


Special Condition Compliance & GrAAM/eCivis Award Administration

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.

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, 2023

Special Conditions



Special Conditions – generally specific to the local project and are usually cleared via Grant Adjustment Notice.

Must be cleared prior to the drawdown of funds.



All awards are subject to a Language Access Plan Special Condition

Language Access Plan (LAP)

- Limited English Proficient (LEP) persons
 - Do not speak English as their primary language as a result of national origin
 - Have a limited ability to speak, read, write, or understand English
- All direct recipients and Subrecipients of federal funds must provide services to ensure that LEP persons have meaningful access to these federally funded programs. **Title VI of the Civil Rights Act of 1964 & Executive Order (EO) 13166**
 - Conduct an analysis to determine what REASONABLE action is required to ensure meaningful access to all programs and activities assisted with federal funds
 - Develop an implementation plan (LAP) to provide appropriate language assistance

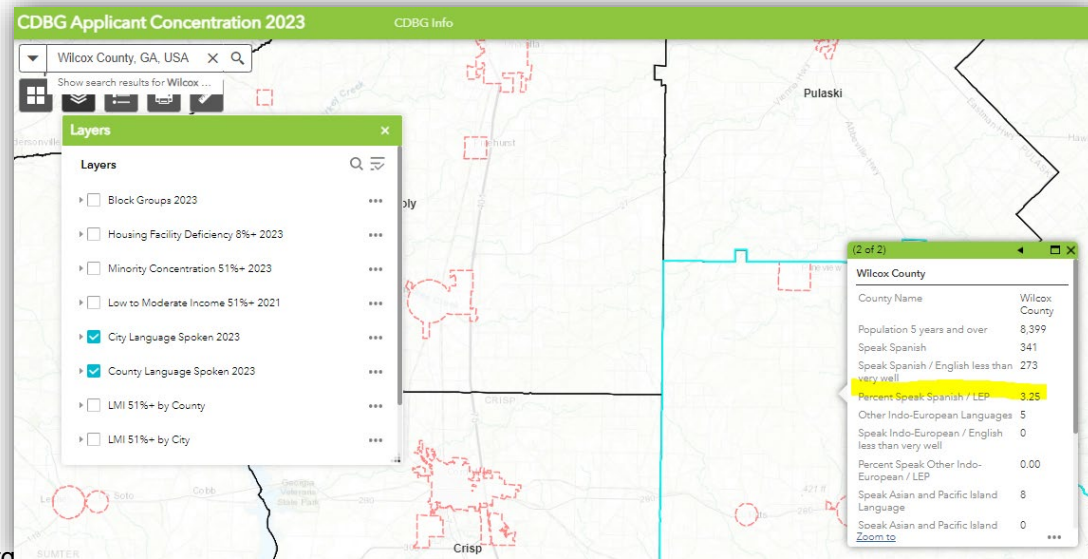
LAP: Contents

- Template - <https://www.dca.ga.gov/node/3741/documents/10>
- General Information
- Four-Factor Analysis
- The name of the individual responsible for coordination of LEP compliance
- A training plan on LEP requirements for all staff involved in programs and activities funded by the federal government and awarded by DCA
- A list of vital documents to be translated (if necessary) and schedule for translating and disseminating vital documents
- A plan for complaints and appeals. See the complaints and appeals requirement in the DCA policy (*CDBG Recipients' Manual Appendix 2, 2022 – 2027*)
- A policy for updating the Four-Factor Analysis and the LAP every five years.
 - Updated LAPs include a revised general information and considering Factor 3
- A plan to maintain records regarding its efforts to comply with Title VI LEP obligations.

Four-Factor Analysis: Factor 1.

Number of LEP Persons in the Jurisdiction & Target Area

- <https://data.census.gov> S1601
- DCA's CDBG Applicant Concentration Map



Threshold for Translation

Size of Language Group	Recommended Provision of Written Language Assistance
1,000 or more in the eligible population	Translated vital documents
More than 5% of the eligible population or beneficiaries and more than 50 in number	Translated vital documents
More than 5% of the eligible population or beneficiaries and 50 or less in number	Translated written notice of right to receive free oral interpretation of documents.
5% or less of the eligible population or beneficiaries and less than 1,000 in number	No written translation is required.

Four-Factor Analysis: Factor 2.

- Identify how your program engages with the public and how frequently does this occur:
 1. When notifying the public about a grant award application and its proposed activities
 2. When notifying the public about the grant award and its funded activities
 3. When seeking applicants to participate in the program (e.g., when seeking homeowners for rehabilitation assistance)
 4. When working with homeowners selected for assistance
 5. When notifying the public about the grant award closeout and its accomplishments

Four-Factor Analysis: Factors 3 & 4

- **Factor 3:**
- Answer the following questions:
 - What is the nature of the program? e.g., Providing improved water and sewer services
 - What is the importance of the program? Would denial or delay of access to services or information could serious or even life-threatening implications for the LEP individual?
- **Factor 4:**
- The resources available and costs to the recipient.
 - Oral interpretation services;
 - Bilingual staff;
 - Telephone service lines interpreter;
 - Written translation services;
 - Notices to staff and sub recipients of the availability of LEP services;
 - Referrals to community liaisons proficient in the language of LEP persons.
 - Provide "I speak" card

Vital Documents

Definition:

A vital document is any document that is critical for ensuring meaningful access to the recipients' major activities and programs by beneficiaries generally and LEP persons specifically. Whether or not a document (or the information it solicits) is "vital" may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner.

A list of vital documents to be translated (if necessary) and schedule for translating and disseminating vital documents:

Sample verbiage:

- The following list of Vital HUD/CDBG Documents will be translated into the Spanish language and made available:
 - Pre-award Public Notice – Prior to award
 - Post- Award Public Hearing Notice – within 60 days of award
 - **Environmental Notices – As required**
 - GA DCA/HUD Brochures, Posters, Fliers – On permanent display or as required
 - Fair Housing Materials - On permanent display or as required

Violence Against Women Act (VAWA) Certification

- Updated DCA-10
- The applicant certifies compliance with the Violence Against Women Act (VAWA) Reauthorization of 2022, effective October 1, 2022, which includes a new requirement for U.S. Department of Housing and Urban Development (HUD) recipients to support an individual's right to seek law enforcement or emergency assistance. Community Development Block Grant (CDBG) recipients will have additional requirements to report noncompliant local laws and ordinances.
- Please submit the above statement certified. Insert the name of local government in place of "applicant".

State Reporting Compliance

- State Audit
- Report of Local Government Finances
- Government Management Indicators (GOMI) Survey

“Within six (6) months of award, the local government must submit evidence of compliance with this requirement. The City will be prevented from drawing down funds whenever it is noncompliant with State reporting requirements.”

Water & Sewer Special Conditions

10-Year System Maintenance Certification

- The current water/sewer dashboard rate was reported below the 1.0 standard rate. Prior to release of grant funds, the Recipient must provide an analysis of the rate structure and certify it has the capacity for a 10-year system maintenance period.
 - Compares the revenues of the utility to its operating and capital costs to determine the adequacy of the existing rates to recover the costs

Water & Sewer Rate Survey

Provide survey data to DCA & University of Georgia's Carl Vinson Institute of Government. Certify participation in survey throughout the award period.

1. Estimated number of connections
2. Estimated service population
3. Operating revenue
4. Operating expenses
5. Average Household size (ACS data)
6. Median Household Income (ACS data)
7. Poverty rate (ACS data)

Drainage Special Condition

- The Recipient's engineer must certify conformance with the Georgia Stormwater Management Manual, Minimum Standard #8 in its evaluation of potential downstream impacts.
- Recommended by Engineer due to property damage complaints from downstream property owners.
- Provide a certification statement from the project engineer.

Building Special Conditions

Continued Use Statement

- Provide statement with verbiage from Special Condition certified by CEO on letterhead

Floorplan

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

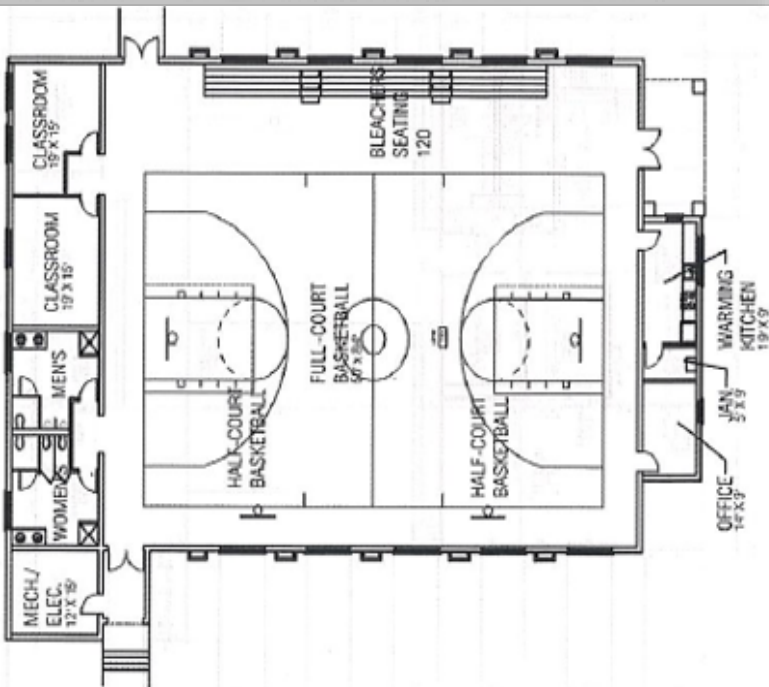
PLAN APPROVAL BLOCK: JANUARY 13TH, 2022

[Handwritten signature] DATE *1-18-22*

RECREATION DIRECTOR

[Handwritten signature] DATE *1-18-22*

BOARD OF COMMISSIONERS



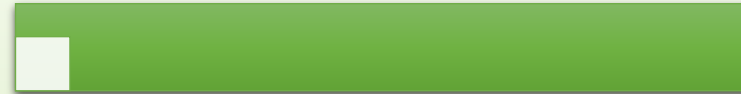
eCivis Award Administration

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



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

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Recipient Award Dashboard

portal.ecivis.com/#/index/award

Draw Requests Quarterly & Accomplishment

Award Dashboard

Award Detail

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

Subrecipient: City of Springfield **Program:** Homeland Security Disaster Program
Project: Emergency Generator Preparedness **Award ID:** abc12345
Approval Date: 04/02/2020 **EIN:** 123456789

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

Extensions, Amendments, De-obligation

Pending Tasks **Assigned Tasks: Special Conditions**

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

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

Original 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
Activity Report Request	06/30/2020	
Financial Report Request	09/30/2020	
Activity Report Request	09/30/2020	
Financial Report Request	12/31/2020	
Activity 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 / 25/25

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.

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	View Report
Financial Report	04/02/2020 -- 04/03/2020	Anthony Torres	04/02/2020	Approved / Awaiting Payment	View Report
Financial Report	04/02/2020 -- 04/03/2020	Anthony Torres	04/02/2020	Changes Requested	Review/Resubmit

Showing 1 to 3 of 3 entries

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

[Reload](#)

Award Amendments [Request Grant Amendment](#)

Draw Requests

Draw Requests

CDBG Recipients' Manual, Appendix I

Reset All
Georgia Department of Community Affairs Request for Drawdown of CDBG Funds
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)
 Yes [\(Click to Refresh\)](#) Reset Draw

3. Drawdown Information

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

[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:

- 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

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:	<input type="checkbox"/>
Contact Person:				Telephone Number:			E-mail:		

SECTION II: CONTRACTS/SUBCONTRACTS & LABOR FOR THIS QUARTER

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
				<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>

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

The screenshot shows the ECVIS portal interface. At the top, there are navigation buttons: View Budget, View Files, Submit Financial Report, Submit Activity Report, Request Grant Amendment, and Manage Project Team. The 'Submit Activity Report' button is highlighted with a red arrow. Below the buttons, the 'Award Detail' section displays the following information:

- 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

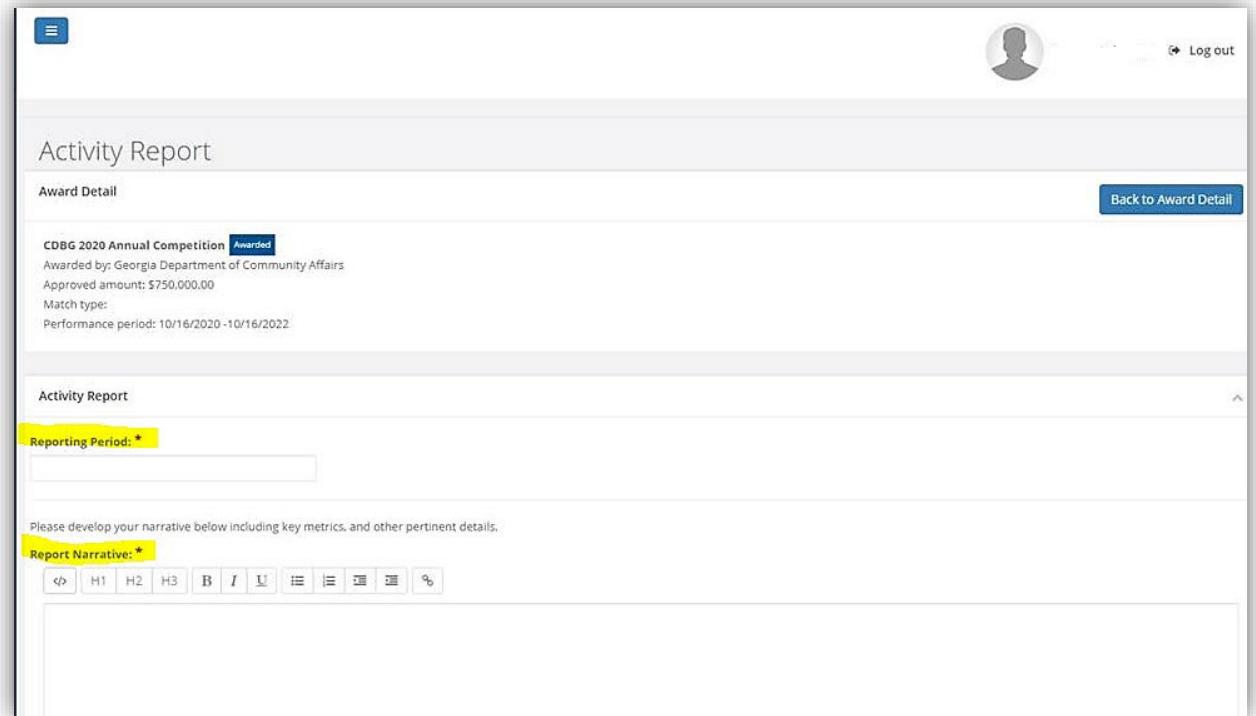
Below the award details, the 'Pending Tasks' section is visible. It shows a list of tasks with columns for Task Type, Due Date, and Actions. The tasks listed are:

- Financial Report Request (Due Date: 06/30/2020)
- Activity Report Request (Due Date: 06/30/2020)
- Financial Report Request (Due Date: 09/30/2020)

A dropdown menu is open for the first task, showing options: 'Create Financial Report' and 'Mark Task Complete'.

Activity Reports

- 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.



The screenshot displays a web-based form 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. The main heading is "Activity Report". Below this, the "Award Detail" section includes a "Back to Award Detail" button and the following information: "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". The "Activity Report" section contains a "Reporting Period:" field with a yellow highlight and a text input box. Below this is a note: "Please develop your narrative below including key metrics, and other pertinent details." The "Report Narrative:" field also has a yellow highlight and is accompanied by a rich text editor toolbar with icons for undo, redo, heading (H1, H2, H3), bold, italic, underline, list, link, unlink, and link icon.

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:	<input type="text" value="0.00"/>	(1606.00)
Job Retention:	<input type="text" value="0.00"/>	(1606.00)
Port YUUs:	<input type="text" value="0.00"/>	(1596.00)
Private Investment:	<input type="text" value="0.00"/>	(1800000.00)

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

Activity Report Files

Reupload any files necessary for your activity report.

Showing 0 to 0 of 0 entries

File Name	File Size	Action
No files are available for download		

Showing 0 to 0 of 0 entries

Click the Submit Report button once all entries have been made

Award Activities

Showing 1 to 2 of 2 entries

Report	Reporting Period	Created By	Date Created	Current Status	Action
Financial Report	03/01/2021 - 04/30/2021	Rick Thompson	03/08/2021	Approved / Waiting Payment	
Activity Report	03/08/2021 - 04/07/2021	Rick Thompson	03/08/2021	Pending Approval	

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
QUARTERLY EXPENDITURES AND PROGRESS REPORT

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT
ACCOMPLISHMENTS REPORT - PEOPLE

Matrix Code	HUD Activity	People Helped	Racial Data											Ethnicity		Income Data						
			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

Show entries

Search:

Task Type	Due Date	Actions
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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:*

Project Name:*

EIN:*

Performance Period End:*

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

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.

Cancel Save




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

Add Row



Grant Amendments

- Upload relevant documents, including an extensive hearing transcript and DCA 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		

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

✓ Your amendment has been successfully submitted. Your amendment will go through the approval process. You will be notified when your amendment has been finalized.

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.

[Cancel](#) [Save](#)

- 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: ██████████ Program: CDBG 2019 Annual Competition
Project: ██████████ Award ID: ██████████
Award Status: Awarded
Approval Date: 10/16/2019 EIN: 586000846
Approved amount: \$750,000.00 [+](#)
Total Federal Award: \$750,000.00
Total Match: \$0.00
Performance period: 10/16/2019 - 10/16/2021

Pending Tasks

Show entries Search:

Task Type	Due Date	Actions
Special Condition #7 - Draw Downs	10/01/2021	⋮

Showing 1 to 1 of 1 entries Create Task Response

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

REGULATION AND COMPLIANCE

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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