



Georgia[®] Department of 

Community Affairs

YOUR 2021 CDBG

Grant Award and Financial Management



October 19, 2021

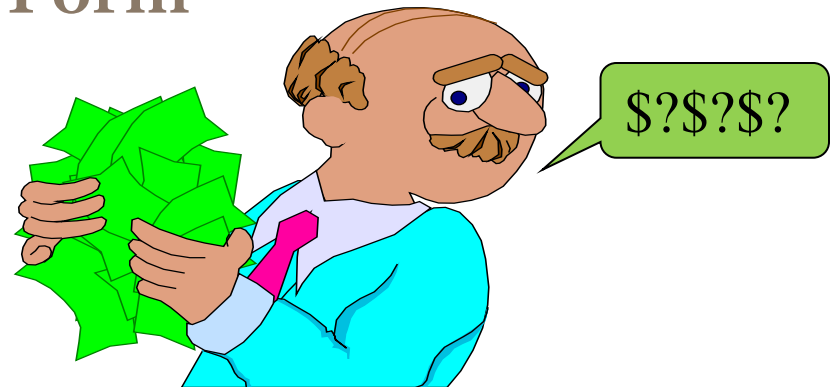
Cindi Bernhardt



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: <input type="text"/>	Award Number: <input type="text"/>
CHECK ONE: <input type="checkbox"/> ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS or <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: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>	Typed Name: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>
Typed Name: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>	Typed Name: <input type="text"/> Job Title: <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: <input type="text"/> Title: <input type="text"/>	
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

NEW SUPPLIER FORM



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Licenses **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-6.
Agency Vendor Licenses **MUST** complete Section 2 the "AGENCY LIAISON USE ONLY" section prior to submission to SAC.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/> Newly Assigned Supplier ID	
<input type="checkbox"/> Existing Team/Work Supplier ID	

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/> Change Name And / or Licenses	(Requires pre-approval)
<input type="checkbox"/> Change Address – From State OR	(Requires pre-approval)
<input type="checkbox"/> Classification Change	
<input type="checkbox"/> WCM Vendor	
<input type="checkbox"/> Terminate Contract (SOAG Use Only)	
<input type="checkbox"/> Other (Provide Details in Section 4 and below)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is provided with the supplier name and Tax ID listed below.

Liaison Name: _____	Agency BUN: _____
Signature: _____	Date: _____
Email: _____	Phone: _____

SECTION 2 – SUPPLIER IDENTIFICATION [Complete all applicable fields] **SUPPLIER USE ONLY**

FQ/SN/TIN NUMBER: _____

SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY: _____ EXT: _____ SECONDARY: _____ EXT: _____

LANDLINE TOLL SMS FOR BIRTHDAY/ANNIVERSARY LANDLINE CELL SMS FOR BIRTHDAY/ANNIVERSARY

CONTACT EMAIL: _____

SECTION 3 – BANK ACCOUNT INFORMATION (Required field as per system to ensure submissions are properly sent via **SUPPLIER USE ONLY**)

ROUTING # _____ ACCOUNT # _____

Check here if General Bank Account can be used by All State of Georgia agencies making payments.

Check here if this account can only be used for SPECIFIC purpose. _____

ACCOUNTS RECEIVABLE NOTIFICATION

PRINT REMIT EMAIL: _____

PRINT REMIT EMAIL: _____

Indicate the State of Georgia to deposit payment for goods/services rendered into the provided bank account by the automated clearing house (ACH). I further acknowledge that this agreement to so indicate full effort contract time as changes to this bank account information are indicated 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 will not accept any electronic bank account transfers.

Printed Name of Company Officer _____	Signature of Company Officer _____	Date _____
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SECTION 4 – OTHER TYPE OF BUSINESS/ CHECK ALL THAT APPLY TO YOUR BUSINESS

<input type="checkbox"/> Sole Member Supplier Profile (Check qualifications in Section 5)							
<input type="checkbox"/> Sole Member Supplier Profile							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Non-Tax Exempt</td> <td style="width: 10%;"><input type="checkbox"/> Tax-Exempt</td> <td style="width: 10%;"><input type="checkbox"/> C-Corp</td> <td style="width: 10%;"><input type="checkbox"/> S-Corp</td> <td style="width: 10%;"><input type="checkbox"/> Other Corp</td> <td style="width: 50%;"><input type="checkbox"/> Partnership, Sole Proprietor</td> </tr> </table>	<input type="checkbox"/> Non-Tax Exempt	<input type="checkbox"/> Tax-Exempt	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Other Corp	<input type="checkbox"/> Partnership, Sole Proprietor	
<input type="checkbox"/> Non-Tax Exempt	<input type="checkbox"/> Tax-Exempt	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Other Corp	<input type="checkbox"/> Partnership, Sole Proprietor		
<input type="checkbox"/> Add/Change Bank Account (Check complete Numbers 1 & 2)							
<input type="checkbox"/> Change Supplier Bank Account (Check complete Numbers 1 & 2)							
<input type="checkbox"/> Add/Change Contact to change if used qualifications							
<input type="checkbox"/> Supplier (Contract) Name Change							
<input type="checkbox"/> Add/Change Business Address (Check complete Section 2)							
<input type="checkbox"/> Change Supplier Business Address (Check complete Numbers 1 & 2)							
<input type="checkbox"/> Other (Provide Details in Section 4)							

SECTION 5 – TYPE OF BUSINESS (check all that apply)

<input type="checkbox"/> Wholesale/Manufacturing (Check all that apply)	<input type="checkbox"/> SERVICE BUSINESSES (Check all that apply)
<input type="checkbox"/> Retail Business	<input type="checkbox"/> Wholesale Retail
<input type="checkbox"/> Information Business	<input type="checkbox"/> Information Services
<input type="checkbox"/> Health Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Other (Specify in Section 4)	<input type="checkbox"/> Other (Specify in Section 4)

*Check or Uncheck the (YES/NO) or (YES/NO/NEVER) boxes any business which is independently owned and operated. Additionally, such business must either have 50 or more employees/500000 or more gross revenue per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Discontinue" box checked in Section 5)

2016, Accounting@Ga.gov 01/16/16

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) ▶ _____ <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				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
OR				
Employer identification number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
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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

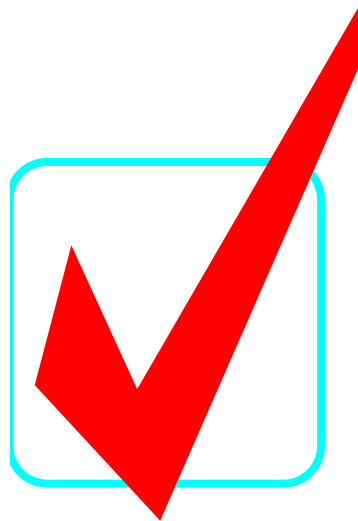
Common Award Package Issues/Errors

W-9 – Correct Way

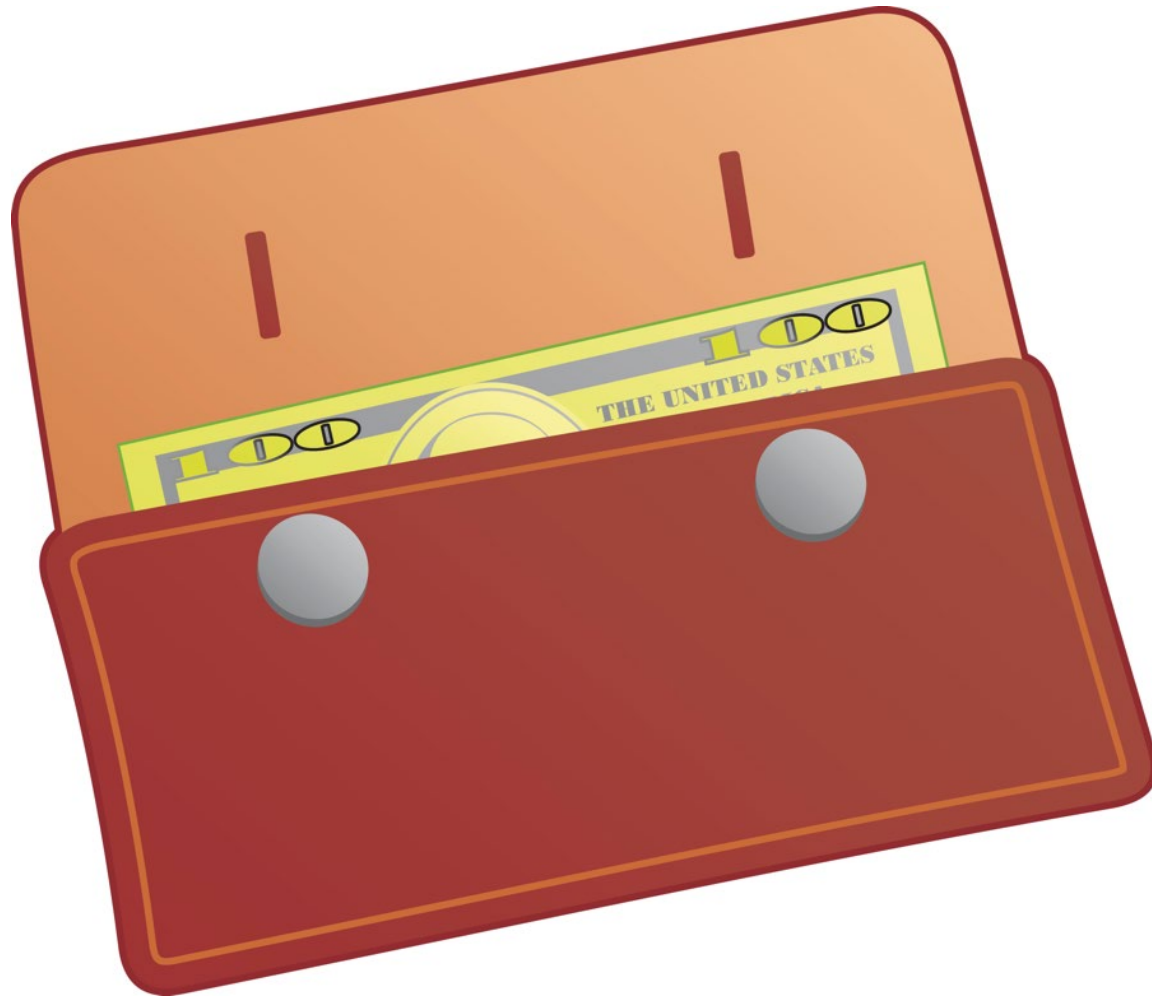
- Lines 1-7 Business Name and address – must match Vendor Form and Bank Letter
- Part I - EIN# must be accurate and must match Vendor Form
- Part II – Must be signed and dated

IMPORTANT REMINDERS

- Keep copies of your entire award package
- Sign & Return Award Package within 30 days of award
- November 22, 2021
- 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

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

