

Grantee Gila County Housing Services Contract Number 112-110R

## CERTIFICATIONS

I hereby certify that:

I have the authority to sign these Certifications;

I understand that these Certifications are in addition to the provisions in those certifications incorporated by reference into the above cited contract;

All activities undertaken by the grantee with funds provided under this contract have to the best of my knowledge been carried out in accordance with the Arizona Department of Housing contract;

The grantee shall resolve any findings and/or remit to the state any disallowed costs by any subsequent audit report that are sustained by the Arizona Department of Housing, within 60 days of the date of a written determination by ADOH that such are required;

The State of Arizona is under no obligation to make any further payment to the grantee under this contract; and

The very statement and amount set forth in this Closeout Report is to the best of my knowledge true and correct as of this date.

\_\_\_\_\_  
Signature of Chief Elected Official or Designee (CD-1) Date

Tommie Cline Martin Chairman, Gila County Board of Supervisors  
Typed/Printed Name Title

For CDBG Program Use Only	
This Closeout Report for ADOH CDBG Contract # _____, FY _____, is hereby approved effective this date.	
Signature _____	Date _____
Typed Name Katherine Blodgett	Title CD&R Program Administrator

### Closeout Report Checklist

Check each item as completed or N/A. This form should be page 2 (after the Closeout Certification).

A.  DRAFT CLOSEOUT OR  FINAL CLOSEOUT

B.  AUTHORIZED SIGNATURE ON CERTIFICATIONS

C. ATTACHMENTS

- 1. Certifications (required) page 1
- 2. Section I. Business Opportunities Report (required) page 3
- 3. Section II. Performance Report (required) page 4
- 4. Section III. Contract Accounting (required) page 6
- 5. Section IV. Housing Applicant/Beneficiary Statement  N/A or page \_\_\_\_\_
- 6. Section V. Job Creation/Retention Applicant/  
Beneficiary Statement  N/A or page \_\_\_\_\_
- 7. A description of all property acquired with CDBG  N/A or page \_\_\_\_\_
- 8. A description of how Program Income *was* used  N/A or page \_\_\_\_\_
- 9. A description of how Program Income *will be* used  N/A or page \_\_\_\_\_
- 10. Nomination Form for Outstanding CDBG Project  N/A or page \_\_\_\_\_

D. CONSISTENCY REVIEW

- 1. The total amount of contracts indicated in Section I.H shall be equal to the total of CDBG funds shown in Section III.A.5.
- 2. Ensure that the totals agree in Section II.G and Section III.A.5.
- 3. The list of providers on Section I. BOR, must be supported by other information in the file, e.g., contractor verification forms, contracts, and RFPs.
- 4. The total CDBG funds expended per activity (Section II.E) equals the total indicated on the RFPs and is at least as much as the contract amount in Section I.D.
- 5. The number of beneficiaries (and number of units if a housing activity) stated in Section II.D is the same as in Section IV. or Section V., as applicable.
- 6. All other descriptive information is consistent throughout the Closeout Report.

E.  COPY OF CLOSEOUT RETAINED FOR GRANTEE RECORDS

**Section I. BUSINESS OPPORTUNITIES REPORT (BOR)**

<b>Grantee:</b>	<b>Contract Number</b>	<b>Contact Person</b>	<b>Phone Number</b>	<b>Address, City, State Zip Code +4</b>
Gila County	112-10 R	Malissa Buzan	928-402-8693	5515 S. Apache Ave, Ste 200, Globe 85501

**Contractor/Subcontractor Information**

A. Amount of Contract	B. Type of Trade Code*	C. Racial Code*	D. Hispanic Owned (Y/N)	E. Women Owned (Y/N)	F. IRS Tax ID (EIN) and DUNS Numbers	G. Sec. 3 (Y/N)	H. Legal Name	I. Street Address	J. City	K. State	L. Zip Code	M. Date of Contract
\$217,480.94	2	11	Y	N	20-2958914	N	Rodriguez Construction	P.O. Box 13	Miami	AZ	85539	01/01/2011
\$23,335.00	1	11	N	N	86-1042757	N	Mt . Retreat Builders	P.O. Box 1011	Globe	AZ	85501	01/01/2011

\*See Demographic and Trade Code table below for information

**Vendors/Suppliers/Professional Service Providers Information**

A. Amount of Contract	B. Type of Trade Code*	C. Racial Code*	D. Hispanic Owned (Y/N)	E. Women Owned (Y/N)	F. IRS Tax ID (EIN) and DUNS Numbers	G. Sec. 3 (Y/N)	H. Legal Name	I. Street Address	J. City	K. State	L. Zip Code	M. Date of Contract
\$798.00	4	11	N	N	86-0506255	N	Pioneer Title Agency	PO Box 250	Payson	AZ	85547	Multiple
\$5,195.00	4	11	N	N	20-8737988	N	ECS Allstate Svcs	11435 W. Buckeye Rd., Suite 104-500	Avondale	AZ	85323	Multiple
\$15,000.00	3	11	N	N	86-0826729	N	Burden Electric	PO Box 628	Globe	AZ	85502	Multiple
\$												
\$												
\$												
\$												
\$												
\$												

\*See Demographic and Trade Code table below for information

<b>Demographic and Trade Codes</b>	
Race	Type of Trade Code
11 – White	1- New Construction
12 – African American	2 – Substantial Rehab
13 - Asian	3 – Repair
14 – American Indian or Alaskan Native	4 – Service
15 – Native Hawaiian or Other Pacific Islander	5- Project Management
16 – American Indian or Alaskan Native and White	6 – Professional
17 – Asian and White	7 – Tenant Services
18 – African American and White	8 – Educational Training
19 – American Indian or Alaskan Native and African American	9- Architecture/Engineering
20 – Other Multi-racial	10 – Other

**Section II. PERFORMANCE REPORT**

**Section II. PERFORMANCE REPORT**

Grantee: Gila County			CDBG Contract No: 112-10 R		
A. Activity No.	B. Activity Name	C. Sec. 3 Y/N	D. Actual Accomplishments	E. CDBG Funds	F. Leverage/Other/PI Funds
1	Administration		Administration of program, compiling & submitting of performance and fiscal reports, and payment requests.	29,994.50	
2	Actual Activity Name from Form 1 of Application				
	Gila County OOHR	N	Proj. #1: received new metal roof, new heating/AC unit, 5 KW solar panels, kitchen cabinets, flooring, paint & stucco, electrical upgrade	60,000.00	14,083.00
		N	Proj. #2 – received new metal roof, ceiling, insulation, heating/AC unit, 5 KW solar panels, flooring, paint & stucco, electrical upgrade.	50,000.00	5,782.00
		N	Proj. #3 – received new heating/AC unit, metal roof, 5 KW solar panels, paint & stucco, electrical upgrade.	65,084.00	15,522.00
		N	Proj #4 – received new roof, insulation, structural repairs, electrical upgrade, interior painting, bathroom update, heating/AC unit.	50,000.00	11,950.00
		N	Proj. #5 – New metal roof, electrical upgrade, insulation, exterior stucco & paint	48,916.00	4,150.00
		N	Proj. #6 – received electrical upgrade, hot water heating units removed and replaced with solar HW system, insulation, paint	26,000.00	17,650.00
<b>G. Totals</b>				<b>\$329,994.50</b>	<b>\$69,137.00</b>

**H. TOTAL OF ALL FUNDS (E. + F.): \$399,131.50**

Report Prepared By:   
 (Signature)

Malissa Buzan  
 (Typed Name)

Date: 2/23/2019

Phone Number: (928) 425-7631, Ext. 8693

## Section II. PERFORMANCE REPORT

### Instructions

- A. Activity #1 for Administration and Activity #2 are entered. Preparer need not adjust these.
- B. The Activity #2 item will indicate the project name and address.
- C. Enter (Y)es or (N)o to indicate if the Activity was Section 3 covered (more than \$200,000 and either a public facility, public works or housing activity).
- D. Enter the *actual* accomplishments for each Activity. To determine the actual accomplishments for each activity: review other CDBG files; visit the activity site(s); talk with people knowledgeable about the activity (e.g. public works director, engineer, etc.); and compare the information to the Interim Performance Reports. Housing and Economic Development activities must also include beneficiaries.

#### Examples:

**For a street project:** the number of linear feet of street paved; the materials used to pave the streets; the street names.

**For a water project:** the number of linear feet of water pipe laid; the locations of the pipe; the size of pipe that was installed.

**For an economic development project:** the name and address of the business that benefited, the number of jobs created, and the type of products or service it provided.

**For an architectural barrier removal project:** the number and location of curb cuts; the number and location of restrooms made accessible; the number and location of ramps or handicapped parking installed. (This information should not conflict with that provided in Section IV.).

**For a housing rehab project:** include the number of homes rehabilitated, the number of beneficiaries, type of assistance (loans, grants, DPLs, etc.), average size of assistance or range, specific area in which assistance was provided if there was a target area, who provided HR services, and the sub-recipient, if any, that administered the program. (This information should not conflict with that provided in Section IV.).

**For a public service activity:** include how the funds were actually spent (purchased a van (size, model etc.), paid salaries of (type of staff), paid O&M costs for x months), the total number of beneficiaries, the number of LM, the number VL (50% of median income) if known, and ethnicity data.

- E. Enter the amount of CDBG funds expended for each Activity.
- F. Enter the amount and type of non-CDBG funds expended for each Activity:
  - (L)everage
  - (O)ther
  - (PI) Program Income
- G. Enter the TOTAL for each column (E. and F.).
- H. Enter the TOTAL of ALL funds expended for this contract.

Grantee: Gila County Housing Services Contract No: 112-10R

**Section III. CONTRACT ACCOUNTING**

**A. GRANT BALANCE** (round all numbers to the nearest dollar)

- 1. TOTAL CDBG FUNDS as stated in the *original* contract \$ 329,994.50
- 2. CDBG FUNDS ADDED TO THIS CONTRACT \$ -0-
  - From CDBG contract no. \_\_\_\_\_ Amount: \_\_\_\_\_
  - From CDBG contract no. \_\_\_\_\_ Amount: \_\_\_\_\_
- 3. FUNDS TRANSFERRED TO OTHER CDBG CONTRACT(S) \$ -0-
  - To CDBG contract no. \_\_\_\_\_ Amount: \_\_\_\_\_
  - To CDBG contract no. \_\_\_\_\_ Amount: \_\_\_\_\_
- 4. DEOBLIGATED FUNDS \$ -0-
- 5. TOTAL CDBG FUNDS PER MOST RECENT FORM 1-R \$ 329,994.50
- 6. TOTAL CDBG FUNDS RECEIVED AND DISBURSED \$ 329,994.50
- 7. TOTAL LEVERAGE FUNDS RECEIVED AND DISBURSED \$ 69,137.00
- 8. TOTAL EXPENDITURES (CDBG, LEVERAGE, and OTHER FUNDS) \$ 399,131.50

**B. PROGRAM INCOME (PI):**  Yes  N/A

- 1. Amount of Program Income earned during grant period \$ \_\_\_\_\_
- 2. Amount of Program Income disbursed during grant period \$ \_\_\_\_\_
- 3. Balance of Program Income retained by grantee \$ \_\_\_\_\_
- 4. Description of how Program Income *was* used is attached as page \_\_\_\_\_.
- 5. Description of how Program Income retained by grantee *will be* used is attached as page \_\_\_\_\_.

Prepared By:  Malissa Buzan  
(Signature) (Printed Name)