COMMUNITY DEVELOPMENT BLOCK GRANT

(CDBG)

- 1. INVOICE AND DISBURSEMENT REQUESTS
- 2. QUARTERLY REPORTING
 - April 15th
 - July 15th
 - October 15th
 - January 15th
- 3. ANNUAL REPORTING
 - January 31st
- 4. ELGIBILITY DOCUMENTATION

Invoice and Disbursement Request Form

HOW TO FILL OUT A

CDBG INVOICE AND DISBURSEMENT FORM

The Invoice and Disbursement Request can be submitted at any time. You do not need to wait until your quarterly reports are due.

Wages & Salary Reimbursement

Submit the following:



CDBG Invoice and Disbursement Request Form



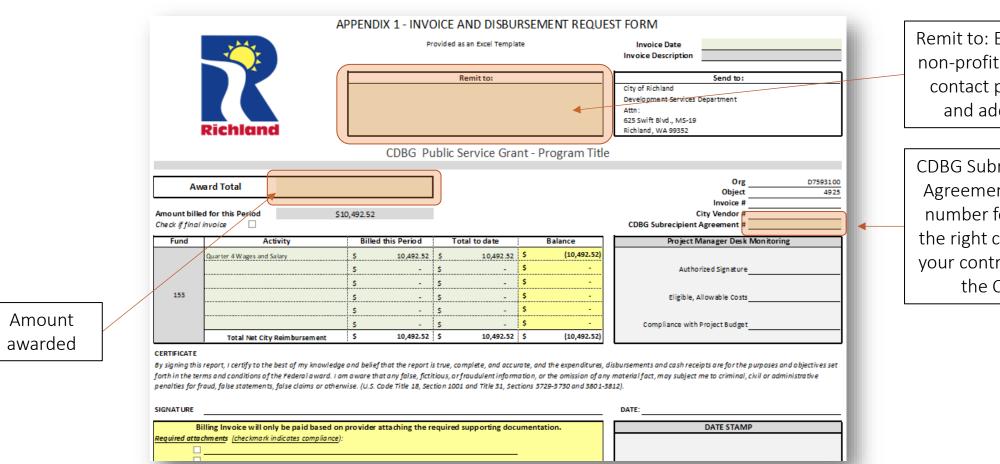
Agency Invoice



Back-up documents such as expense reports, payroll summaries, time sheets etc.

The Invoice will be Provided as an Excel Document

Fill out the Remit To, Award Total, and CDBG Subrecipient Agreement #. Your invoice may have these prefilled

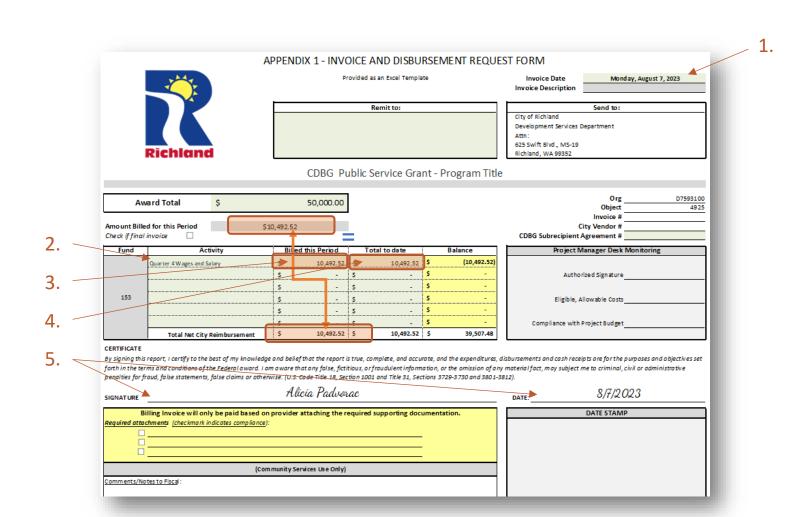


Remit to: Enter the non-profit's name, contact person, and address

CDBG Subrecipient Agreement is the number found in the right corner of your contract with the City

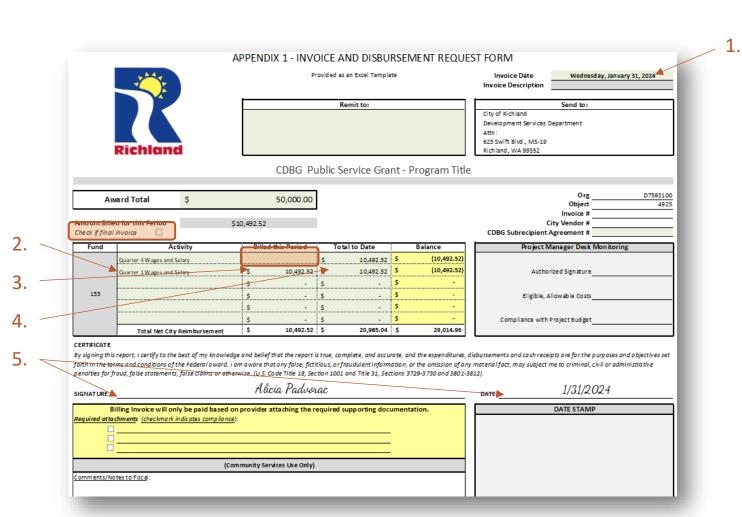
How To Fill out **Initial** Invoice for: Wages & Salary Reimbursement

- Invoice Date
- 2. The activity that occurred
- 3. Amount you are requesting for this invoice
- 4. The first invoice, **Total to date** should match **Billed this Period**.
- 5. Sign and Date
- •Amount Billed for this Period and Total Net City Reimbursement should match.



How To Fill out Subsequent / Final Invoices for: Wages & Salary Reimbursement

- Start with last invoice submitted.
- Delete **Billed this Period** values (*do not delete* **Activity** or **Total to Date** values).
 - 1. Update the Invoice Date
 - 2. Add new Activity/Activities
 - 3. Add your **Billed this Period** amounts
 - Add Total to Date amount(s) with the new
 Billed this Period amounts
 - 5. Sign and Date
- •Amount Billed for this Period and Total Net City Reimbursement should match.
- Make sure Check if Final Invoice box is checked if this is your final invoice. By checking this box your project will be closed out.



Client Specific Reimbursement

Submit the following documents:



CDBG Invoice and Disbursement Request Form



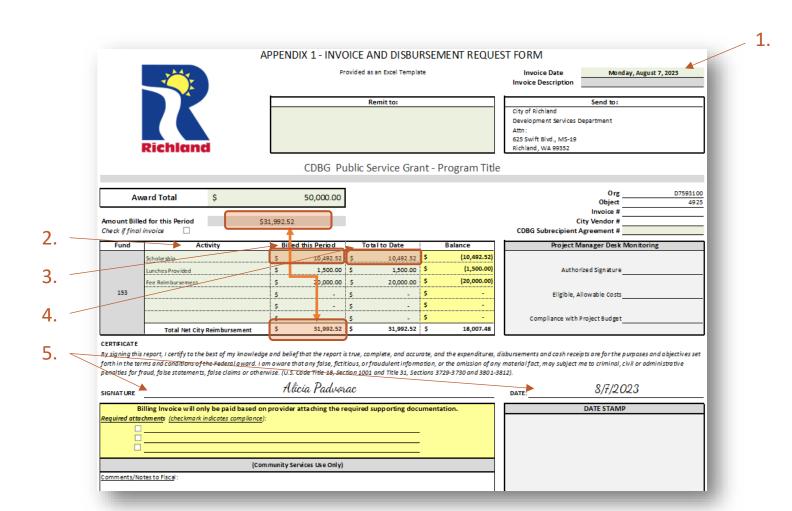
Agency Invoice



Back-up documentation

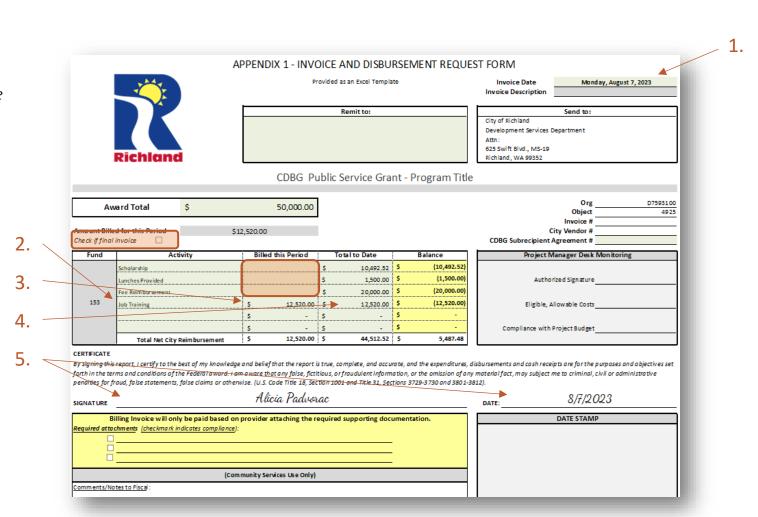
How To Fill out **Initial** Invoice for: **Client Specific Reimbursement**

- Fill in the green cells.
 - 1. Invoice Date
 - 2. The activity/activities that occurred
 - 3. Amount you are requesting for this invoice
 - 4. The first invoice, **Total to date** should match **Billed this**Period.
 - 5. Sign and Date
- Amount Billed for this Period and Total Net City Reimbursement should match.



How To Fill out Subsequent / Final Invoices for: Client Specific Reimbursement

- Start with last invoice submitted.
- Delete **Billed this Period** values (*do not delete* **Activity** or **Total to Date** values).
- Fill in the green cells.
 - 1. Update the Invoice Date
 - 2. Add new items to Activity
 - 3. Add Billed this Period amount(s)
 - Add Total to Date amount(s) to new Activity item(s)
 - 5. Sign and Date
- •Amount Billed for this Period and Total Net City Reimbursement should match.
- Make sure *Check if Final Invoice* box is checked if this is your final invoice. If marked your project will be closed out.



COMPLETING AN INVOICE FOR MULTIPLE ACTIVITIES

You can submit a single invoice for multiple Activity types

- You can combine Wages and Salary, Client Specific, and/or Contractor Reimbursements into one invoice.
- Under **Activity** list all eligible expenses.
 - Invoice Date
 - The activity/activities that occurred
 - Amount you are requesting for this invoice
 - The total amount to date that has been requested for this line item.
 - Sign and Date

APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template Invoice Date Invoice Description

City of Richland Development Services Department 625 Swift Blvd., MS-19 Richland, WA 99352

Monday, August 7, 2023

CDBG Public Service Grant - Program Title

Award Total 50,000.00 4925 Invoice : \$39,490.28 City Vendor # heck if final invoice CDBG Subrecipient Agreement # Activity Billed this Period Total to Date Balance Project Manager Desk Monitoring 10,492.52 \$ (10,492.52) Quarter 2 Wages and Salary 10,492.52 10.492.52 \$ (10,492.52) Authorized Signature cholarships (1,750.00) 1.750.00 1.750.00 \$ 8,312.22 \$ 8,312.22 \$ (8,312.22) ane Doe Electrical Eligible, Allowable Costs (18,935.54) 18,935.54 \$ 18,935.54 \$ Compliance with Project Budget Total Net City Reimbursement \$ 39,490.28 \$ 49,982.80 \$ 17.20

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE Alicia Padvorac	DATE:	8/7/2023
Billing Invoice will only be paid based on provider attaching the required supporting documentation. Required attachments (checkmark indicates compliance):		DATE STAMP
(Community Services Use Only)		
Comments/Notes to Fiscal:		
Sufficient Funds Budgeted (fiscal):		City Use only

11. 7 /

QUARTERLY REPORTS
FOR PUBLIC SERVICE
CONTRACTS AND
REQUIRED
DOCUMENTATION

Fill in green sections based on which quarter you are reporting for (Do not delete the information from the previous quarters):

This section should be prefilled for you. If not, enter the information in the green sections

1. THE TOTAL NUMBER OF UNDUPLICATED PERSONS ASSISTED: (# of persons you provided services for)

OF THE TOTAL NUMBER OF PERSONS ASSISTED: What type of service did they receive? (must total # of unduplicated persons assisted)

If the unduplicated person is a Single Female, Head of Household, Elderly or Disabled list here

2. BENEFICIARY INCOME DATA:

Which income level does the unduplicated person fall under? (total must be the same as # 1 unduplicated personas assisted)



QUARTERLY BENEFICIARY REPORT

CDBG PUBLIC SERVICE

Reporting Period:	
1st Quarter (January-March)-Due on April 15th	3rd Quarter (July-September)-Due on October 15th
2nd Quarter (April-June)-Due on July 15th	4th Quarter (October-December)-Due on January 15th

Subrecipient Name:	
Address:	
CDBG Project Name:	

	1st	2nd	3rd	4th	
1. THE TOTAL NUMBER OF:	Quarter	Quarter	Quarter	Quarter	Cumulative
UNDUPLICATED PERSONS ASSISTED					0
OF THE TOTAL NUMBER OF PERSONS ASSIST	ED, THE NUI	MBER OF PE	RSONS:		
RECEIVED MEALS					0
PREVENTED FROM BECOMING HOMELESS					0
PARTICIPATE IN					
RECREATIONAL/EDUCATIONAL ACTIVITIES					0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL					
RECOVERY ASSISTANCE					0
OF THE TOTAL NUMBER OF PERSONS ASSIST	D, THE NU	MBER OF PE	RSONS:		
SINGLE FEMALE HEAD OF HOUSEHOLD					0
ELDERLY					0
DISABLED					0

2. BENEFICIARY INCOME DATA								
	1st	2nd	3rd	4th				
% OF AREA MEDIAN INCOME	Quarter	Quarter	Quarter	Quarter	Cumulative			
At or Below 30% (EXTREMELY LOW)					0			
Above 30% and at or Below 50% (LOW)					0			
Above 50% and at or Below 80% (MODERATE)					0			
Above 80% (NON LOW/MODERATE)					0			
TOTALS	0	0	0	0	0			

3 RACE DATA OF BENEFICIARIES:

Document race data of each unduplicated person (total must be the same as # 1 unduplicated personas assisted)

4 EXPENDITURE OF FUNDS:

Funds spent during the quarter for the # of unduplicated persons.

Sign, date, name, title and phone #, then scan and email to me

	1st (Quarter	2nd	Quarter	3rd	Quarter	4th	Quarter	Cun	nulative
		# of		# of		# of		# of		# of
3. RACE DATA OF BENEFICIARIES	#	Hispanic	#	Hispanic	#	Hispanic	#	Hispanic	#	Hispanic
WHITE									0	0
BLACK/AFRICAN AMERICAN									0	0
ASIAN									0	0
AMERICAN INDIAN/ALASKAN NATIVE									0	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER									0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHITE									0	0
ASIAN AND WHITE									0	0
BLACK/AFRICAN AMERICAN AND WHITE									0	0
AMERICAN INDIAN/ALASKAN NATIVE AND										
BLACK/AFRICAN AMERICAN									0	0
OTHER MULTI RACIAL									0	0
TOTALS	0	0	0	0	0	0	0	0	0	0

HISPANIC*= HUD Has designated Hispanic as an ethnic group. A person can be identified as both a member of a racial group and an ethnic group, but cannot be designated only as an ethic group

4. EXPENDITURE OF FUNDS					
SOURCES	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG					\$0.00
OTHER (LIST BELOW)					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature	Date of Signature				
	Phone #				

Print Name and Title Above

EXAMPLES OF PUBLIC SERVICE QUARTERLY REPORTS

Reporting Period:						
1st Quarter (January-March)-Due on April 15th		3rd Quarter (July-September)-Due on October 15th				
2nd Quarter (April-June)-Due on July 15th		4th Quarter (0	October-Dece	ember)-Due or	n January 15th	
Subrecipient Name:	The Best No	on-Profit in th	ne Tri-Cities			
Address:	123 Best Lai	ne Richland, \	NA 99352			
CDBG Project Name:	Life Skills P	rogram				
	1st	2nd	3rd	4th		
1. THE TOTAL NUMBER OF:	Quarter	Quarter	Quarter	Quarter	Cumulative	
UNDUPLICATED PERSONS ASSISTED	18				18	
OF THE TOTAL NUMBER OF PERSONS ASSIST	ED, THE NU	MBER OF PE	RSONS:			
RECEIVED MEALS					0	
PREVENTED FROM BECOMING HOMELESS					0	
PARTICIPATE IN						
RECREATIONAL/EDUCATIONAL ACTIVITIES					0	
RECEIVED LIFE SKILLS & DRUG/ALCOHOL						
RECOVERY ASSISTANCE	18				18	
OF THE TOTAL NUMBER OF PERSONS ASSIST	ED, THE NU	MBER OF PE	RSONS:			
SINGLE FEMALE HEAD OF HOUSEHOLD	2				2	
ELDERLY	1				1	
DISABLED	3				3	
2. BENEFICIARY INCOME DATA						
	1st	2nd	3rd	4th		
% OF AREA MEDIAN INCOME	Quarter	Quarter	Quarter	Quarter	Cumulative	
At or Below 30% (EXTREMELY LOW)	7				7	
Above 30% and at or Below 50% (VERY LOW)	9				9	
Above 50% and at or Below 80% (LOW)	2				2	
Above 80% (NON LOW)					C	
TOTALS	18	0	0	0	18	

QUARTERLY BENEFICIARY REPORT

CDBG PUBLIC SERVICE

	1st	Quarter	2nd	Quarter	3rd	Quarter	4th	Quarter	Cur	nulative
3. RACE DATA OF BENEFICIARIES	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic
WHITE	7	4			AT STATE OF		HEE		7	4
BLACK/AFRICAN AMERICAN	2								2	C
ASIAN	945 E G		- R.	Committee of	A SOLAR		197 3		0	0
AMERICAN INDIAN/ALASKAN NATIVE	-								0	C
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	S SUPER		NE	OPA	ΛΛ	TIO		MIV	0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHITE	3		IVI	UNA			AC	JIYLI	3	0
ASIAN AND WHITE	2		to the same		"Energy	C1000		Mark Art Street	2	0
BLACK/AFRICAN AMERICAN AND WHITE		The state of the s	HUSS						0	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN	3								3	C
OTHER MULTI RACIAL	1		The same of		ALC: NO.		200		1	0
TOTALS	18	4	0	0	C	0	0	0	18	4

HISPANIC*= HUD Has designated Hispanic as an ethnic group. A person can be identified as both a member of a racial group and an ethnic group, but cannot be designated only as an ethic group

4. EXPENDITURE OF FUNDS					
SOURCES	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG	\$2,465.00				\$2,465.00
OTHER (LIST BELOW)					
General Fund	\$415.00				\$415.00
					\$0.00
	IEODAA	ATION	ONIV		\$0.00
		AIIUN	UNLI	SHEW THE	\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS	\$2,880.00	\$0.00	\$0.00	\$0.00	\$2,880.00

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature	Date of Signature	12.11.73
	Phone #	509 942. 7580

DOCUMENTATION TO ATTACH WITH QUARTERLY REPORT



Documentation to Attach to Quarterly Reports for PRESUMED ELGIBILITY

Group	Income Level			
Abused Children	Extremely low income			
Elderly (over 62)	Moderate income (for center-based services such as a senior center) Low income (non-center-based services)			
Battered Spouses	Low income			
Homeless persons	Extremely low-income			
Severely disabled adults	Low income (unless income is obtained placing them in a different category).			
Illiterate adults	Low income			
Persons with AIDS	Low income			
Migrant farm workers	Low income			

Abused Children

- Children under the age of 18 who have:
- Been sexually abused
- Been exploited
- Had a physical injury
- Experienced negligent treatment / maltreatment under circumstances, which cause harm to the child's health, welfare, or safety
- Negligent treatment or maltreatment means an act, a failure to act, or the cumulative pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a child's health, welfare, or safety.
- Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself. Evidence of a parent's or caregiver's substance abuse as a contributing factor to negligence or maltreatment will be considered.



• A person at least 62 years of age or older.



- A person aged 18 or older who has:
- Been a victim of abusive, violent behavior
- Received threat of abuse or violence, by a partner in an intimate relationship such as marriage, dating, family, friends, or cohabitation.

Homeless Persons

Individual who lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for, ordinarily used as, a regular sleeping accommodation for human beings.

Severely Disabled Adults

Persons aged 18 or older and are classified as having a severe disability if they:

- Have used a wheelchair or another special aid for 6 months or longer;
- Were unable to perform one or more:
 - o Functional activities (include seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking).
 - Activities of daily living (getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting).
 - o Instrumental activities of daily living (independently going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone).
- Prevented from working at a job or doing housework.
- Had a condition including Autism, Cerebral Palsy, Alzheimer's disease, senility, or intellectual disability.
- Persons who are under 65 years of age and who are covered by Medicare or receive SSI.



 Persons aged 18 or older who are not able to read, write, and communicate language clearly. Person Living
With The
Disease Aids

The disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).



A U.S. Citizen or legal alien who moves from a permanent place of residence in order to be employed in agricultural work, and the transient nature of their work limits them from obtaining any permanent type of local residency and federal/state assistance. Seasonal farm workers perform similar work but do not move from their primary residence for the purpose of seeking farm employment and are not eligible under the presumed benefit category.

DOCUMENTATION TO MEET THE CDBG NATIONAL OBJECTIVE UNDER PRESUMED BENEFIT

- Agencies serving a presumed benefit clientele must retain in the client file and provide with quarterly report, substantiation of the client's eligibility presumption category.
- A signed and dated self-certification form stating that the assisted person qualifies based on a specific presumed benefit category.
- Documentation of presumed eligibility includes:
 - A current written letter from their doctor, case-manager, or other professional third-party entity, or
 - Proof of receiving federal or state benefits such as social security award letters, supplemental security award letters, placement as a foster child, etc.

Exhibit D Presumed Eligibility Self Certification Form

First Name	Last Nam	ne					
Address							
Female Head	of Household (not applicable to 1 person	households) Yes No					
Disabled	Yes No						
Ethnicity (select one)	Not Hispanic Hispanic						
	White	American Indian / Alaskan Native AND White					
	Black / African American	Asian AND White					
Race	Asian	Black / African American AND White					
(select one)	American Indian / Alaskan Native	American Indian / Alaskan Native AND					
	Native Hawaiian / Other Pacific Islander	Black / African American					
	Other multi-racial (list):	black / Allical Allichean					
AI EI Ba	ant is eligible for presumed CDBG assistance per bused Children derly Person (62+) attered Spouse / Domestic Violence Victim omeless Person everely Disabled Adult (18+) per U.S. Census Defi iterate Adults eople with AIDS ligrant Farm Workers						
to the best of m Washington Sta	y knowledge. I realize that willful falsification by me n	given by me in this application is true, correct and complete nay subject me to penalties as provided in federal and lfully misrepresented any information, I will be disqualified					
	Client Signature	Date					
	Agency Signature	Date					

To be Submitted with Quarterly Report



Public Service activities are based on total <u>GROSS</u> family annual income not to exceed 60% of AMI.

2024 INCOME LIMITS CDBG - May 1, 2024 / HOME - June 1, 2024

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW-INCOME	(30% AMI)	\$21,000	\$24,000	\$27,000	\$29,950	\$32,350	\$34,750	\$37,150	\$39,550
VERY LOW-INCOME	(50% AMI)	\$35,000	\$40,000	\$45,000	\$49,950	\$53,950	\$57,950	\$61,950	\$65,950
PROJECT SPECIFIC	(60% AMI)	\$42,000	\$48,000	\$54,000	\$59,940	\$64,740	\$69,540	\$74,340	\$79,140
LOW-INCOME	(80% AMI)	\$55,950	\$63,950	\$71,950	\$79,900	\$86,300	\$92,700	\$99,100	\$105,500

[^] Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).

Family Definition: All persons living in the same household who are related by birth, marriage, or adoption.

FAMILY DEFINITION

A child who is subject to a shared-custody agreement in which the child resides with the household at least fifty-one percent (51%) of the time can be counted in the family size. For a child who is subject to a shared-custody agreement in which the child resides with each family / household fifty percent (50%) of the time, determination of inclusion will be based on eligibility as a dependent for income tax purposes.

Annual income requirements are based on 24 CFR PART 5.

- All income earned by all adults (18+) within the household (even if temporarily absent).
- Unearned income attributed to a minor under the age of 18 (e.g., child support, TANF payments, SSI payment, and other benefits paid on behalf of a minor).
- All earned and unearned income anticipated to be received during the next 12 months.



Income to Include:

Current income (before any payroll deductions), of wages and salaries, overtime pay

Commissions, fees, tips, bonuses, and other compensation for personal services

The net income from operation of a business or profession.

Interest, dividends, and other net income.

Full amount of period payments (retirements, death benefits etc.)

Payment in lieu of earnings (unemployment, disability, worker's comp)

Welfare assistance

Periodic and determinable allowances (alimony, child support)

Regular and special pay for Armed Forces

Income to exclude:

- Income from employment of children under 18 years old (including foster care)
- Lump sum to assets such as inheritance, insure payments
- Amounts received specifically for medical costs for any family member
- Income of a live-in aide
- Student financial aid
- Special pay to a family member in Armed Forces who is exposed to hostile fire
- Amount received by other publicly funded program specifically for reimbursement of out-of-pocket expenses
- Incremental earnings resulting from participating in qualifying state or local employment training program
- Earnings in excess of \$480.00 per month for each full-time student 18 years and older
- Adoption assistance in excess of \$480.00 per month per adopted child
- Income recently terminated that is not anticipated to be received again during the next 12 months

For specific circumstances refer to the guide and / or call me

Documentation of income may include, but is not limited to:

- Current employment paystubs showing payment period and year to date gross earnings.
- Verification of employment signed and dated by the employer showing gross total earnings and
- paid through date.
- Most current year income tax return with W2s, 1099s, etc.
- Current profit / loss statement, if self-employed.
- Benefit award letters.
- Six months of bank statements.
- Unemployment or disability benefit statement.
- Court orders or decrees.
- Verification of full-time student status, if aged 18 or older.

Annualizing Wages and Periodic Payments

- Review two (2) months current source documentation and the most recent income tax
 return with supporting W2's, 1099's, etc. (self-employment may need to take an average
 of 3 years).
- Add the documented gross amount earned from the two most current source documents.
- Use the following calculations to convert the average wage into annual income:
 - Hourly wage multiply the hourly wage by the number of hours worked per week multiplied by 52
 - Weekly wage multiply the weekly wage by 52
 - Bi-weekly wage (every other week) multiply the bi-weekly wage by 26
 - Semi-monthly wage (twice a month) multiply the semi-monthly wage by 24
 - Monthly wage multiply the monthly wage by 12

PERIODIC EMPLOYMENT

• To annualize other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work.

PUBLIC ASSISTANCE

• For public assistance benefits (e.g., SSI, food stamps), a benefits statement received any time within the twelve months prior to the time of application and reflecting current benefits received by an applicant is allowed. A copy of a recent bank statement indicating direct deposit of benefit(s) is also acceptable.

ZERO INCOME

• If there is an adult member listed on the application form who does not receive any income, the *Certification of Zero Income* form needs to be completed.

Calculation to Determine Eligibility

To determine eligibility, review the income limits table on the Public Service Participation and Income form with the family size. Is the family income for the household size sixty percent(60%) or less than the Area Median Income?

If so, the family / individual will qualify for the program based on income.

Worksheet to include with Quarterly Report

Public Service Participation and Income Worksheet

Nam	ne of Participant								
Addr	ess								
Head	d of Household					F	emale Head	of Household	Yes / No
Num	ber of People in Family	Но	usehold type	1-Single,	Non-Elderly 2	-Elderly 3-Sin	gle Parent 4-	Two Parents	5-Other
		Person 1	Per	son 2	Person 3	P	erson 4	Perso	n 5
Wag	es / Salary*								
	ore payroll deductions) Income					_			
	n operation of a business)								
_	rest / Dividends								
Soci	al Security								
Reti	rement Funds								
Pens	sions								
Disa	bility or Death Benefits								
Ann	uities								
Insu	rance Policies								
тот	AL (Add all items above)								
*Incl	udes overtime, commissions, fees,	tips, and bonuses.	•			•	,		
Tota	l Gross Income (of everyone over	r 18)							
				2	024 INCOMI	LIMITS			
				DBG - May	1, 2024 / H	OME - June	1, 2024		
			1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON
	EXTREMELY LOW-INCOME	(30% AMI)	\$21,000	\$24,000	\$27,000	\$29,950	\$32,350	\$34,750	\$37,150
	VERY LOW-INCOME	(50% AMI)	\$35,000	\$40,000	\$45,000	\$49,950	\$53,950	\$57,950	\$61,950
	PROJECT SPECIFIC	(60% AMI)	\$42,000	\$48,000	\$54,000	\$59,940	\$64,740	\$69,540	\$74,340
	LOW-INCOME	(80% AMI)	\$55,950	\$63,950	\$71,950	\$79,900	\$86,300	\$92,700	\$99,100
	^Calculate AMI for a more tha	n 9-person househ	old by adding	8% for each n	nember over 4	-person AMI (e	.g., 9 person i	is 140% of 4-pe	rson AMI).
Perc	entage Area Median Income			30%	50% 60%	80%			
Use	your household gross income and	the table above to d	etermine Perce	ntage Area Me	edian Income.				
		r penalty of law that the falsification by me ma hat if I have willfully m	y subject me to p	enalties as provi	ded in federal and	Washington Sta	te Law RCW 74.0	08.055.	ge.
		Client Signature					Date		

Page 2

Public Service Participation and Income Worksheet

	Person 1	Person 2	Person 3	Person 4
irst Name				
ast Name				
\ge				
Senior (62+)				
Disabled				
Race				
White				
Black / African American				
Asian				
American Indian / Alaskan Native Native Hawaiian / Other Pacific Islander American Indian / Alaskan Native AND White Asian AND White Black / African American AND White American Indian / Alaskan Native AND Black / African American Other multi-racial (list):				
Not Hispanic				
By signing below, I declare under I realize that willful f	alsification by me may subject n	ne to penalties as provided in fed	ion is true, correct and complete to deral and Washington State Law R qualified from participation in the	CW 74.08.055.

Client Signature	Date
Agency Signature	Date

Zero Income Certification



Certification of Zero Income

This form is to be completed by a household member aged 18 or older who claims no income from any source.
Name:
I hereby certify that:
(1) I do not receive income from any of the following sources:
 a) Wages from employment (including commissions, tips, or bonuses) b) Alimony, child support, or maintenance c) Income from operation of a business or farm d) Rental income from real estate or personal property e) Interest or dividends from financial assets f) Social Security payments or pension payments, including death benefits g) Payments from annuities, insurance policies, or retirement funds h) Unemployment, disability, workman's compensation, or severance payments i) Public assistance payments (excluding SNAP) j) Recurring gifts from organizations or persons outside my household k) Alaska PFD, other State, Native American Tribal, or Native Alaskan Village Corporation
distributions or dividends (2) Choose all that apply:
There is no change expected in my income or employment status during the next 12 months*. I am looking for employment. I have been unemployed since I am currently a student or in an unpaid apprentice program and not receiving income. (3) The information provided above is true, complete and accurate. I understand that providing fals representations herein may constitute an act of fraud. I acknowledge information provided is being used for specific purpose of determining my household is eligible to receive the benefit of CDBG products. I wfully cooperate with the Program Administrator and Member to obtain or provide any necessary documents to confirm the information provided.
Signature Date

*If a person is expecting a change in their income or employment status during the next 12 months, income from those sources should be verified and included in calculation of income. For example, if the person has an offer of employment, or is on temporary leave of absence or laid off from their employer, income from those sources should be included in income calculation.

ANNUAL REPORTS FOR PUBLIC SERVICE CONTRACTS

The first page of the Annual Report (all gray sections) prefills from your quarterly reports. After your fourth quarter report is completed, ensure the numbers match the quarterly report numbers.



ANNUAL BENEFICIARY REPORT - Exhibit B

FOR CDBG PUBLIC SERVICE JANUARY 1 - DECEMBER 31 (DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	The Best Non-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

THE TOTAL NUMBER OF:	C. 1857 C. 1857
UNDUPLICATED PERSONS ASSISTED	60
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
RECEIVED MEALS	1 0
PREVENTED FROM BECOMING HOMELESS	0
PARTICIPATE IN RECREATIONAL/EDUCATIONAL ACTIVITIES	0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL RECOVERY ASSISTANCE	60
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
SINGLE FEMALE HEAD OF HOUSEHOLD	3
ELDERLY	6
DISABLED	3

	YEAR	REND
RACE DATA OF BENEFICIARIES	#	# of Hispanic
WHITE	29	11
BLACK/AFRICAN AMERICAN	2	0
ASIAN	5	0
AMERICAN INDIAN/ALASKAN NATIVE	5	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHIT	3	- 0
ASIAN AND WHITE	11	3
BLACK/AFRICAN AMERICAN AND WHITE	0	0
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN	4	1
OTHER MULTI RACIAL	1	0
TOTALS	60	15

EAR END BENEFICIARY INCOME DATA	State of the last
% OF AREA MEDIAN INCOME	No. of Page
At or Below 30% (EXTREMELY LOW)	26
30% and at or Below 50% (VERY LOW)	22
Above 50% and at or Below 80% (LOW)	12
Above 80% (NON LOW)	0
TOTALS	60

This section in gray is prefilled from your quarterly reports – please ensure the numbers match.

Describe your outcomes and accomplishments for the project associated with CDBG funds.

Changes made to the project from the initial project outlined in the application.

Did you complete all your outcomes? If not, what occurred and when do you anticipate it being completed?

Signature, date, name, title and phone number, sign, scan and email to me.

EXPENDITURE OF F	EXPENDITURE OF FUNDS						
SOURCES							
	CDBG FUNDS	\$9,739.00					
	OTHER (LIST BELOW)						
General Fund		\$830.00					
Private Donor		\$400.00					
	0	\$0.00					
	0	\$0.00					
	0	\$0.00					
	0	\$0.00					
	0	\$0.00					
	TOTALS	\$10,969.00					
	TOTALS						

 Describe 	project	Outcomes	and /	Accompli:	shments	for	program	year:	
						_			ı

2. Describe any changes to the project the program year:

3. Is the project complete? If not describe setbacks and delays. When will the project be complete?

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity.

Signature Date of Signature
Phone #

Print Name and Title Above

EXAMPLE OF COMPLETED ANNUAL REPORT



ANNUAL BENEFICIARY REPORT - Exhibit B

FOR CDBG PUBLIC SERVICE JANUARY 1 - DECEMBER 31 (DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	The Best Non-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

THE TOTAL NUMBER OF:	
UNDUPLICATED PERSONS ASSISTED	60

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:			
RECEIVED MEALS	0		
PREVENTED FROM BECOMING HOMELESS	0		
PARTICIPATE IN RECREATIONAL/EDUCATIONAL ACTIVITIES	0		
RECEIVED LIFE SKILLS & DRUG/ALCOHOL RECOVERY ASSISTANCE			
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:			
SINGLE FEMALE HEAD OF HOUSEHOLD	3		
ELDERLY	6		
DISABLED	3		

	YEAR	REND	
RACE DATA OF BENEFICIARIES	#	# of Hispanic	
WHITE	29	11	
BLACK/AFRICAN AMERICAN	2	0	
ASIAN	5	0	
AMERICAN INDIAN/ALASKAN NATIVE	5	0	
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0	
AMERICAN INDIAN ALASKAN NATIVE AND WHIT	3	0	
ASIAN AND WHITE	11	3	
BLACK/AFRICAN AMERICAN AND WHITE	0	0	
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN	4	1	
OTHER MULTI RACIAL	1	0	
TOTALS	60	15	

YEAR END BENEFICIARY INCOME DATA	
% OF AREA MEDIAN INCOME	TO SEE MAN
At or Below 30% (EXTREMELY LOW)	26
Above 30% and at or Below 50% (VERY LOW)	22
Above 50% and at or Below 80% (LOW)	22 12
Above 80% (NON LOW)	0
TOTALS	60



ANNUAL BENEFICIARY REPORT - Exhibit B

FOR CDBG PUBLIC SERVICE JANUARY 1 - DECEMBER 31 (DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	The BestNon-Profit in the Tri-Cities
Address:	123 Best Lane Richland, WA 99352
CDBG Project Name:	Life Skills Program

EXPENDITURE OF FUNDS	
SOURCES	AND THE PROPERTY OF THE PARTY O
CDBG FUNDS	\$9,739.00
OTHER (LIST BELOW)	
General Fund	\$830.00
Private Donor	\$400.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
TOTALS	\$10,969.00

1. Describe project Outcomes and Accomplishments for program year:

In the initial CDBG application our goal was to provide 50 people with life skills training. The Life Skills program was able to serve 60.

Describe any changes to the project the program year:

The Best Non-Profit hired a part-time person to specifically focus on life skills training. This allowed for additional mentorship and being able to serve an additional 10 people.

3. Is the project complete? If not describe setbacks and delays. When will the project be complete?

The quarter 4 participants are yet to complete the final portion of the training due to staff illness and weather conditions. They are set to finish the final portion by 1-31-23.

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity.

Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of Sign	ature (.(2.50)
Toni Lehman, Director	Phone #	509-942-7580

Print Name and Title Above

QUARTERLY REPORTING
FOR CDBG
PUBLIC FACILITY
SUBRECIPIENTS

This section should be prefilled for you. If not, enter the information in the green sections

1. THE TOTAL NUMBER OF UNDUPLICATED PERSONS ASSISTED: (# of persons you provided services for) If this section doesn't apply leave blank.

2. RACE DATA OF BENEFICIARIES:

Document race data of each unduplicated person (total must be the same as # 1 unduplicated personas assisted)

If this position doesn't apply leave blank.

PROGRESS MADE DURING THIS QUARTER:

What has been completed this quarter on the Scope or Work.

Changes that need to be made from the original application.



Exhibit A - Pg. 1

QUARTERLY BENEFICIARY REPORT

Public Facilities

Reporting Period:					1					
1st Quarter (January-March)-Due on April 15th		3rd Quarter (July-St								
2nd Quarter (April-June) Due on July 15th		4th Quarter (Octobe	r-December)-Due (on January 15th						
Subrecipient Name:										
Address:										
CDBG Project Name:										
		lst	2r		3rc			th	Cumu	ative
1. THE TOTAL NUMBER OF:	Qua	arter	Qua	rter	Quar	rter	Qua	arter		
UNDUPLICATED PERSONS ASSISTED									0	
	4-40	uarter	2nd Q		and a		445.0		Cumu	
	1810	#of	Zna Q	# of	3rd Qu	#of	4111 G	uanter # of	cumu	# of
2. RACE DATA OF BENEFICIARIES	#	Hispanic	#	Hispanic	#	Hispanic	#	Hispanic	#	Hispanic
WHITE					-	_	-		0	
BLACK/AFRICAN AMERICAN									0	0
ASIAN									0	0
AMERICAN INDIAN/ALASKAN NATIVE									0	0
NATIVE HAWAIIAN OTHER PACIFIC ISLANDER									0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHITE ASIAN AND WHITE									0	0
ASIAN AND WHITE BLACK/AFRICAN AMERICAN AND WHITE									0	0
AMERICAN INDIAN/ALASKAN NATIVE AND									U	U
BLACK/AFRICAN AMERICAN									0	0
OTHER MULTI RACIAL									0	0
TOTALS	0	0	0	0	0	0	0	0	0	0
Progress Made During This Quarter:										
Changes to Project from Original Application:										

EXPENDITURE OF FUNDS:

Funds spent during the quarter on the CDBG project.

Anticipation date when the entire CDBG funded project will be completed.

Signature, date, name, title and phone number. Sign, scan and email to me.

EXPENDITURE OF FUNDS									
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative				
CDBG Allocation									
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
	******	******	*****	V	*****				

Anticipated Project Completion Date:

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature Date of Signature
Phone #

Print Name and Title Above

EXAMPLE OF COMPLETED PUBLIC FACILITY QUARTERLY REPORT

tichland

QUARTERLY BENEFICIARY REPORT Public Facilities

Reporting Period:	
1st Quarter (January-March)-Due on April 15th	3rd Quarter (July-September)-Due on October 15th
2nd Quarter (April-June)-Due on July 15th	4th Quarter (October-December)-Due on January 15th

Best Public Shelter
8675309 Best Street Richland, WA 99352
remodel of common area

1. THE TOTAL NUMBER OF:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
UNDUPLICATED PERSONS ASSISTED	14	15			29

	1st Quarter		2nd Qu	arter	3rd C	luarter	4th C	4th Quarter Cumulativ		tive
3. RACE DATA OF BENEFICIARIES		# of Hispanic	#	# of Hispanic	#	# of Hispanic		# of Hispanic		# of Hispanic
WHITE	8	3	7	2	AND DESCRIPTIONS			Street, Square, or other party of the last	15	and the state of t
BLACK/AFRICAN AMERICAN	A STATE OF THE PARTY OF		The state of the s	STATE OF THE PERSON NAMED IN					0	
ASIAN	THE RESERVE OF THE PERSON NAMED IN	Control of the last of the las					SHAPE OF THE PERSON NAMED IN		0	Constant Control
AMERICAN INDIAN/ALASKAN NATIVE		THE RESERVE TO SHARE THE					Name and Address of the Owner,		0	Children Control
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	4	The second second second	4						8	#VALUE!
AMERICAN INDIAN ALASKAN NATIVE AND WHITE							THE RESIDENCE IN		0	
ASIAN AND WHITE							THE PERSON NAMED IN		0	
BLACK/AFRICAN AMERICAN AND WHITE			3				THE PERSON NAMED IN		3	
AMERICAN INDIAN/ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN							THE PROPERTY.		0	
OTHER MULTI RACIAL	2	A STATE OF THE PARTY OF THE PAR	THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF STREET					2	
TOTALS	14	3	1	2	0	0	0	0	15	5

Progress !	Made	Dunng	This	Quarter:
------------	------	-------	------	----------

This quarter we have received three bids for the painting and flooring. Two of the three bids received for flooring are registered with SAM.gov. All three bids for the painting are registered with SAM.gov. The bids will be submitted by the end of this week.

The only bids still needed are for the windows.

Changes to Project from Original Application:

Due to the price of the bids received we have decided to only consider painting the interior and will wait for exterior painting,



QUARTERLY BENEFICIARY REPORT CDBG PUBLIC FACILITIES

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG Allocation	\$1,400.00	\$16,520.00			\$17,920.00
Dept of Commerce Grant	\$1,200.00				\$1,200.00
Genreral Fund		\$1,400.00			\$1,400.00
					\$0.00
			THE RESERVE OF		\$0.00
	The second second				\$0.00
					\$0.00
TOTALS	\$2,600.00	\$17,920.00	\$0.00	\$0.00	\$20,520.00

Anticipated Project Completion Date:	

The entire project is expected to be completed by December 31, 2024. An extension may be required if flooring is backordered.

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature RULL	Date of Signature	B-14-24
Toni Lehman, Director	Phone #	509-942-7580

Print Name and Title Above

Questions?

Website www.ci.richland.wa.us