**CDBG Closeout Checklist**

**Attachment C**

*For the purposes of expediting the grant closeout process, HUD asks applicants to submit the following checklist.*

|  |  |
| --- | --- |
| **Grantee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Official Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DUNS NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Grant Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**1. Program Income**

1. Is there any program income on-hand?

Yes [ ]  No[ ]  If yes, explain:

**Explanation box**

**2. CDBG Activities**

1. Are any of the activities ineligible under the regular CDBG program, or do any of the activities provide insufficient public benefit per 24 CFR 570.209(b)(3)? (Please refer to your current Consolidated Plan timeframe with respect to these activities.)

 Yes[ ]  No [ ]  If, yes explain:

1. Any unused grant funds cancelled by HUD?

Yes[ ]  No [ ]  If yes, explain:

**Explanation box**

**3. Draw Downs**

 As part of its financial review, the grantee confirmed that:

1. No more than 20 percent of the grant amount was spent on administration and planning during each program year covered by your current Consolidated Plan.

Yes [ ]  No [ ]  If yes, explain:

1. No more than 15 percent of the grant amount was spent on public services during each program year covered by your current Consolidated Plan.

Yes [ ]  No[ ]  If yes, explain:

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1. At least 70 percent of the grant amount principally benefitted persons of low- and moderate- income, as measured over your current 1, 2, or 3 year certification period.

Yes [ ]  No [ ]  If no, explain:

1. Where applicable, identified activities meet the public benefit standard underwriting guidelines as described in 24 CFR 570.209(a) during each program year covered by your current Consolidated Plan.

Yes [ ]  No[ ]  If no, explain:

**Explanation box**

**4. Activity Eligibility and Meet a National Objective**

1. Are all activities eligible and does each activity meet a national objective? (Please refer to your current Consolidated Plan timeframe with respect to these activities.)

Yes [ ]  No[ ]  if no, explain:

**Explanation box**

**5. Audits**

1. Did the grantee make reviews and audits of subrecipients?

Yes [ ]  No[ ]  if no, explain:

**Explanation box**

**6.** **Monitoring**

1. Does the grantee have any open monitoring findings?

Yes [ ]  No[ ]  if yes, explain:

**Explanation box**

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**7. Reporting Systems**

1. Did the grantee report on the number of jobs created or retained for each activity carried out? (Please refer to your current Consolidated Plan timeframe with respect to these jobs.)

Yes[ ]  No [ ]  N/A [ ]  if no, explain:

1. Did the grantee report on the name, location, and contact information for the entity that carried out each activity? (Please refer to your current Consolidated Plan timeframe with respect to these activities.)

Yes [ ]  No[ ]  if no, explain:

**Explanation box**

**8.   Certifications**

1. Have all Federal Requirements been met? For example, Affirmatively Furthering Fair Housing, Section 3, Lead-based paint procedures, Environmental Review, Davis Bacon, etc.

Yes [ ]  No[ ]  if no, explain:

**Explanation box**

**GRANTEE**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Grantee Authorized Representative’s Signature Date

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