

This form is for use by State grantees of the Community Development Block Grant program in order to demonstrate compliance with timely distribution requirements pursuant to 24 CFR 570.494(b)(1).

<b>1. Name of State Grantee</b> (as shown in item 5 of Standard Form 424)	<b>3. Fiscal Year</b> (Fiscal year of the grant funds)
<b>2. Grantee's Complete Address</b> (as shown in item 5 of Standard Form 424)	<b>4. Grant Number</b> (Format "B-##-DC-##0001")
	<b>5. Date Signed by State</b> (Date grant agreement, HUD 7082, was signed by the state)
<b>6. Compliance Date</b> (Line 5 plus 15 months.)	<b>7. State CDBG Grant Amount</b> (Excluding program income and prior year grants).
<b>ADJUSTMENTS</b>	
<b>8. Administrative Cost Allowance</b> 24 CFR 570.489(a)	<b>12. Expected Distribution</b> (Line 7 minus Line 11)
<b>9. Technical Assistance Allowance</b> 24 CFR 570.489(a)	
<b>10. Section 108 Loan Allowance</b> 24 CFR 570.705(c)	<b>13. Total Awards to Units of General Local Government</b> (Must equal <i>Total Awards</i> in REQUIRED table on page 2.)
<b>11. Total Adjustments</b> (Sum of Lines 8, 9 and 10)	
<b>15. Date of Last Award</b> (Most recent award from REQUIRED table on page 2)	<b>14. Percent Awarded</b> (Line 13 divided by Line 12 multiplied by 100%.)
By signing this form, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001).	
<b>Authorized Representative</b>	
<b>First Name</b>	<b>Prefix</b>
<b>Middle Name</b>	<b>Suffix</b>
<b>Last Name</b>	<b>Telephone Number</b>
<b>Title</b>	<b>Email</b>
<b>Signature of Authorized Representative</b>	<b>Date Signed</b>

