards' page of a web portal. A pink arrow points to the 'My Awards' link in the left-hand navigation menu. The page header shows the user is logged in as Anthony Torres. The main content area features a table of awards with columns for Grant Title, Project Title, Award Status, Notification Date, Performance Period, Role, and Actions. There are four entries listed, all with an 'Awarded' status. A search bar and pagination controls are also visible.

portal.ecivis.com/#/index/myAwards

Anthony Torres Log out

My Awards

Show 10 entries Search:

Grant Title	Project Title	Award Status	Notification Date	Performance Period	Role	Actions
Electric Bus Fleet Implementation	School Bus Replacement	Awarded	01/16/2019	1/15/19 - 1/15/20	Owner	
Homeland Security Disaster Program	Emergency Generator Preparedness	Awarded	04/02/2020	4/30/20 - 6/30/21	Owner	
Improving the Chesapeake Bay	Chesapeake Youth Development Initiative	Awarded	01/16/2019	1/31/19 - 1/31/20	Owner	
Substance Abuse and Mental Health Services Program	School Mental Health	Awarded	01/15/2019	1/31/19 - 1/31/20	Owner	

Showing 1 to 4 of 4 entries

Previous 1 Next

Reload

Copyright © 2020 eCivis, Inc. All rights reserved. Portal

# Recipient Award Dashboard

The screenshot shows the 'Award Dashboard' interface. At the top, there are two tabs: 'Draw Requests' and 'Quarterly & Accomplishment'. Below these, a row of buttons includes 'View Budget', 'View Files', 'Submit Financial Report', 'Submit Activity Report', 'Request Grant Amendment', and 'Manage Project Team'. The 'Award Detail' section on the left lists: Subrecipient: City of Springfield, Project: Emergency Generator Preparedness, Approval Date: 04/02/2020, Approved amount: \$126,000.00, Total Federal Award: \$126,000.00, Total Non-Federal Award: \$0.00, Total Match: \$72,000.00, and Performance period: 04/30/2020 - 06/30/2021. The 'Pending Tasks' section at the bottom shows a table of tasks with columns for Task Type, Due Date, and Actions. Annotations with pink arrows point to specific elements: 'Draw Requests' points to the 'Submit Financial Report' button; 'Quarterly & Accomplishment' points to the 'Submit Activity Report' button; 'Extensions, Amendments, De-obligation' points to the 'Request Grant Amendment' button; and 'Assigned Tasks: Special Conditions' points to the 'Pending Tasks' section header.

portal.ecivis.com/#/index/award

## Award Dashboard

**Award Detail**

Subrecipient: City of Springfield  
Project: Emergency Generator Preparedness  
Approval Date: 04/02/2020  
Approved amount: \$126,000.00  
Total Federal Award: \$126,000.00  
Total Non-Federal Award: \$0.00  
Total Match: \$72,000.00  
Performance period: 04/30/2020 - 06/30/2021

Program: Homeland Security Disaster Program  
Award ID: abc12345  
EIN: 123456789

**Pending Tasks**

Show 10 entries

Search:

Task Type	Due Date	Actions
Financial Report Request	06/30/2020	
Activity Report Request	06/30/2020	
Financial Report Request	09/30/2020	
Activity Report Request	09/30/2020	

tal.ecivis.com/#/index/award

... Search

Detail







View Budget View Files **Submit Financial Report** Submit Activity Report Request Grant Amendment Manage

Recipient: City of Springfield  
Program: Homeland Security Disaster Program  
Award ID: abc12345  
EIN: 123456789

Emergency Generator Preparedness  
Award Date: 04/02/2020  
Awarded amount: \$126,000.00  
Total Federal Award: \$126,000.00  
Total Non-Federal Award: \$0.00  
Match: \$72,000.00  
Finance period: 04/30/2020 - 06/30/2021

Tasks

10 entries Search:

Type	Due Date	Actions
Financial Report Request	06/30/2020	 Create Financial Report Mark Task Complete
Financial Report Request	06/30/2020	
Financial Report Request	09/30/2020	
Financial Report Request	09/30/2020	
Financial Report Request	12/31/2020	
Financial Report Request	12/31/2020	

## Draw/ Reimbursement Requests

- Select “Submit Financial Report” from the top menu options to access the financial report screen
- Tasks assigned by DCA can be accessed in the “pending tasks” menu.

# Draw Requests

- The Financial Reporting Screen provides a budget overview above the financial reporting section.
- The reporting period will either reflect the day of the draw request or quarter (if reporting for a quarter in which no reimbursements were requested)
- Enter the amount requested per line item in the “spend” column. This should mirror column G on draw form.
- **Match should always be entered on the final financial report.**



When filling out your spending report, pay attention to the balances left in your budgeted cost lines. Also be sure to factor program income....

### Award Financial Overview

This overview will update in real time as you complete your financial request. The data here reflects all submitted spending reports, even those still in the approval process.

	Spend	Match	Spend + Match
Award Total Spend	\$ 0.00	\$ 0.00	\$ 0.00
	0.00 %	0.00 %	
Award Remaining	\$ 126,000.00	\$ 41,000.00	\$ 167,000.00

Award Total Program Income	Received	Expended
\$ 0.00	\$ 0.00	

### Financial Report Details

Reporting Period: \*

Category	Spend	Match	Spend + Match	Award Remaining
1. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 55,000.00
2. Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
3. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13,000.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 53,000.00
5. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13,000.00
7. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
8. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Program Income	Received	Expended
\$ 0.00	\$ 0.00	

Report Total	Spend	Match	Spend + Match
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	0.00 %	0.00 %	

☐ Reimbursement Request

☐ This is my final report

7 / 2525

# Draw Requests

7. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
8. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Program Income				
	Received	Expended		
	\$ 4,000.00	\$ 4,000.00		
Report Total	Spend	Match	Spend + Match	
	\$ 48,000.00	\$ 5,000.00	\$ 53,000.00	
	90.57 %	9.43 %		

☒ Reimbursement Request\*  
\$ 48,000.00

☐ This is my final report

Financial Report Narrative \*

Please develop your narrative below including key metrics, spending details, and other pertinent details.

</> H1 H2 H3 B I U %

- To receive payment, select “Reimbursement Request” checkbox.
- Enter the amount. Ensure the Request Total matches the Reimbursement Request amount.
- Do not check “This is my final report”.
- Enter a narrative.

## All Georgia Department of Community Affairs Request for Drawdown of CDBG Funds

1. Recipient Name: \_\_\_\_\_ 2. Grant Number: \_\_\_\_\_

Name and telephone number of the person to contact.

Drawdown Request Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Final Drawdown? (type an X in the appropriate box)

☐ Yes ☐ No

### 3. Drawdown Information

A. Activity Number	B. Budget Amount	C. Budget Adjustments
TOTAL	0.00	0.00

4. If any of the amounts in Column H will exceed the number from which you want funds transferred

5. Please indicate the amount of Program I  
\$\_\_\_\_\_. Leaving this blank certifies  
total cash on hand (including PI) in your C

6. I hereby certify that the data above is correct and true to the best of my knowledge and belief. I understand that the above information is being provided for the purpose of the grant and that I am responsible for the accuracy and completeness of the information provided. I understand that the above information is being provided for the purpose of the grant and that I am responsible for the accuracy and completeness of the information provided.

Date  Authorized Sign 

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

## Financial Report Files

Please upload any files necessary For your financial report. This may include financial transactions, receipts, program income, etc...

Upload File 

Search:

⬆️ **Actions**

Sub

Search:

File Size Actions

11.1 KB  

Previous 1 Next

Submit Report Cancel

Cancel



Award Activities

Show 10 entries

Search:

Report	Reporting Period	Created By	Date Created	Current Status	Actions
Financial Report	01/01/2020 -- 03/31/2020	Anthony Torres	04/02/2020	Approved / Paid	<a href="#">View Report</a>
Financial Report	04/02/2020 -- 04/03/2020	Anthony Torres	04/02/2020	Approved / Awaiting Payment	<a href="#">View Report</a>
Financial Report	04/02/2020 -- 04/03/2020	Anthony Torres	04/02/2020	Changes Requested	<a href="#">Review/Resubmit</a>

Showing 1 to 3 of 3 entries

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

Reload

Award Amendments

Request Grant Amendment

# Draw Requests

*CDBG Recipients' Manual,  
Appendix I. Pages 16 & 17*

Return to Index

**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:**

<b>Item A</b>	<b>Activity Number:</b> Enter the numbers for all approved activities as shown on the DCA Budget Summary. Include all approved activities, including the Contingency Activity.
<b>Item B</b>	<b>Budget Amount:</b> 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.
<b>Item C</b>	<b>Budget Adjustments:</b> 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.
<b>Item D</b>	<b>Budget Revised:</b> Equals Item C (positive or negative) added to Item B.
<b>Item E</b>	<b>Amount Drawn to Date:</b> This should reflect, by activity, the total funds drawn down by the Recipient.
<b>Item F</b>	<b>Budget Balance Prior to this Draw:</b> This should reflect, by activity, the budget balance prior to the current draw.
<b>Item G</b>	<b>Amount of Drawdown Requested:</b> Enter the amount requested for each activity.
<b>Item H</b>	<b>Budget Balance After this Draw:</b> 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

DCA 2015-w01

# Activity Reports

Used for Quarterly Reporting

Instructions:

<https://www.dca.ga.gov/node/3741/documents/10>

The reporting periods and deadlines are:

- January - March (due April 30)
- April - June (due July 31)
- July - September (due October 31)
- October - December (due January 31)

The first quarterly report for a grant should cover the first full quarter after the award date.

Attach the CDBG Contracts & Accomplishment Report form to report any contracting and section 3 activity, leverage, and accomplishments.

Recipient Name:		Grant Number:		Report No:		Quarter End:		Final Report:	
Contact Person:		Telephone Number:				E-mail:			

Subcontractor Name	Address	City, State, Zip	Prime Contractor ID #	Sec 3	Subcontractor ID #	Sec 3	Total Amt. Contract/Sub	CDBG Part	Trade Code	Race Code	Women Owned

Instruction, 2 = Education/Training, 3 = Other

Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian

Section 3 Business as: 51% or more owned by low or very-low income persons, OR 75% or more labor hours are performed by low or very low-income persons, OR 25% or more owned by current residents of public housing, or Section 8-assisted housing.

Hours - Please enter unreported hours. If submitting the 2nd Quarter report (ending 6/30) enter the cumulative hours as well. The cumulative reporting period is 7/01 - 6/30.

Quarterly Hours	Annual Report - Quarter ending 6/30

portal.ecvis.com/#/index/award

Award Detail

View Budget View Files Submit Financial Report **Submit Activity Report** Request Grant Amendment Manage Project Team

Subrecipient: City of Springfield  
Project: Emergency Generator Preparedness  
Approval Date: 04/02/2020  
Approved amount: \$126,000.00  
Total Federal Award: \$126,000.00  
Total Non-Federal Award: \$0.00  
Total Match: \$72,000.00  
Performance period: 04/30/2020 - 06/30/2021

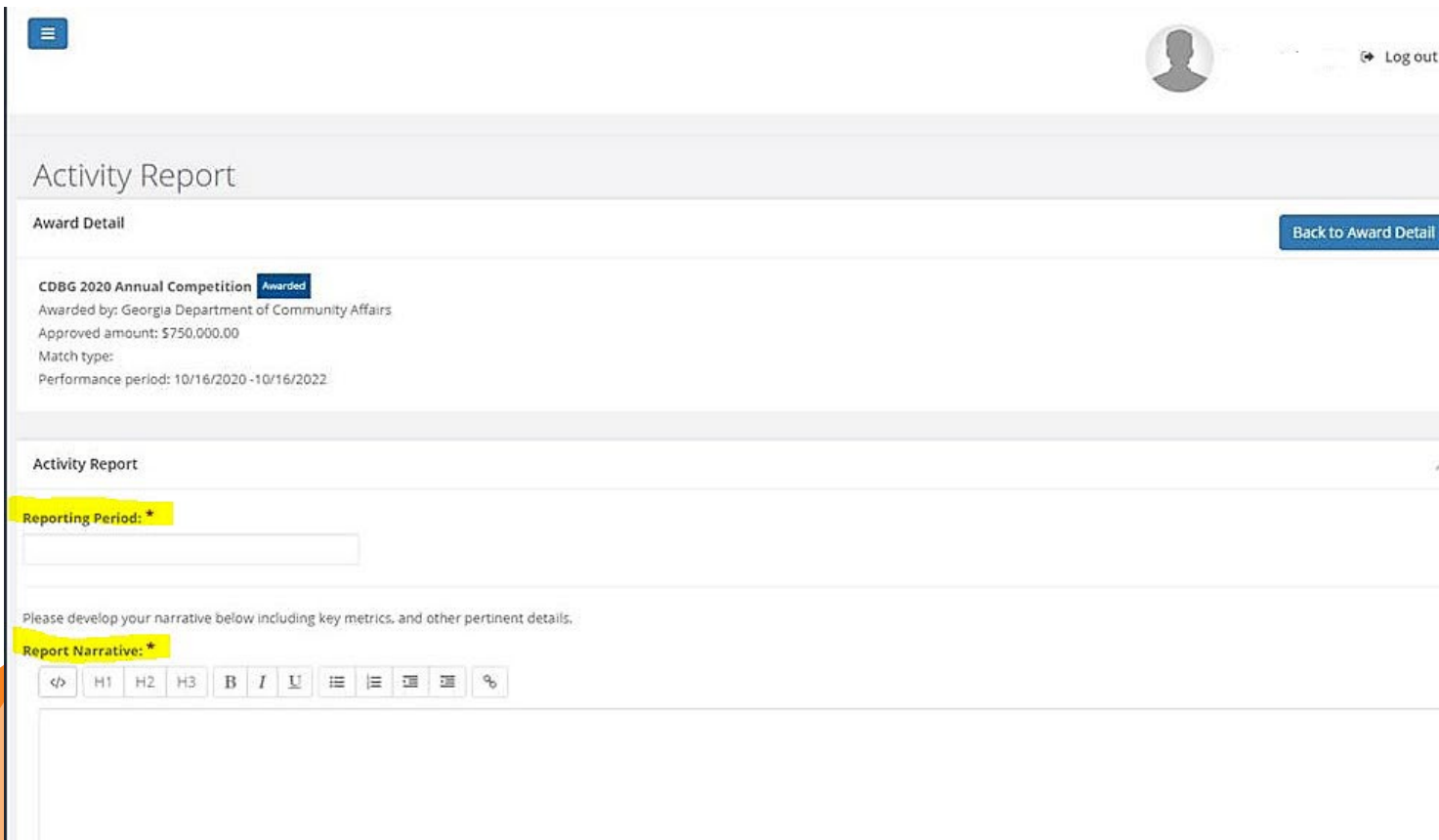
Program: Homeland Security Disaster Program  
Award ID: abc12345  
EIN: 123456789

Pending Tasks

Show 10 entries

Task Type	Due Date	Actions
Financial Report Request	06/30/2020	Create Financial Report Mark Task Complete
Activity Report Request	06/30/2020	
Financial Report Request	09/30/2020	

# Activity Reports



The screenshot shows a web application interface for submitting an Activity Report. At the top, there is a navigation bar with a menu icon on the left, a user profile icon in the center, and a 'Log out' button on the right. Below the navigation bar, the main heading 'Activity Report' is displayed. Underneath, there is a section titled 'Award Detail' with a 'Back to Award Detail' button. The award information includes 'CDBG 2020 Annual Competition' (marked as 'Awarded'), 'Awarded by: Georgia Department of Community Affairs', 'Approved amount: \$750,000.00', 'Match type:', and 'Performance period: 10/16/2020 - 10/16/2022'. Below this, the 'Activity Report' section is expanded, showing a 'Reporting Period: \*' field and a 'Report Narrative: \*' section. The narrative section includes a text area and a rich text editor toolbar with options for bold, italic, underline, list, and link.

Activity Report

Award Detail [Back to Award Detail](#)






**CDBG 2020 Annual Competition** Awarded  
Awarded by: Georgia Department of Community Affairs  
Approved amount: \$750,000.00  
Match type:  
Performance period: 10/16/2020 - 10/16/2022

Activity Report

Reporting Period: \*

Please develop your narrative below including key metrics, and other pertinent details.

Report Narrative: \*

</> H1 H2 H3 B I U     

Reporting period should reflect the quarter the Recipient is reporting on.

Enter the following information the “Report Narrative” field:

- Identify the report number
- Provide a brief narrative description of work in progress during the reporting period. Amount of funds expended per line item.
- Provide a brief narrative description of all other supporting efforts that have begun, been partially implemented, or completed during this period.
- If applicable, information concerning problems encountered or are anticipated that may impact the project as originally proposed in the grant application. If applicable, indicate “final” activity report and indicate that no other accomplishment / activity reports are due until the Final Financial Report.

# Activity Reports

- Enter Accomplishments, if applicable
- Attach the CDBG Contracts & Accomplishment Report form to report any contracting and section 3 activity, leverage, and accomplishments.
- "Submit Report"

Activity Report Metrics

Please enter metrics to describe progress on your goals.

Job Creation:	0.00	(1696.00)
Job Retention:	0.00	(1696.00)
Port YDU:	0.00	(1596.00)
Private Investment:	0.00	(1809096.00)

Enter program outcomes/accomplishments using the Activity Report Metrics fields.  
(Note: These entries may not be required by all programs.)

Activity Report Files

Please upload any files necessary for your activity report.

Upload File

Uploading files is optional.

File Name File Size Action

No files are available for download.

Showing 0 to 0 of 0 entries

Previous Next

Click the Submit Report button once all entries have been made.

Submit Report Cancel

Award Activities

Show 10 entries

SEARCH

Report	Reporting Period	Created By	Date Created	Current Status	Action
Financial Report	03/26/2021 - 04/07/2021	Rick Thompson	03/26/2021	Approved / Waiting Payment	
Activity Report	03/26/2021 - 04/07/2021	Rick Thompson	03/26/2021	Pending Approval	

Showing 1 to 2 of 2 entries

Previous 1 Next

Reload

# Activity Reports

- Attach the CDBG Contracts & Accomplishment Report form to report any contracting and section 3 activity, leverage, and accomplishments.

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
QUARTERLY EXPENDITURES AND PROGRESS REPORT

## ACCOMPLISHMENTS REPORT - PEOPLE

			Racial Data												Ethnicity		Income Data				
Matrix Code	HUD Activity	People Helped	White	Black	Asian	Native American	Pacific Islander	Native American/ White	Asian/ White	Black/ White	Native American/ Black	Other Multi-Racial	Asian Islander	Total from Race	Hispanic	Hispanic Base Race	Extremely Low Income	Low Income	Moderate Income	Non-Low/ Mod	Total Income Data

### PERFORMANCE CERTIFICATION

This certifies that

- ☐ No Accomplishments occurred during this quarter.
- ☐ All Accomplishments for this quarter have been reported accurately

### GRANT ADMINISTRATOR

This Quarterly Report is complete:

Date Completed



# Award Dashboard

## Award Detail

[View Budget](#)[View Files](#)[Submit Financial Report](#)[Submit Activity Report](#)[Request Grant Amendment](#)[Manage Project Team](#)

**Subrecipient:** City of Springfield

**Project:** Emergency Generator Preparedness

**Approval Date:** 04/02/2020

**Approved amount:** \$126,000.00



Total Federal Award: \$126,000.00

Total Non-Federal Award: \$0.00

**Total Match:** \$72,000.00

**Performance period:** 04/30/2020 - 06/30/2021

**Program:** Homeland Security Disaster Program

**Award ID:** abc12345

**EIN:** 123456789



## Pending Tasks

# Grant Amendment Requests

- Chapter 1: General Information, Section 9: Program Amendments, Budget Revisions, & Other Adjustments
- Substantive Amendments
- Budget Amendments
- Budget Revisions (under 10%)
- De-obligation requests

## Grant Amendments

Grant Amendment

AWARD DETAILS FINANCIAL INFORMATION ATTACH FILES

Please edit the appropriate information below.

Organization Name:\* City of Springfield

Project Name:\* Emergency Generator Preparedness

EIN:\* 123456789

Performance Period End:\* 06/30/2021

Save and Continue

Select the check box for budget adjustments, amendments, and de-obligations.



Grant Amendment

AWARD DETAILS FINANCIAL INFORMATION ATTACH FILES

☐ This amendment includes a financial change

Back Continue



# Grant Amendments

## Save Budget

### Revisions:

**Pre-Award:** Budget Created by A. Torres on 04-02-20 04:11 PM

done  
**Pre-Award:** Budget Saved by A. Torres on 04-02-20 04:15 PM

**Awarded:** Grant Awarded by G. Washington on 04-02-20 04:26 PM

**Post-Award:** Budget Locked by G. Washington on 04-02-20 05:02 PM

### New Note:

1000 characters remaining.




☒ This amendment includes a financial change

#### Budget Settings

Indirect Costs: Not Applicable 24.75

Match / Cost Share: Not Applicable 7.92 %

Budget Stage: Post-Award

Actions:   

#### Budget Items

##### Ext Cost

1. Personnel

\$0.00

Ext Cost

Direct Cost

Ind Cost

Cost Share

\$0.00

\$0.00

\$0.00

\$0.00

Ext Cost Direct Cost Ind Cost Cost Share

als: \$0.00 \$13,000.00 \$0.00 \$0.00

	Units	Unit Cost	Extended Cost	Cost	GL Code	Item Type
tel	0.00	\$0.00	\$0.00	\$5,000.00	2222-004	Direct Cost
aining	0.00	\$0.00	\$0.00	\$4,000.00	2222-003	Direct Cost
	0.00	\$0.00	\$0.00	\$4,000.00	2222-005	Direct Cost
ferences	0.00	\$0.00	\$0.00	40000	2222-002	Direct Cost
shops	0.00	\$0.00	\$0.00	\$0.00	2222-001	Direct Cost

Cancel

Save

Add Row

# Grant Amendments

- Upload relevant documentation as extensions to the Public hearing documentation forms
- Please indicate the type of request and describe any changes made or requested in the narrative.

Grant Amendment

AWARD DETAILS

FINANCIAL INFORMATION

ATTACH FILES

Please upload any files necessary to include with your grant amendment. These documents will be added to your original award package. It is highly recommended that you include a narrative explaining your grant amendment request.

Upload File

Amendment Files

Show 10 entries Search:

File Name	File Size	Actions
files have been uploaded		
<div>PreviousNext</div>		

Submit Amendment

Are you sure you are ready to submit this amendment? Please ensure you have all necessary budget and documentation completed before sending this amendment for grantor approval. You may enter an optional note to the approver:

5000 characters remaining.

CancelSave

# Pending Tasks

- Special Conditions will appear under "Pending Tasks".
- Use the "Actions" menu to respond and clear Special Condition

## Award Dashboard

[Award Detail](#)[View Budget](#)[View Goals](#)[View Files](#)[Submit Financial Report](#)[Submit Activity Report](#)[Request Grant Amendment](#)

**Subrecipient:** ██████████  
**Project:** ██████████  
**Award Status:** Awarded  
**Approval Date:** 10/16/2019  
**Approved amount:** \$750,000.00 [+](#)  
Total Federal Award: \$750,000.00  
**Total Match:** \$0.00  
**Performance period:** 10/16/2019 - 10/16/2021

**Program:** CDBG 2019 Annual Competition  
**Award ID:** ██████████  
**EIN:** 586000846

### Pending Tasks

Show  entries Search:

Task Type	Due Date	Actions
Special Condition #7 - Draw Downs	10/01/2021	<div>⋮ Create Task Response</div>

Showing 1 to 1 of 1 entries



# Pending Tasks/ Special Condition

Award Detail

Back to Award Detail

CDBG 2019 Annual Competition Awarded

Awarded by: Georgia Department of Community Affairs  
Approved amount: \$750,000.00  
Match type:  
Performance period: 10/16/2019 -10/16/2021

Special Condition #7 - Draw Downs - 10/01/2021

Task Note: Within sixty (60) days of the Community Development Block Grant (CDBG) award, and prior to funds being released, the Recipient must officially update its locally adopted Language Access Plan (LAP).

Subrecipient Response: \*

Warning!

Are you sure you are ready to submit this task response?

Cancel

OK

8000 characters remaining

Task Files

Please upload any files necessary for your task.

Upload File

Show 10 entries

Search:

File Name	File Size	Actions
No files are available for download		

Showing 0 to 0 of 0 entries

Previous

Next

Submit Task

Cancel

PLAN APPROVAL BLOCK: JANUARY 13TH, 2022

1

0-1-18-22

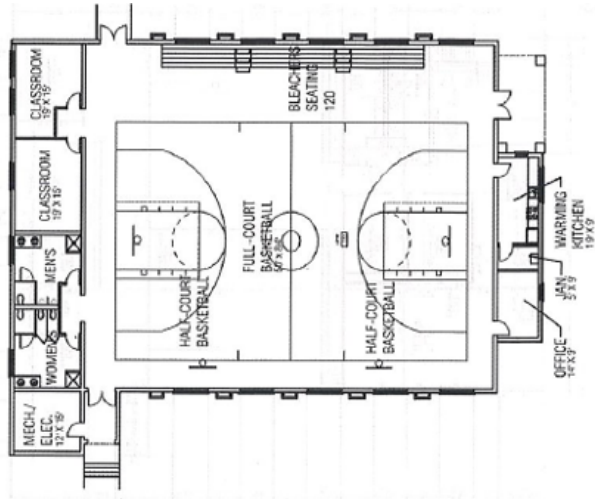
RECREATION DIRECTOR

DATE

1-18-22

BOARD OF COMMISSIONERS

DATE



# Special Conditions

## Language Access Plan

- Refer to *Language Access Plan Template* (<https://www.dca.ga.gov/node/7849>)
  - Provide certified minutes adopting the plan or resolution

## Continued Use Statement

- Provide statement certified by CEO on letterhead

## Floorplan

- Provide final floorplan signed by all agencies involved in project.

**Thank you!**

**Resources:**

**Quarterly Reporting Instructions & Forms -**

<https://www.dca.ga.gov/node/7498>

**-Appendix III – GrAAM Job Aids**

<https://www.dca.ga.gov/node/3582>

**-ECivis Video Library:**

<https://www.gotostage.com/channel/ecivis>

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