

## 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

Michael A. Pastor 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 _____	Title <u>CD&amp;R Program Administrator</u>

### 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 5
- 5. Section IV. Housing Applicant/Beneficiary Statement  N/A or page 6
- 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	308-11	Malissa Buzan	928-425-7631	5515 S. Apache Ave., Ste 200 Globe, AZ 85501 - 4430

<b>Contractor/Subcontractor Information</b>												
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
\$ 65,000.00	2	11	Y	N	20-2958914 & 162230952	N	Rodriguez Const.	P.O. Box 13	Miami	AZ	85539	11-1-11
\$ 59,086.77	2	11	Y	N	20-2958914	N	Rodriguez Const.	P.O. Box 13	Miami	AZ	85539	9-1-12
\$ 22,789.10	2	11	Y	N	20-2958914	N	Rodriguez Const.	P.O. Box 13	Miami	AZ	85539	11-1-11
\$ 27,373.62	2	11	N	N	26-453717 & 94-8751206	N	Pointe Constr.	1792 Commerce Dr.	Lakeside	AZ	86929	8-1-12
\$ 41,281.05	2	11	N	N	90-0615930	N	Cedar Ridge Homes	7317 E. Adobe Dr.	Globe	AZ	85501	1-31-13
\$ 33,454.98	2	11	Y	N	20-2958914	N	Rodriguez Const.	P.O. Box 13	Miami	AZ	85539	4-10-13
\$ 48,481.81	2	11	Y	N	20-2958914	N	Rodriguez Const.	P.O. Box 13	Miami	AZ	85539	9-6-13

\*See Demographic and Trade Code table below for information

<b>Vendors/Suppliers/Professional Service Providers Information</b>												
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
\$ 900.00	6	11	N	N	86-0506255 & 148941628	N	Pioneer Title Co.	P.O. Box 250	Payson	AZ	85541	varies
\$ 2,000.00	6	11	N	N	31-1274947 & 025806406	N	Environmental Consulting Services	4727 E. Bell Road, Ste. 45-250	Phoenix	AZ	85032	Varies
\$												

\*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

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Section II. PERFORMANCE REPORT

Grantee: <b>Gila County</b>		CDBG Contract No: 308-11			
A. Activity No.	B. Activity Name	C. Sec. 3 Y/N	D. Actual Accomplishments	E. CDBG Funds	F. Leverage/Other/PI Funds
1	Administration		Paid employee salaries, purchased office supplies, completed the necessary advertisements for each grant project, etc.	30,000.00	
2	Actual Activity Name from Form 1 of Application				
	OOHR	N	Project 1; household of 2; DPL; Gila County provided Owner Occupied Housing Rehab	\$67,532.87	
	OOHR	N	Project 2; Household of 3; DPL; Gila County provided Owner Occupied Housing Rehab	\$59,086.77	
	OOHR	N	Project 3; household of 3; DPL; Gila County provided Owner Occupied Housing Rehab	\$22,789.10	
	OOHR	N	Project 4; Household of 1; DPL; Gila County provided Owner Occupied housing rehab	\$27,373.62	
	OOHR	N	Project 5; household of 1; DPL; Gila County provided Owner Occupied Housing Rehab	\$41,281.05	
	OOHR	N	Project 6; household of 3; DPL; Gila County provided Owner Occupied Housing Rehab	\$33,454.98	
	OOHR	N	Project 7; household of 1; DPL; Gila County provided Owner Occupied Housing Rehab	\$48,481.61	
			<b>G. Totals</b>	<b>330,000.00</b>	

H. TOTAL OF ALL FUNDS (E. + F.): 330,000.00

Report Prepared By:   
 (Signature)

Christine M Lopez  
 (Typed Name)

Date: 1-15-14

Phone Number: 928-425-7631 Ext.8694

**Section III. CONTRACT ACCOUNTING**

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

- 1. TOTAL CDBG FUNDS as stated in the *original* contract \$ 330,000.00
- 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 \$ \_\_\_\_\_
- 6. TOTAL CDBG FUNDS RECEIVED AND DISBURSED \$ \_\_\_\_\_
- 7. TOTAL EXPENDITURES (CDBG, LEVERAGE, and OTHER FUNDS) \$ 300,000.00

**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:  Christine M Lopez  
(Signature) (Printed Name)

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