

HOME Program Close-Out Report

Part I. Recipient Information

RECIPIENT AGENCY: Gila County Community Services	5-DIGIT HOUSING CONTRACT NO. 309-13
NAME OF PERSON COMPLETING FORM: Leitha Griffin	TELEPHONE NUMBER: 928-402-8697
ADDRESS: 5515 S Apache Ave. Suite 200	FAX NUMBER: 928-425-9246
CITY/STATE/ZIP: Globe, AZ 85501	TYPE OF HOME-FUNDED ACTIVITY: OOHR

Part II. Program Income (if applicable)

1. Balance on hand at beginning of Contract Period N/A	2. Total amount received during contract period	3. Total amount expended during contract period	4. Balance on hand at end of contract period (1+2-3=4)
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Part III. Owners of Rental Property (if applicable)

In the table below, indicate the number of HOME assisted rental property owners by ethnicity and dollar value of HOME assisted rental properties.

	Ethnicity of Property Owners					
	a. Total number of property owners	b. Alaskan Native or American Indian	c. Asian or Pacific Islander	d. Black Non-Hispanic	e. Hispanic	f. White Non-Hispanic
1. Number N/A						
2. Dollar Value of HOME assisted property	\$	\$	\$	\$	\$	\$

Part IV. Relocation and Real Property Acquisition (if applicable)

Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired and the cost of acquisition or relocation.

	a. Number	b. Cost
1. Parcels Acquired N/A		\$
2. Businesses Displaced		\$
3. Non-profit Organizations Displaced		\$
4. Persons Temporarily Relocated, not Displaced		\$

	Ethnicity of Displaced Persons					
	a. Total number of displaced persons	b. Alaskan Native or American Indian	c. Asian or Pacific Islander	d. Black Non-Hispanic	e. Hispanic	f. White Non-Hispanic
1. Number N/A						
2. Cost	\$	\$	\$	\$	\$	\$

PART VI. Previously Unreported Match

Please list here, any match previously unreported to Housing. Match which was included on your HOME Itemized Back Up Statements SHOULD NOT BE INCLUDED in this report:

Source of Match	Date of Contribution MO/DATE/YR	Last 5 digits of the Project Number	Cash (non-federal sources)	Foregone taxes, fees, charges	Appraised land/real property	Required infrastructure	Site prep, construction materials, donated labor	Bond financing	TOTAL MATCH
N/A									
TOTALS:			\$	\$	\$	\$	\$	\$	\$

Conditional Certification and Status of Funds Report

(To be completed by Recipients who do not yet have a completed audit for the last year in which HOME funds were received.)

Unpaid Costs and Unsettled Third Party Claims

1. Are there any unpaid costs or unsettled third-party claims against this HOME grant? Yes No
- If yes, describe the circumstances and amount involved on a separate sheet and attach.
2. Date of next organization-wide audit November 30, 2015.

Certification

It is hereby certified that all activities undertaken with funds provided under Housing Contract No. 309-13 have been carried out in accordance with said contract, and that:

- A. Proper provision has been made by the Recipient Agency for payment of all unpaid costs and unsettled third party claims identified above; the Recipient has complied with all applicable labor standards and there are, to the Recipient's knowledge, no outstanding labor claims;
- B. The statements and information contained in this Close-Out Report are true and correct as of this date;
- C. All records related to contract activities are available on request and will be kept by the Recipient Agency for five years after the final Housing approval date, and consistent with the requirements set out in 24 CFR 85.42 and 24 CFR 92.508 and A.R.S. 35-214.
- D. A final audit has been conducted in accordance with HOME program requirements and all findings, if any, have been resolved;
- E. The status of funds, as identified below, represent the amounts identified in the audit as the correct total HOME and State Housing Trust Fund expenditures for the program;
- F. It is hereby acknowledged that any remaining unexpended balance of funds from the HOME and/or Housing Trust Fund program under this contract will be recovered by Housing;
- G. If Program Income has been approved for retention, it will be managed and expended according to the adopted program income plan attached to this report and all applicable requirements set out in 24 CFR Part 92 and specified in the contract shall be met;
- H. Any real property acquired in whole or in part with HOME funds during the term of the program will be managed and disposed of, if necessary, in accordance with applicable provisions as stated in 24 CFR 85.31; and
- I. Any costs disallowed by subsequent audits shall be remitted to Housing within 60 days of the date of determination by the state.

2. Status of Funds

HOME and Housing Trust Funds

Source	(a) Total Amount as Stated in Contract	(b) Total Funds Received From Housing	Balance (a minus b). This is the amount which will be reclaimed by the state and returned to the pool of available funds.
A. HOME funds	\$400,000.	\$388,400.58	\$11,599.42
B. Housing Trust Funds	\$40,000.	\$40,000.	\$0.00
TOTAL:			\$11,599.42

Other project funds

Source of Match or Leverage (specify)	Amount Committed	Amount Expended	Amount Unexpended
CDBG	\$117,665.50	\$117,665.50	\$0.00
URRD	\$14,000.00	\$14,000.00	\$0.00
LHP	\$18,547.50	\$18,547.50	\$0.00
DOE	\$6,745.00	\$6,745.00	\$0.00
APS	\$25,925.55	\$25,925.50	\$0.00

Recipient's Signature

Date

Michael A. Pastor

Gila County Board of Supervisor, Chairman

Printed/Typed Name

Title

Signature

Date

Jefferson R. Dalton

Printed/Typed Name of Gila county Legal Representative

Deputy Gila County Attorney Civil Bureau Chief

Title

Part IV. Housing Applicant/Beneficiary Statement

Contract #:

Grantee:

IDIS #	Name	Address, Zip Code +4	* Lead Paint	Amount Expended (\$)	After Rehab Value (\$)	Completion Date (mm/dd/yy)	# Bedrooms	Persons in HH (#)	Gross Monthly Income (\$)	*HH% of Area Median Income	* Race of HH	*Hispanic (Y/N)	* HH Type	* Head of HH	*Disabled (Y/N)
5639	Aranda	755 Canyon Drive, 85135	1a	\$19,098.26	\$65,701.00	08/31/15	2	1	\$1,409.07	2	11	Y	2	F	N
5657	Clark	8161 W. Gunsight Ridge, 85541	1a	\$11,851.18	\$142,000.00	08/31/15	3	6	\$1,778.50	2	11	N	4	F	N
5668	Estevane	247 Cuprite Street, 85501	1a	\$65,178.75	\$85,000.00	08/31/15	3	3	\$2,043.08	3	11	Y	1	F	N
5638	Gonzales	533 San Pedro Ave., 85135	1a	\$8,017.29	\$143,000.00	08/31/15	2	1	\$1,212.75	2	11	Y	2	F	Y
5429	Holmes	5687 E. Globe Canyon Road, 85501	1a	\$34,892.22	\$84,915.94	08/31/15	4	4	\$2,967.60	4	11	N	3	F	N
5571	Pearce	5846 E. Scott Ave., 85501	1a	\$60,677.96	\$45,595.00	08/31/15	2	1	\$2,157.49	4	11	N	2	F	Y
5392	Police	613 W. Summit Street, 85541	1a	\$48,078.06	\$98,271.25	08/31/15	2	1	\$1,321.00	1	11	N	1	M	Y
5935	Smith	301 S. Ellwood Ave., 85539	1a	\$42,324.67	\$61,065.00	08/31/15	3	2	\$2,496.90	4	11	N	2	F	Y
5530	Torres	1163 Frederick Street, 85539	1a	\$50,472.03	\$130,000.00	08/31/15	2	2	\$1,386.80	2	11	Y	2	F	Y
5393	Trujillo	5594 McKinney Ave., 85501	1a	\$47,810.16	\$97,953.24	08/31/15	3	2	\$0.00	1	11	Y	3	F	N

Total # of Units Set Up:	10
Units Completed:	10
of HTF/HOME Funds	\$388,400.58
Total # of Units:	10

* Demographic Codes						
Lead Paint?	HH % of Area Median Income	Race of HH	Hispanic?	HH Type (Select ALL that apply)	Head of Household	Disabled?
1 – Housing constructed before 1978	1- 0 to 30%	11- White 12- Black/African American 13- Asian	Y – Yes	1- Single, Non-Elderly	M – Male	Y – Yes
a. Lead Safe Work Practices	2- 31 to 50%	14- American Indian or Alaskan Native	N – No	2- Elderly (62+)	F - Female	N – No
b. Interim Controls	3- 51 to 60%	15- Native Hawaiian or other Pacific Islander		3- Single Parent		
c. Abatement	4- 61 to 80%	16- American Indian or Alaskan Native & White		4- Two parent		
2 – EXEMPT Housing constructed 1978 or later		17- Asian & White 18- African American & White		5- Other (e.g 2 unmarried adults)		
3 – Otherwise exempt		19- American Indian or Alaskan Native & Black				
		20- Other Multi-racial				

FOR HOUSING TRUST FUND PROGRAM USE ONLY: On Site Monitoring Performed: Yes ___ Date: _____ No ___

Contract Closed ___ Date: _____ ADOH Signature _____ Date: _____