

REPORTING

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CHAPTER 9: REPORTING

INTRODUCTION

This chapter provides overview of the federal and state reporting requirements related to Community Development Block Grant (CDBG) Program. It is important to use the correct reporting forms. Contact the assigned Division of Energy, Housing and Community Resources (DEHCR) Project Representative for the most current forms.

CDBG programs must report certain accomplishments semi-annually, while other accomplishments are reported annually (e.g. the *Annual Section 3 Report* and the *Annual Single Audit Statement*). The *Grant Agreement* will designate document submission due dates and activity completion benchmarks for the project. UGLGs are required to follow the *Grant Agreement Time Table*. See Attachment 9-G for a sample *Grant Agreement Time Table*.

IMPORTANT REMINDER!

Reporting requirements are subject to change at any time during the performance period per HUD and DEHCR requirements.

Review the *Reporting Requirement Checklist* (Attachment 9-F) for more information on required reporting forms and deadlines. Refer to the other chapters in this Handbook to confirm compliance with reporting requirements.

The timeliness of reporting is critical to maintain project compliance and avoid disruption in the CDBG payment approval process. **Lack of timely reporting will impact the processing of payment requests.**

IMPORTANT REMINDER!

Failure to complete and submit all required reports in a timely manner will impact the processing of payment requests.

SUBMITTAL

Reports are to be submitted electronically via email to the DEHCR. The reports should be emailed to the DEHCR staff member assigned as the CDBG Project Representative or to the DEHCR CDBG Program email address (if the CDBG Project Representative email address is unknown) at DOACDBG@wisconsin.gov.

Disclaimer: Reporting requirements are subject to change at any time during the performance period per HUD and DEHCR requirements.

SEMI-ANNUAL REPORTS

Semi-Annual Reports are required to provide updates on the status of the project to DEHCR. In addition, HUD monitors the states to report accomplishments promptly to Congress. The UGLG is required to follow their *Grant Agreement Time Table* and scope of work to provide accurate and timely information about the project.

The semi-annual reporting requirement begins when the UGLG receives a copy of the fully executed (i.e. “fully signed”) *Grant Agreement* from DEHCR, and continues until the UGLG has submitted the *Project Completion Report* and all supporting documents for the project.

The reporting periods and due dates for the *Semi-Annual Reports* are as follows:

- For the period of **April 1st through September 30th** – the report is due **no later than October 15th**. Reports received after this date will be considered late and may impact the approval of CDBG payment requests.
- For the period of **October 1st through March 31st** – the report is due **no later than April 15th**. Reports received after this date will be considered late and may impact the approval of CDBG payment requests.

DEHCR reserves the right to modify reporting periods and due dates for the *Semi-Annual Reports*, as needed.

IMPORTANT REMINDER!

The semi-annual reporting requirement begins upon CDBG Award or when the *Grant Agreement* is fully executed (i.e. signed by DOA), whichever is specified in the Award Letter; and continues until the UGLG has submitted the *Project Completion Report* and all supporting documents for the project.

The following required *Semi-Annual Report Forms* are attached to this chapter:

- *Semi-Annual Summary Narrative Report* (Attachment 9-A) and *Instructions* (Attachment 9-B);
- *Semi-Annual CDBG Data Report* (Attachment 9-C), comprised of:
 - *Semi-Annual Labor Standards* data reporting;
 - *Semi-Annual MBE/WBE* data reporting; and
 - *Semi-Annual and Annual Section 3* data reporting;
- *Semi-Annual CDBG Jobs Project Self Certification Report (ED/PFED only)* (Attachment 9-F).

If the assigned DEHCR Project Representative has provided additional instruction or updated forms, please use that guidance.

It is the responsibility of the UGLG to monitor and report on the performance of sub-recipients and contractors during the contractual performance period. The UGLG **must** submit complete reports to DEHCR in a timely manner.

LABOR STANDARDS REPORT

The U.S. Department of Labor (USDOL) requires federal agencies administering programs subject to Davis-Bacon and Related Acts (DBRA) and Contract Work Hours and Safety Standards Act (CWHSSA) to furnish a labor standards enforcement reporting form. For CDBG projects **the *Semi-Annual Labor Standards* data reporting form (Attachment 9-C), even if the number of hours worked for the reporting period are equal to zero.** If the assigned DEHCR Project Representative has provided additional instruction or updated forms, use that guidance.

The *Semi-Annual Labor Standards* data reporting form (Attachment 9-C) is due to DEHCR per the *Grant Agreement Time Table*. This report is often due prior to the end of the reporting period. If there is additional activity between the report due date and the end of the reporting period, the UGLG may include the previously unreported information with the next report.

The reporting periods and due dates for the *Semi-Annual Labor Standards* data reporting are as follows unless the UGLG is notified by the DEHCR Project Representative of another submission date:

- For the period of **April 1st through September 30th** – the report is due **no later than September 25th**. Reports received after this date will be considered late and may impact the approval of CDBG payment requests.
- For the period of **October 1st through March 31st** – the report is due **no later than March 25th**. Reports received after this date will be considered late and may impact the approval of CDBG payment requests.

DEHCR reserves the right to modify reporting periods and due dates for the *LSER* as needed.

EQUAL OPPORTUNITY

Chapter 6 of the *BCD CDBG Implementation Handbook* describes the requirements related to Civil Rights Laws, including Equal Opportunity, Fair Housing and Section 3. Please refer to Chapter 6 for more detailed information.

Reporting for Equal Opportunity compliance includes:

- *Semi-Annual MBE/WBE* data reporting (Attachment 9-C); and
- Fair Housing Actions with supporting documentation.

The reporting periods and due dates for the *Semi-Annual MBE/WBE* data reporting are as follows unless the UGLG is notified by the DEHCR Project Representative of another submission date:

- For the period of **April 1st through September 30th** – the report is due **no later than September 25th**. Reports received after this date will be considered late and may impact the approval of CDBG payment requests.
- For the period of **October 1st through March 31st** – the report is due **no later than March 25th**. Reports received after this date will be considered late and may impact the approval of CDBG payment requests.

The reporting periods and due dates for Fair Housing are:

- *Fair Housing Actions* – follow the *Grant Agreement Time Table* for due date. Report progress on Fair Housing Actions on the *Semi-Annual Summary Narrative Report*; and
- *Fair Housing Report* – follow the *Grant Agreement Time Table* for due date. Report completed Fair Housing Actions on the *Semi-Annual Summary Narrative Report* and submit required supporting documentation.

Completion of Fair Housing Actions and submission of supporting documentation must be completed by the dates stated in the *Grant Agreement* and must be submitted to DEHCR with the associated *Semi-Annual Summary Narrative Report*.

SECTION 3 REPORT

The Section 3 provisions require that recipients of CDBG funding, to the greatest extent feasible, provide job training, employment and contracting opportunities for low- or very low-income residents and businesses in connection with projects and activities in their communities. *Section 3* data reporting (Attachment 9-C) is required semi-annually for the period of October 1st – March 31st and annually for the period of October 1st – September 30th each year. The *Section 3 Employee Income Certification Form* template for employees working on the CDBG project to complete are in Attachment 9-K1 (for projects awarded prior to November 30, 2020) and Attachment 9-K2 (for projects awarded on or after November 30, 2020). The *Section 3 Business Concerns Certification Form* for businesses to complete to certify they are a Section 3 Business Concern is Attachment 9-L. The *Individual Contractor's Semi-Annual Section 3 Report Form* for contractors is Attachment 9-M.

More information on Section 3 requirements is included in Chapter 6: *Equal Opportunity, Fair Housing and Section 3*.

CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT

UGLGs overseeing a project funded with CDBG-Economic Development (CDBG-ED), CDBG-Public Facilities Economic Development (CDBG-PFED), CDBG CLOSE Economic Development (CDBG-CL-ED), and/or CDBG CLOSE PFED (CDBG-CL-PFED) and/or other similar LMI job creation project funding are required to submit the *CDBG Jobs Project Employee Self Certification Report* (Attachment 9-F) per the executed Grant Agreement Time Table. The *Report* is a summary of all *Employee Self Certification Forms* submitted by employees at the point of hire during the reporting period. *CDBG Jobs Project Employee Self Certification Reports* are required semi-annually for the period of October 1st – March 31st and April 1st – September 30th each year, and upon Project Completion. *The Employee Self Certification Forms* are linked under the *Resources* section of the [Bureau of Community Development](#) website and an example of the template is provided in Attachment 9-F3. Refer to Attachment 9-F1 for a completed *CDBG Jobs Project Employees Self Certification Report Sample* completed form, and Attachment 9-F2 for the *CDBG Jobs Project Employee Self Certification Report Instructions*.

CLIENT INCOME CERTIFICATION REPORT

UGLGs overseeing a project funded with CDBG Public Services (PS) funds *[and certain Public Facilities (PF) or other projects for which beneficiary income data must be collected during or after a project, under very limited circumstances and only if specified in the UGLG's Grant Agreement]* are required to submit a *Client Income Certification Report* (Attachment 9-I). The *Report* is a summary of all *Client Income Certification Forms* (Attachment 9-J) received during the reporting period, completed by clients at the point of first receiving services. *Client Income Certification Reports* are generally required annually based on the grant Award Date and as listed in the *Attachment A: Time Table* in the UGLG's *Grant Agreement*, and with the submission of the *Project Completion Report* (refer to Chapter 9 of the *BCD CDBG Implementation Handbook* for project completion documentation requirements).

SINGLE AUDIT REPORTING

In addition to semi-annual reports, the UGLG must establish whether the Single Audit requirements listed in Uniform Guidance 2 CFR 200 apply. The UGLG must submit a *Single Audit Statement* letter (Attachments 9-G if a Single Audit is required or Attachment 9-H if a Single Audit is not required for the previous calendar year) to DEHCR **by January 15th** of each calendar year for the duration of the *Grant Agreement*.

A *Single Audit Report* is due for each calendar year in which the UGLG expends \$750,000 or more in federal funds for the duration of the *Grant Agreement* and through the final year in which the CDBG funds were expended. The UGLG must submit a *Single Audit Report* using Form SF-SAC to the Federal Audit Clearinghouse (FAC) within 30 days of the Single Audit being completed, and no later than September 30th of each year in which the UGLG was subject to completing a Single Audit. The UGLG must submit to DEHCR the record of submission of the *Single Audit Report* to the FAC (i.e., a copy of the FAC email confirmation of submission) upon report submission. Further information regarding Annual Single Audit requirements and instructions on how to submit a *Single Audit Report* are listed below.

The UGLG must maintain all Single Audit Statements, Single Audit Reports (if Single Audits were required), SF-SAC forms (if Single Audits were required), and copies of FAC emails confirming Single Audit Report submissions (if Single Audits were required) in the CDBG project file.

DOCUMENTS ESTABLISHING REQUIREMENTS

The Office of Management and Budget establishes uniform audit requirements for non-federal entities, including state and local governments that administer federal awards, Uniform Guidance 2 CFR 200 Subpart F. The Act requires non-federal entities that expend a total amount of federal awards, whether received directly from federal awarding agencies or indirectly from pass-through entities, equal to or more than \$750,000 in any fiscal year, to have either a single audit or a program-specific audit, available from the OMB internet web site at <https://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-part200.pdf> or from the Government Printing Office at the following address:

Government Printing Office
Superintendent of Documents
Washington, D.C. 20402-9325.

The *State Single Audit Guidelines* (Guidelines) issued by the Wisconsin Department of Administration (DOA) establishes standardized procedures and guidelines for the implementation of single audit requirements for non-federal entities. The *State Single Audit Guidelines* (SSAG) are found at: <https://doa.wi.gov/Pages/StateFinances/State-Single-Audit-Guidelines.aspx>. The *Guidelines* require non-federal entities subject to the requirements of the Act to include selected state financial assistance programs in the scope of the single audit. These programs, and related compliance supplements, are identified in appendices to the *Guidelines*.

DETERMINING THE ENTITY(IES) TO BE AUDITED

The non-federal entity or government unit to whom a grant is awarded and with whom DOA contracts may be subject to an audit in accordance with the Uniform Guidance 2 CFR 200 (See “III. Determining the Type of Audit Required”). This government unit is responsible for submission of its single audit reporting package to DOA as described more fully below, whether or not the entity has sub-granted the award to another governmental unit.

In addition to the above, if the governmental unit to whom a grant is awarded and with whom DOA contracts passes some or all of the funds through to another general purpose unit of government or a special purpose unit of government such as a sanitary district, that unit of government may also be subject to a single audit in accordance with the Uniform Guidance (see “III. Determining the Type of Audit Required”). To determine whether the second general purpose unit of government, special purpose unit of government, or sub-grantee/sub-recipient must conduct an audit of its own or its auditing requirement may be fulfilled through the audit of the Department of Administration’s Grantee, review the Governmental Accounting Standards Board (GASB) Statement No. 14, “The Financial Reporting Entity”, or consult an independent CPA.

DETERMINING THE TYPE OF AUDIT REQUIRED

The federal law requires non-federal entities that “expend” a combined total of \$750,000 or more of federal funds in a year to have a single audit conducted for that year in accordance with the requirements of Uniform Guidance 2 CFR 200 Subpart F. The single audit should cover the operations of the entire local government or, at the option of the local government, the audit may include a series of audits that cover departments, agencies, and other organizational units which expended or otherwise administered federal awards. Non-federal entities that expend \$750,000 or more on one federal program only in any fiscal year may elect to have a program-specific audit conducted in accordance with the Uniform Guidance. [Attachment 9-G: *Single Audit Statement (Audit Required)*]

Non-federal entities that expend less than \$750,000 in total federal awards in a year are exempt for that fiscal year from compliance with the audit requirements of the Uniform Guidance. The exemption does not, however, relieve a non-federal entity from compliance with any provision of a federal statute or regulation that requires the entity to maintain records concerning federal awards, or permits a federal agency, pass-through entity, or the Comptroller General access to such records. [Attachment 9-H: *Single Audit Statement (Audit Not Required)*]

AUDITEE RESPONSIBILITIES

Uniform Guidance 2 CFR 200 clearly identifies the responsibilities of the auditee (the local government) with respect to federal awards.

The auditee is required to:

1. Identify in its accounts the federal awards received and expended. The identification should include the Catalog of Federal Domestic Assistance (CFDA) title and number, name of the federal agency, and name of the pass-through entity. The CFDA for the Small Cities CDBG State Program passed through the Department of Administration is 14.228, and the federal agency is the U.S. Department of Housing and Urban Development. Each similar source or cluster should be subtotaled.
2. Maintain internal control over federal programs. To gain an understanding of the concepts of establishing effective internal control structure policies and procedures, consult the independent auditor or refer to the appendix of the AICPA Audit and Accounting Guide, *Audits of State and Local Governmental Units*.
3. Comply with laws, regulations, and the provisions of contracts or grant agreements related to each of its federal programs. These requirements may be found in the award agreement, this handbook, and Uniform Guidance 2 *CFR 200 Compliance Supplement (Compliance Supplement)*. A copy of the *Compliance Supplement* is available from the OMB internet web site at the Government Printing Office or https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A133/2017/Compliance_Supplement_2017.pdf and <https://www.whitehouse.gov/wp-content/uploads/2018/05/2018-Compliance-Supplement.pdf>.

4. Prepare appropriate financial statements, including the schedule of expenditures of federal awards.
5. Arrange for and ensure that audits required by the Uniform Guidance are properly performed. See *Procuring Governmental Audit Services* at:
<https://www.aicpa.org/interestareas/governmentalauditquality/resources/auditeeresourcecenter/downloadabledocuments/rfppracticeaid.pdf>.

When procuring professional services, the UGLG must follow Chapter 66 of the Wisconsin Statutes regarding procurement. In addition, the UGLG must comply with Uniform Guidance 2 CFR 200 because federal funds are being used to pay for the services.

In procuring audit services, the auditee must follow the Circular's procurement procedures, which accommodate Chapter 66 of Wisconsin Statutes and comply with OMB Circular A-102. Requests for proposals should clearly state the objective and scope of the audit. Factors to consider in evaluating proposals include:

- a. Responsiveness to the Request for Proposals (RFP);
 - b. Relevant experience in the performance of Single Audits;
 - c. Availability of staff with professional qualifications and technical abilities;
 - d. The result of external peer review; and
 - e. Price.
6. Follow up and take corrective action on audit findings, including preparation of summary schedule of prior audit and corrective action plan.
 7. Execute the Data Collection Form and submit it, together with the audit reporting package, when due. Audits must be completed and submitted within 30 days after the issuance of the auditor's reports to the auditee, but no later than nine (9) months after the end of the audit period.

SINGLE AUDIT REPORTING PACKAGE

The required elements of a single audit reporting package are as follows:

1. Financial statements of the non-federal entity, notes to the financial statements and auditor's opinion;
2. Schedule of expenditures of federal and, if applicable, state awards, notes to the schedule, and auditor's opinion;
3. Report on the internal control structure related to the financial statements and major programs;
4. Report on compliance with laws, regulations, and provisions of contracts or grant agreements, noncompliance with which could have a material effect on the financial statements;
5. Schedule of findings and questioned costs using a reference numbering system to facilitate audit follow-up. One option is to use an identifying prefix of the last two digits of the year under audit, then the sequence number of issues listed;
6. Summary schedule of prior audit findings. The auditee may prepare a summary schedule that indicates that there were no reportable prior year findings; and
7. Corrective action plan for all audit findings and recommendations or an explanation as to why an action plan was not necessary.

PROGRAM-SPECIFIC AUDIT REPORTS

The required elements of a program-specific audit, for eligible non-federal entities, are dependent on whether a program-specific audit guide is available from the Office of the Inspector General of the federal agency. If a program-specific audit guide is available, the auditor must follow the guide and Generally Accepted Government Auditing Standards. In the absence of a program-specific audit guide, the following is required:

1. Financial statements of the federal program, notes to the financial statements and auditor's opinion;
2. Report on internal control related to the federal programs;
3. Report on compliance with laws, regulations and provisions of contracts or grant agreements;
4. Schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results and findings and questioned costs;
5. Summary schedule of prior audit findings; and
6. Corrective action plan for all audit findings or explanation as to why one was not necessary.

SUBMISSION TO CLEARINGHOUSE

All auditees must submit to the Federal Audit Clearinghouse (FAC) the data collection form and one (1) copy of the reporting package described above and the Data Collection Form (Form SF-SAC) to the FAC. The auditee must electronically submit to the FAC at <https://harvester.census.gov/facweb/>.

SUBMISSION TO PASS-THROUGH ENTITIES

Sub-recipients should review the most current version of the State Single Audit Guidelines for submission requirements: (<https://doa.wi.gov/Pages/StateFinances/State-Single-Audit-Guidelines.aspx>).

REPORT RETENTION REQUIREMENTS

One (1) copy of the Form SF-SAC data collection form and one copy of the complete reporting package must be kept on file for three (3) years from the date of submission to the Federal Audit Clearinghouse.

AUDIT COSTS

The costs of audits made in accordance with the provisions of 2 CFR 200 Subpart E are allowable charges to the CDBG program unless the non-federal entity expended less than \$750,000 of federal awards and is, therefore, exempted by the Act from having an audit conducted. In accordance with 2 CFR 200 Subpart E, "Special Considerations for States, Local Governments and Indian Tribes," the percentage of costs charged to the CDBG program for a single audit shall not exceed the percentage derived by dividing federal funds expended by total funds expended by the recipient or sub-recipient (including program matching funds) during the fiscal year.

QUALITY CONTROL REVIEWS

The *Guidelines* require state cognizant agencies to conduct quality control reviews (QCRs) of the work of independent auditors performing single audits to ascertain they have adhered to required auditing standards and guidelines, and the scope of the audit was sufficient to provide a reasonable chance of detecting material errors, deficiencies, or irregularities, if any. Annually, a minimum number of single audits are randomly selected by DOA for quality control review. DOA may also judgmentally select audits for quality control review based on the results of a desk review.

The chief elected official of a non-federal entity selected for QCR will be asked to authorize its independent auditor to allow the DOA Auditor to review audit work papers supporting the audit. Written results of the review are provided to the non-federal entity, independent auditor, and DOA within two (2) weeks of completion of the QCR. The non-federal entity is expected to work with its independent auditor to correct deficiencies, if any, noted during the QCR.

ATTACHMENTS

Attachments for this chapter are listed below:

- ATTACHMENT 9-A: SEMI-ANNUAL SUMMARY NARRATIVE REPORT (TEMPLATE)
- ATTACHMENT 9-A1: SEMI-ANNUAL SUMMARY NARRATIVE REPORT (SAMPLE)
- ATTACHMENT 9-B: SEMI-ANNUAL SUMMARY NARRATIVE REPORT (INSTRUCTIONS)
- ATTACHMENT 9-C: SEMI-ANNUAL CDBG DATA REPORT (TEMPLATE)
- ATTACHMENT 9-C1: SEMI-ANNUAL CDBG DATA REPORT (INSTRUCTIONS)
- ATTACHMENT 9-D: REPORTING REQUIREMENTS CHECKLIST
- ATTACHMENT 9-E: GRANT AGREEMENT TIME TABLE (SAMPLE)
- ATTACHMENT 9-F: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (TEMPLATE)
- ATTACHMENT 9-F1: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (SAMPLE)
- ATTACHMENT 9-F2: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (INSTRUCTIONS)
- ATTACHMENT 9-F3: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION FORM (TEMPLATE)
- ATTACHMENT 9-G: SINGLE AUDIT STATEMENT [AUDIT REQUIRED] (TEMPLATE)
- ATTACHMENT 9-H: SINGLE AUDIT STATEMENT [AUDIT **NOT** REQUIRED] (TEMPLATE)
- ATTACHMENT 9-H1: SINGLE AUDIT STATEMENT [AUDIT **NOT** REQUIRED] (SAMPLE)
- ATTACHMENT 9-I: CLIENT INCOME CERTIFICATION REPORT (TEMPLATE)
- ATTACHMENT 9-I1: CLIENT INCOME CERTIFICATION REPORT (SAMPLE)
- ATTACHMENT 9-J: CLIENT INCOME CERTIFICATION FORM (TEMPLATE)
- ATTACHMENT 9-K1: SECTION 3 EMPLOYEE INCOME CERTIFICATION FORM (TEMPLATE) [*Projects Awarded prior to 11/30/2020*]
- ATTACHMENT 9-K2: SECTION 3 EMPLOYEE INCOME CERTIFICATION FORM (TEMPLATE) [*Projects Awarded on or after 11/30/2020*]
- ATTACHMENT 9-L: SECTION 3 BUSINESS CONCERN CERTIFICATION FORM (TEMPLATE) [*Projects Awarded on or after 11/30/2020*]

ATTACHMENT 9-M: INDIVIDUAL CONTRACTOR'S SEMI-ANNUAL
SECTION 3 REPORT FORM FOR CONTRACTOR
(TEMPLATE)

ATTACHMENT 9-A: SEMI-ANNUAL SUMMARY NARRATIVE REPORT (TEMPLATE)

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

SEMI-ANNUAL SUMMARY NARRATIVE REPORT

| |
|---|
| A. NAME OF UGLG: |
| B. DEHCR GRANT AGREEMENT #: |
| C. BUSINESS NAME: |
| D. REPORTING PERIOD ENDED: <i>(choose one)</i> <input type="checkbox"/> October 1, 20____ to March 31, 20____ <i>(due April 15th)</i> <input type="checkbox"/> April 1, 20____ to September 30, 20____ <i>(due October 15th)</i> <input type="checkbox"/> Other: _____ |

| SEMI-ANNUAL SUMMARY NARRATIVE DOCUMENTS INCLUDED WITH THIS REPORT: | |
|--|--|
| <input type="checkbox"/> | Semi-Annual Summary Narrative Report, including progress updates and/or supporting documentation for the following: <i>(Check all that apply)</i> <input type="checkbox"/> Project Activities listed in the Grant Agreement Time Table <input type="checkbox"/> Environmental Report Status (refer to Chapter 4: Environmental Review) <input type="checkbox"/> Fair Housing Actions Status <input type="checkbox"/> 2nd Citizen Participation Public Hearing Status |
| <input type="checkbox"/> | Attachments to this Report <i>(List Attachments Below, if applicable):</i> 1. 2. 3. 4. 5. |

TEMPLATE

| THIS REPORTING PERIOD | |
|--|---|
| OBJECTIVES <i>(Copy all items listed as due from the Grant Agreement Time Table (in Attachment A) on dates falling within the Reporting Period. Include due dates of items.)</i> | ACCOMPLISHMENTS <i>(Report status/progress of all items from the Grant Agreement Time Table that were due during the Reporting Period.)</i> |

| UPDATE ON PREVIOUS REPORTING PERIOD(S) | |
|--|--|
| DELAYED OBJECTIVE(S) <i>(List items from previous Reporting Period(s) for which Accomplishments were not previously reported or that had items pending or incomplete at the time of the previous reporting. Enter "N/A" if there are no updates required.)</i> | UPDATE(S) <i>(Report Accomplishments or updates from previous Reporting Period(s), if applicable. Enter "N/A" if there are no updates required.)</i> |

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

| ENVIRONMENTAL REPORT STATUS | |
|--|---|
| Provide an update on progress made toward completing the Environmental Report requirements of the CDBG project. | |
| OBJECTIVES | ACCOMPLISHMENTS |
| <p>Complete Environmental Review (ER) and receive Environmental Certification from DEHCR Environmental Desk prior to: <i>(Check all activities listed below that apply to the CDBG Project – Click on the checkbox to check/uncheck an item):</i></p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Economic Development Activities</p> <p><input type="checkbox"/> Planning Activities</p> <p><input type="checkbox"/> Public Services Activities</p> <p><input type="checkbox"/> Other <i>(Specify):</i></p> | <p><i>(List Actions Taken, ER Progress, Documents Submitted to DEHCR & Date(s) of Submission, and Status of ER Certification from DEHCR (attach Certification if issued and not previously submitted to DEHCR Project Representative. DO NOT attach any other ER documents, as all ER documents must be submitted to the DEHCR Environmental Desk). Describe issues and/or delays and resolution, if applicable.)</i></p> |

| FAIR HOUSING ACTIONS COMPLETED | |
|---|---|
| Provide an update on progress made toward completing the Fair Housing Actions requirement of the CDBG project. | |
| <p>REMINDER: The UGLG's Fair Housing Actions (FHAs) <u>must</u> be completed by the due date listed in the Grant Agreement Time Table (Attachment A). Failure to meet this deadline will result in the denial of CDBG payment requests until the FHAs are completed. The Fair Housing Actions required to be taken are in the UGLG's Grant Agreement – Attachment F.</p> | |
| OBJECTIVES | ACCOMPLISHMENTS |
| <p><u>Fair Housing Actions Completion Due Date:</u> [Enter Due Date]</p> <p><u>Fair Housing Actions Documents Submission Due Date:</u> [Enter Due Date]</p> <p><u>Fair Housing Actions Required:</u></p> <p>1.</p> <p>2.</p> <p>3.</p> | <p><i>(List Actions Taken, Documents Submitted to DEHCR & Date(s) of Submission (and/or List of associated documents Attached to this Report), and Status of Fair Housing Actions Completion. Describe issues and/or delays and resolution, if applicable.)</i></p> <p>1.</p> <p>2.</p> <p>3.</p> |

| 2 ND CITIZEN PARTICIPATION PUBLIC HEARING STATUS | |
|--|---|
| Provide an update on progress made toward completing the Second Citizen Participation Public Hearing requirement of the CDBG project. | |
| <p>REMINDER: The UGLG's 2nd Citizen Participation Public Hearing <u>must</u> be completed by the due date listed in the Grant Agreement Time Table (Attachment A). Failure to meet this deadline may result in the denial of CDBG payment requests until the hearing is completed.</p> | |
| OBJECTIVES | ACCOMPLISHMENTS |
| <p>Hold 2nd Citizen Participation Public Hearing to receive input from and provide updates to the community and project beneficiaries regarding the activities completed and the progress on the CDBG project.</p> <p><u>Public Hearing Completion Due Date:</u> [Enter Due Date]</p> | <p><u>Hearing Notice Date(s):</u></p> <p><u>Method(s) of Giving/Advertising Hearing Notice(s):</u></p> <p><u>Hearing Date:</u> [Enter Hearing Date]</p> |

Semi-Annual Summary Narrative Report

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Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

| | |
|--|---|
| <u>Public Hearing Documents Submission Due Date:</u> [Enter Due Date] | <u>Documents Attached to this Report (or list Date(s) Submitted to DEHCR, if previously submitted):</u> <u>Describe Issues and/or Delays, if applicable:</u> |
|--|---|

TEMPLATE

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

| |
|---|
| A. NAME OF UGLG: |
| B. DEHCR GRANT AGREEMENT #: |
| C. BUSINESS NAME: |
| D. REPORTING PERIOD ENDED: <i>(choose one)</i> <input type="checkbox"/> October 1, 20__ to March 31, 20__ <i>(due April 15th)</i> <input type="checkbox"/> April 1, 20__ to September 30, 20__ <i>(due October 15th)</i> <input type="checkbox"/> Other: _____ |

SEMI-ANNUAL SUMMARY NARRATIVE REPORT CERTIFICATION

By entering the Preparer and UGLG Approver names and information below, the person(s) hereby certify that to the best of their knowledge and belief the contents in this Semi-Annual Summary Narrative Report are true and correct and this Report has been authorized by the UGLG to be submitted to DEHCR:

| | |
|--|------------------------------|
| PREPARER* Full Name and Title: | Preparer Telephone #: |
| PREPARER Company/ Firm/Org.: | Preparer Email: |
| UGLG APPROVER* Full Name and Title: | APPROVAL Date: [Add Date] |
| UGLG APPROVER Telephone #: | UGLG APPROVER Email: |

** The Semi-Annual Summary Narrative Report must be approved/certified by the Unit of General Local Government (UGLG)/Grantee. If the Preparer is not an authorized Unit of General Local Government (UGLG) Approver, then the UGLG Approver information must be entered. The UGLG Approver must be the Chief Elected Official (CEO) or an employee or official from the local government authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents.*

By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf.

If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.

TEMPLATE

ATTACHMENT 9-A1: SEMI-ANNUAL SUMMARY NARRATIVE REPORT (SAMPLE)

Division of Energy, Housing and Community Resources
Semi-Annual Summary Narrative Report

SEMI-ANNUAL SUMMARY NARRATIVE REPORT

| | |
|---|--------|
| A. NAME OF UGLG: Village of Yourville | SAMPLE |
| B. DEHCR GRANT AGREEMENT #: PF 21-50 | |
| C. BUSINESS NAME: N/A | |
| D. REPORTING PERIOD ENDED: (choose one) <input checked="" type="checkbox"/> October 1, 20 <u>22</u> to March 31, 20 <u>23</u> (due April 15 th) <input type="checkbox"/> April 1, 20____ to September 30, 20____ (due October 15 th) <input type="checkbox"/> Other: _____ | |

| SEMI-ANNUAL SUMMARY NARRATIVE DOCUMENTS INCLUDED WITH THIS REPORT: | |
|--|--|
| | <i>Semi-Annual Summary Narrative Report</i> , including progress updates and/or supporting documentation for the following: (Check all that apply) <input checked="" type="checkbox"/> Project Activities listed in the Grant Agreement Time Table <input checked="" type="checkbox"/> Environmental Report Status (refer to Chapter 4: Environmental Review); <input checked="" type="checkbox"/> Fair Housing Actions Status <input checked="" type="checkbox"/> 2 nd Citizen Participation Public Hearing Status |
| <input checked="" type="checkbox"/> | Attachments to this Report (List Attachments Below, if applicable): 1. 2 nd Public Hearing Notices (poster copy and newspaper ad copy) 2. 2 nd Public Hearing Notice Affidavit of Publication 3. 2 nd Public Hearing Minutes 4. 2 nd Public Hearing Certification |

| THIS REPORTING PERIOD | |
|--|--|
| OBJECTIVES | ACCOMPLISHMENTS |
| DUE PRIOR TO CONSTRUCTION: <ul style="list-style-type: none"> Execute Grant Agreement. Establish record keeping system. Establish financial management system. Procure engineering and administrative services, if contracting with third-party firm(s) for these services. Enter into the grant administration contract, if contracting with a third-party for grant administration. Submit executed contract to DEHCR CDBG Project Representative. | <ul style="list-style-type: none"> Grant Agreement executed 10/15/2021. Records established during pre-agreement process. Financial Management System established prior during pre-agreement process. Engineer selected 10/1/2020 and contract executed 11/2/2020 following local procurement (using Match funds to cover services). Grant administrator procured through RFP process. Grant administrator contract executed 9/15/2021. Submission to DEHCR 10/15/2021. |

Semi-Annual Summary Narrative Report
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Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

SAMPLE

- | | |
|--|---|
| <ul style="list-style-type: none"> Complete Environmental Report and obtain official approval from DEHCR Environmental Desk. Submit copy of approval from DEHCR Environmental Desk to DEHCR CDBG Project Representative. Submit "Notice of Acquisition/Relocation to DEHCR" form, if any acquisition (including easements) and/or relocation will be required for the CDBG project. Complete acquisition and relocation requirements for property purchase, easement(s), etc., if applicable to project. Obtain federal Davis-Bacon wage rates, if federal labor standards are applicable to project. Complete Record of Wage Decision Selection Form prior to bidding, if federal labor standards are applicable to project; and submit to DEHCR CDBG Project Representative for review. Prepare and solicit construction and/or demolition related bids. Check for wage decision updates prior to bid opening and inform potential bidders of updates, if federal labor standards are applicable to project. Submit Notice of Contractor Award form(s) for prime contract(s) awarded to DEHCR CDBG Project Representative. Submit detailed bid tabulation summary to DEHCR CDBG Project Representative. Obtain all necessary permits. Hold pre-construction meeting (pre-construction meeting is optional but strongly recommended). Submit meeting minutes/notes to DEHCR CDBG Project Representative, if a pre-construction meeting was held. | <ul style="list-style-type: none"> ER completed and submitted to DEHCR 11/1/2021. Certification from Environmental Desk 12/15/2021. Submission to DEHCR Project Rep. 12/15/2021. No Acquisition or Relocation required for project. No acquisition or Relocation required for project. Wage Rates obtained 2/13/2022 prior to advertisement for bids. Record of Wage Decision Selected completed. Submission to DEHCR 2/13/2022. Bid packet prepared and finalized 2/13/2022. Advertisement for bids published in Yourville Gazette on 2/15/2022 and 2/22/2022. Also posted on VendorNet and Village website on 2/15/2022. Re-checked wage rates 3/8/2022 and informed potential bidders on record and updated bid packet. Bid opening held 3/12/2022. Notice of Contractor Award submission to DEHCR 4/15/2022. Bid tabulation and Notice of Contractor Award submission to DEHCR 4/15/2022. Permits obtained prior to construction 3/12/2022-5/21/2022. Pre-Construction Meeting held 5/24/2022. Meeting Notes submission to DEHCR 10/15/2022. |
|--|---|

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

DUE 1/15/2022

- Submit Single Audit Statement for CY2021 to DEHCR CDBG Project Representative. Arrange for Single Audit, if required (Single Audit Report will be due to Federal Audit Clearinghouse within 30 days of Single Audit being completed or September 30, 2022, whichever date is *earlier*).

- Single Audit Statement CY2021 submission to DEHCR 1/14/2022. Audit Not Required.

DUE 3/25/2022

- Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of October 1, 2021 through March 31, 2022 [reporting activities July 23, 2021 (the Award Date) through March 31, 2022], unless notified by DEHCR CDBG Project Representative of another submission date.

- Semi-Annual CDBG Data Report (with supporting documents) submission to DEHCR 3/24/2022.

DUE 4/15/2022

- Submit Semi-Annual Report and supporting documentation for the period of October 1, 2021 through March 31, 2022, [reporting activities July 23, 2021 (the Award Date) through March 31, 2022]. Reporting must follow the guidance provided in the CDBG Implementation Handbook.

- Semi-Annual Summary Narrative Report (with supporting documents) submission to DEHCR 4/15/2022.

DUE 7/1/2022

- Begin Construction. Document and report progress and/or delays to DOA.

- Construction began 6/2/2022.

DUE 9/25/2022

- Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of April 1, 2022 through September 30, 2022, unless notified by DEHCR CDBG Project Representative of another submission date.

- Semi-Annual CDBG Data Report (with supporting documents) submission to DEHCR 9/25/2022.

DUE 9/30/2022

- Complete the Fair Housing Actions described in the Attachments of the Grant Agreement.
- Complete Single Audit and submit Single Audit Report for CY2021 to Federal Audit Clearinghouse [FAC] (submit within 30 days of Single Audit completion or September 30, 2022, whichever date is *earlier*). Submit copy of FAC email confirmation of submission to DEHCR CDBG Project Representative, if the Grantee was required to complete a Single Audit for CY2021. Reporting must follow the guidance provided in the CDBG Implementation Handbook.

- See Fair Housing Actions section in this Report.
- Single Audit for CY2021 Not Required.

SAMPLE

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

DUE 10/15/2022

- Submit Semi-Annual Report and supporting documentation to DEHCR CDBG Project Representative for the period of April 1, 2022 through September 30, 2022. Reporting must follow the guidance provided in the CDBG Implementation Handbook.
- Report Fair Housing Actions completed (in the Fair Housing section of the Semi-Annual Report) and submit supporting documentation to DEHCR CDBG Project Representative.

- Semi-Annual Summary Narrative Report (with supporting documents) submission to DEHCR 10/14/2022.

- See Fair Housing Actions section in this Report.

DUE 1/15/2023

- Submit Single Audit Statement for CY2022 to DEHCR CDBG Project Representative. Arrange for Single Audit, if required (Single Audit Report will be due to Federal Audit Clearinghouse within 30 days of Single Audit being completed or September 30, 2023, whichever date is *earlier*).

- Single Audit Statement CY2022 submission to DEHCR 1/14/2023. Audit Required. Scheduling of Single Audit in progress at time of initial reporting. Single Audit subsequently scheduled for 6/1/2023 and completed 8/23/2023.

DUE 3/25/2023

- Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of October 1, 2022 through March 31, 2023, unless notified by DEHCR CDBG Project Representative of another submission date.

- Semi-Annual CDBG Data Report (with supporting documents) submission to DEHCR 3/25/2023.

DUE 3/30/2023

- Conduct second Public Hearing to report project progress to, and receive input from, local community regarding the CDBG project.

- See 2nd Citizen Participation Public Hearing section in this Report.

DUE 4/15/2023

- Submit Semi-Annual Report and supporting documentation for the period of October 1, 2022 through March 31, 2023. Reporting must follow the guidance provided in the CDBG Implementation Handbook.
- Report status of second Public Hearing completion (in the 2nd Citizen Participation Public Hearing section of the Semi-Annual Report) and submit second Public Hearing meeting notice, attendance list, and minutes to DEHCR CDBG Project Representative.

- Semi-Annual Summary Narrative Report (with supporting documents) submission herewith for reporting due 4/15/2023.

- See 2nd Citizen Participation Public Hearing section in this Report.

SAMPLE

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

| UPDATE ON PREVIOUS REPORTING PERIOD(S) | |
|--|-----------|
| DELAYED OBJECTIVE(S) | UPDATE(S) |
| N/A | N/A |

| ENVIRONMENTAL REPORT STATUS | |
|--|---|
| <i>Provide an update on progress made toward completing the Environmental Report requirements of the CDBG project.</i> | |
| OBJECTIVES | ACCOMPLISHMENTS |
| Complete Environmental Review (ER) and receive Environmental Certification from DEHCR Environmental Desk prior to: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Acquisition <input type="checkbox"/> Economic Development Activities <input type="checkbox"/> Planning Activities <input type="checkbox"/> Public Services Activities <input type="checkbox"/> Other (Specify): | ER completion and documents submission to DEHCR 2/14/2022. DEHCR Environmental Certification and Release of Funds issued 4/3/2022. ER Certification copy submitted to DEHCR Project Representative 4/15/2022. |

| FAIR HOUSING ACTIONS COMPLETED | |
|---|--|
| <i>Provide an update on progress made toward completing the Fair Housing Actions requirement of the CDBG project.</i> | |
| REMINDER: The UGLG's Fair Housing Actions (FHAs) <u>must</u> be completed by the due date listed in the Grant Agreement Time Table (Attachment A). Failure to meet this deadline will result in the denial of CDBG payment requests until the FHAs are completed. The Fair Housing Actions required to be taken are in the UGLG's Grant Agreement – Attachment F. | |
| OBJECTIVES | ACCOMPLISHMENTS |
| <u>Fair Housing Actions Completion Due Date:</u> 9/30/2022 <u>Fair Housing Actions Documents Submission Due Date:</u> 10/15/2022 <u>Fair Housing Actions Required:</u> 1. Enact, strengthen, or advertise a local fair housing law 2. Have the local governing body or chief elected official publicly endorse the principle of fair housing and of adherence to the fair housing law in the form of a proclamation, resolution, or similar publicized statement of importance 3. Display a fair housing poster or provide fair housing information at an appropriate public place | 1. Published Fair Housing Ordinance in local newspaper (Yourville Gazette) on 4/1/2022. Newspaper copy with affidavit of publication submission to DEHCR with Semi-Annual Summary Narrative Report 4/15/2022. 2. Village Board Proclamation to endorse Fair Housing made at board meeting on 4/12/2022. Proclamation posted on Village website at www.yourvillevillage.com , and at Village Hall (123 Main St.) and U.S. Post Office (345 State St.) bulletin boards. 3. Fair Housing Poster posted at the Village Hall (123 Main St.), U.S. Post Office (345 State St.), and Yourville Community Library at 345 Wisconsin Avenue) Documents submission to DEHCR 4/15/2022 with Semi-Annual Summary Narrative Report: <ul style="list-style-type: none"> • Copy of signed Proclamation • Board meeting minutes from 4/12/2022 • Copy of Proclamation from website posting • Clerk email certification verifying the dates and locations of the Fair Housing Posters and Fair |

Semi-Annual Summary Narrative Report

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Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

| | |
|--|--|
| | Housing Proclamation postings at Village Hall, Post Office and Library • Copy of Fair Housing Poster <u>Describe Issues and/or Delays, if applicable:</u> N/A |
|--|--|

2ND CITIZEN PARTICIPATION PUBLIC HEARING STATUS

Provide an update on progress made toward completing the Second Citizen Participation Public Hearing requirement of the CDBG project.

REMINDER: The UGLG's 2nd Citizen Participation Public Hearing must be completed by the due date listed in the Grant Agreement Time Table (Attachment A). Failure to meet this deadline may result in the denial of CDBG payment requests until the hearing is completed.

| OBJECTIVES | ACCOMPLISHMENTS |
|---|---|
| Hold 2 nd Citizen Participation Public Hearing to receive input from and provide updates to the community and project beneficiaries regarding the activities completed and the progress on the CDBG project. <u>Public Hearing Completion Due Date:</u> 3/31/2023 <u>Public Hearing Documents Submission Due Date:</u> 4/15/2023 | <u>Hearing Notice Date(s):</u> Published in newspaper 3/25/2023 and 4/1/2023. Posted at Village Hall 3/25/2023. <u>Method of Giving/Advertising Hearing Notice(s):</u> Published in Yourville Gazette. Posted on bulletin board at Village Hall at 123 Main St., Yourville, WI. <u>Hearing Date:</u> 4/10/2023 <u>Documents Attached to this Report (or list Date(s) Submitted to DEHCR, if previously submitted):</u> Submitted herewith: • Copies of Public Hearing Notices • Affidavit of Publication • Hearing Minutes • Hearing Certification <u>Describe Issues and/or Delays, if applicable:</u> Public Hearing delayed due to insufficient notice given with initial publication and scheduled Hearing. Changed Hearing date and re-published Notice with new Hearing date. Published in Yourville Gazette 3/25/2023 and 4/1/2023. Hearing held 4/10/2023. |

SAMPLE

Division of Energy, Housing and Community Resources**Semi-Annual Summary Narrative Report**

| |
|---|
| A. NAME OF UGLG: Village of Yourville |
| B. DEHCR GRANT AGREEMENT #: PF 21-50 |
| C. BUSINESS NAME: N/A |
| D. REPORTING PERIOD ENDED: (choose one) <input checked="" type="checkbox"/> October 1, 20 22 to March 31, 20 23 (due April 15 th) <input type="checkbox"/> April 1, 20 to September 30, 20 (due October 15 th) <input type="checkbox"/> Other: |

SAMPLE

SEMI-ANNUAL SUMMARY NARRATIVE REPORT CERTIFICATION

By entering the Preparer and UGLG Approver names and information below, the person(s) hereby certify that to the best of their knowledge and belief the contents in this Semi-Annual Summary Narrative Report are true and correct and this Report has been authorized by the UGLG to be submitted to DEHCR:

| | |
|--|--|
| PREPARER* Full Name and Title: John Smith, Community Planner | Preparer Telephone #: (608) 222-3333 |
| PREPARER Company/ Firm/Org.: XYZ Consulting, Inc. | Preparer Email: jsmith@xyzconsulting.com |
| UGLG APPROVER* Full Name and Title: Jane Doe, Village President | APPROVAL Date: 4/14/2023 |
| UGLG APPROVER Telephone #: (608) 444-5555 | UGLG APPROVER Email: president@yourvillevillage.net |

* The Semi-Annual Summary Narrative Report must be approved/certified by the Unit of General Local Government (UGLG)/Grantee. If the Preparer is not an authorized Unit of General Local Government (UGLG) Approver, then the UGLG Approver information must be entered. The UGLG Approver must be the Chief Elected Official (CEO) or an employee or official from the local government authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents.

By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf.

If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.

ATTACHMENT 9-B: SEMI-ANNUAL SUMMARY NARRATIVE REPORT (INSTRUCTIONS)

Division of Energy, Housing and Community Resources

Semi-Annual Summary Narrative Report

SEMI-ANNUAL SUMMARY NARRATIVE REPORT (INSTRUCTIONS)

FOR ADDITIONAL GUIDANCE, REFER TO ATTACHMENT 9-A1 IN CHAPTER 9: REPORTING IN THE BCD CDBG IMPLEMENTATION HANDBOOK FOR A COMPLETED SAMPLE OF THIS REPORT.

1. **Items A, B, C, and D.** (on the Page 1 and on the Certification Page of the Report)
Enter the name of the UGLG, the CDBG Grant Agreement/contract number, Business Name (if a PFED, ED or other LMI Job Creation project), and the reporting period year dates.
2. **THIS REPORTING PERIOD**
In the "Objectives" section, list **all** the activities identified for the reporting period in the *Grant Agreement Time Table (Attachment A)*. Do not insert additional objectives. In the "Accomplishments" section, describe the progress made on each objective, any issues encountered and their resolution. Provide details such as contractors hired, activity completion dates, and documents submitted to DEHCR (and dates submitted) or attached to this Report.
3. **SEMI-ANNUAL REPORT DOCUMENTS INCLUDED WITH THIS REPORTING**
Check the boxes that apply, indicating the items/documents included with this report, and list the items that are being submitted as Attachments with this Report.
4. **UPDATE ON PREVIOUS REPORTING PERIOD(S)**
In the "Delayed Objectives" section, list **only** those activities that were to be accomplished in a previous report, but had not been reported as completed, or had a status of being incomplete or pending in previous reporting. In the "Update" Section, describe the progress made, in detail, on each delayed objective, any issues encountered, and their resolution. **If all activities scheduled for previous reporting periods have been completed and reported, enter "N/A" in this entry field.**
4. **ENVIRONMENTAL REPORT STATUS**
Provide an update on progress made toward completing the Environmental Report (ER) requirements of the CDBG project. The "Objectives" section has the main objective already entered. Check the boxes for the Activities applicable to the project, for which the ER must be completed, submitted to DEHCR and certified by DEHCR prior to the UGLG/Grantee proceeding with the activity. In the "Accomplishments" section, describe the progress made on the Environmental Review, any issues encountered and their resolution. Provide information such as names and dates of documents completed, submitted, and/or received. **Do not delete progress previously reported to DEHCR.** Submit the Environmental Certification letter with the Report if it has been issued by the DOA DEHCR Environmental Desk and not previously submitted. Do not submit any other ER contents/documents, which must be submitted to the DOA DEHCR Environmental Desk.
5. **FAIR HOUSING ACTIONS COMPLETED**
Provide an update on progress made toward completing the Fair Housing Actions requirement of the CDBG project. In the "Objectives" section, enter the due dates for completing the Fair Housing Actions and for submitting the associated documents to DEHCR, as listed in the *Grant Agreement Time Table (in Attachment A)*. UGLG's contracted Fair Housing Actions as listed in the *Grant Agreement (in Attachment F)*. In the "Accomplishments" section, describe the progress made for each Action, listing the specific actions taken/activities completed, dates taken/completed, and the documents generated/completed. Describe any issues or delays and resolution, if applicable. List

Division of Energy, Housing and Community Resources**Semi-Annual Summary Narrative Report**

documents that are being submitted with this Report, if applicable, or the date(s) of submission to DEHCR, if previously submitted. **Do not delete progress previously reported to DEHCR.** Submit supporting documentation with this Report if the Actions are completed and the documents have not been previously submitted to DEHCR. If the Actions are not yet due and no action has been taken, enter "No Action Taken – Not Yet Due" in the Accomplishments entry field.

6. SECOND CITIZEN PARTICIPATION PUBLIC HEARING STATUS

Provide an update on progress made toward completing the Second Citizen Participation Public Hearing requirement of the CDBG project. In the "Objectives" section, enter the due date for the 2nd Public Hearing, as listed in the *Grant Agreement Time Table* (in Attachment A). In the "Accomplishments" section, describe the progress made toward completing the Public Hearing requirement, including Hearing Notice date(s), method(s) of giving/advertising the Notice, Hearing date, and a list the associated documents being submitted with this Report, if applicable, or the date(s) of submission to DEHCR, if previously submitted. Describe any issues or delays and resolution, if applicable. **Do not delete progress previously reported to DEHCR.** Submit supporting documentation with this Report if not previously submitted to DEHCR. If the 2nd Public Hearing is not yet due and no action has been taken, enter "No Action Taken – Not Yet Due" in the Accomplishments entry field.

7. SEMI-ANNUAL SUMMARY NARRATIVE REPORT CERTIFICATION

Enter the Preparer and UGLG Approver information and UGLG Approval Date. The Semi-Annual Summary Narrative Report must be approved/certified by the Unit of General Local Government (UGLG)/Grantee. If the Preparer is not an authorized Unit of General Local Government (UGLG) Approver, then the UGLG Approver information must be entered. The UGLG Approver must be the Chief Elected Official (CEO) or an employee or official from the local government authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents.

By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf.

If the person submitting this Report is not the UGLG Approver, then the submitter must copy ("cc") the UGLG Approver when emailing it to DEHCR.

8. Submit one copy of the Report and supporting documents via email to the assigned DEHCR project representative or to DOACDBG@wisconsin.gov and retain the documents in the UGLG's CDBG project file(s).

ATTACHMENT 9-C: SEMI-ANNUAL CDBG DATA REPORT (TEMPLATE)

Semi-Annual CDBG Data Report (MBE/WBE, Labor Standards Enforcement, and Section 3) Page 1 of 7

SEMI-ANNUAL CDBG DATA REPORT (MBE/WBE, Labor Standards Enforcement, and Section 3)

Grantee/UGLG Name: (Grantee's Name) Grant **AWARDED** Before or After 11/30/2020? **Not Answered** DEHCR Grant Agreement/Contract Number: (Grant Agreement #)

Reporting Period (Choose ONE): ☒ X Year ☐ Year

☐ October 1 - March 31 ☐ April 1 - September 30 2021

If the "Approver" is not the one submitting this Report to DEHCR, then they **must** be cc'd on the email submission.

Approver's Name:
Approver's Title:

PART 1. CONSTRUCTION PERIOD

1(a). Construction Start Date:
1(b). Construction End Date:

Trade Codes:
1 = New Construction
2 = Substantial Rehab
3 = Repair(s)
4 = Service
5 = Project Management
6 = Professional Services
7 = Tenant Services
8 = Education / Training
9 = Architectural / Engineering Appraisal
0 = Other

Racial / Ethnic Codes:
1 = White Americans
2 = Black Americans
3 = Native Americans
4 = Hispanic Americans
5 = Asian / Pacific Americans
6 = Hasidic Jews

Preparer's Name:
Preparer's Title:
Preparer's Phone No.:
Preparer's Email:

PART 2. CONSTRUCTION CONTRACTS AWARDED

| | 2(a) | 2(b) | 2(c) | 2(d) | 2(e) | 2(f) | 2(g) | 2(h) | 2(i) | 2(j) | 2(k) |
|---|------------------------------------|--|---|------------------------|--------------------|-------------------|-------------------------------|-------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| | Construction Prime Contractor Name | Total Awarded Contract Amount (CDBG Project Activities Only) | Prime Contract Amt. MINUS Associated Subcontractor Amt(s) | Street Address | City | State / ZIP | Prime's FEIN # (XX - XXXXXXX) | Trade Code (See above.) | Prime's Race/ Ethnicity (See above.) | Women Owned Business? (Yes or No) | Section 3 Business? (Yes or No) |
| <i>Example</i> | <i>Builders-R-Us Inc.</i> | <i>\$ 2,500,000.00</i> | <i>\$ 400,000.00</i> | <i>123 Main Street</i> | <i>Centerville</i> | <i>WI / 58724</i> | <i>88 - 5423726</i> | <i>2</i> | <i>3</i> | <i>Yes</i> | <i>Yes</i> |
| Prime Contractor #1 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #2 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #3 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #4 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #5 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #6 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #7 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #8 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #9 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #10 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #11 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #12 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #13 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #14 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #15 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #16 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #17 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #18 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #19 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Prime Contractor #20 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Total Construction Prime Contract Amounts: | | \$ - | \$ - | | | | | | | | |

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Grantee/UGLG Name: (Grantee's Name)

Grant AWARDED Before or After 11/30/2020? Not Answered

DEHCR Grant Agreement/Contract Number: (Grant Agreement #)

Reporting Period (Choose ONE):

| | |
|--------------------------|------------------------|
| X | Year |
| <input type="checkbox"/> | October 1 - March 31 |
| <input type="checkbox"/> | April 1 - September 30 |
| | 2021 |

Approver's Name:

Approver's Title:

If the "Approver" is not the one submitting this Report to DEHCR, then they must be cc'd on the email submission.

| | 2(a) | 2(l) | 2(m)-1 | | 2(m)-2 | | 2(m)-3 | | 2(m)-4 | | 2(n)-1 | 2(n)-2 | 2(o) |
|----------------------|------------------------------------|----------------------------------|--|----------|--|-----------|--|------------|--|-----------|-------------------------------|--|--------------------------------------|
| | Construction Prime Contractor Name | Contract Award Date (mm/dd/yyyy) | Wage Decision #1 (W#00## Mod. ##) (mm/dd/yyyy) | | Wage Decision #2 (W#00## Mod. ##) (mm/dd/yyyy) | | Wage Decision #3 (W#00## Mod. ##) (mm/dd/yyyy) | | Wage Decision #4 (W#00## Mod. ##) (mm/dd/yyyy) | | Bid Opening Date (mm/dd/yyyy) | Wage Decision Lock-In Date: (mm/dd/yyyy) | Construction Start Date (mm/dd/yyyy) |
| Example | Builders-R-Us Inc. | 8/27/2019 | W# 20190012, Mod. 10 | 7/6/2019 | W# 20190015, Mod. 10 | 7/20/2019 | W# 20190010, Mod. 10 | 7/13/20219 | W# 20190006, Mod. 10 | 7/13/2019 | 8/7/2019 | 8/7/2019 | 10/7/2019 |
| Prime Contractor #1 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #2 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #3 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #4 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #5 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #6 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #7 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #8 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #9 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #10 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #11 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #12 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #13 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #14 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #15 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #16 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #17 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #18 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #19 | 0 | | | | | | | | | | | #VALUE! | |
| Prime Contractor #20 | 0 | | | | | | | | | | | #VALUE! | |

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Grantee/UGLG Name: **(Grantee's Name)** Grant **AWARDED** Before or After 11/30/2020? **Not Answered** DEHCR Grant Agreement/Contract Number: **(Grant Agreement #)**

Reporting Period (Choose **ONE**):

| | | |
|-------------------------------------|------------------------|-------------|
| <input checked="" type="checkbox"/> | October 1 - March 31 | Year |
| <input type="checkbox"/> | April 1 - September 30 | 2021 |

Approver's Name: _____

Approver's Title: _____

If the "Approver" is not the one submitting this Report to DEHCR, then they **must** be cc'd on the email submission.

| | 2(p) | 2(q) | 2(r) | 2(s) | 2(t) | 2(u) | 2(k) | 2(v) | 2(w) | 2(x) | 2(y) | 2(z) |
|---|---------------------------------|---|--------------------|-------------|-------------|--|----------------|---------------------------------|--------------------------------------|--|-----------------------------------|---------------------------------|
| | Construction Subcontractor Name | Subcontract Amount (CDBG Project Activities Only) | Street Address | City | State / ZIP | Prime Contractor FEIN # (XX - XXXXXXX) | Prime is Sec3? | Subcontr. FEIN # (XX - XXXXXXX) | Subcontract. Trade Code (See above.) | Subcontract. Business' Race/Ethnicity (See above.) | Women Owned Business? (Yes or No) | Section 3 Business? (Yes or No) |
| Example | Redi-Rhodes Asphalt | \$ 45,000.00 | 201 Terrace Avenue | Centerville | WI / 58724 | 98 - 5560123 | Yes | 34 - 2890311 | 4 | 2 | Yes | Yes |
| Subcontractor #1 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #2 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #3 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #4 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #5 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #6 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #7 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #8 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #9 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #10 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #11 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #12 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #13 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #14 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #15 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #16 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #17 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #18 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #19 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #20 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #21 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #22 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #23 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #24 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #25 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #26 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #27 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #28 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #29 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Subcontractor #30 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Total Construction Subcontractor Amounts: | | \$ - | | | / | | | | | | | |

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Grantee/UGLG Name: **(Grantee's Name)** Grant **AWARDED** Before or After 11/30/2020? **Not Answered** DEHCR Grant Agreement/Contract Number: **(Grant Agreement #)**

Reporting Period (Choose **ONE**):

| | | |
|-------------------------------------|------------------------|-------------|
| <input checked="" type="checkbox"/> | October 1 - March 31 | Year |
| <input type="checkbox"/> | April 1 - September 30 | 2021 |

Approver's Name:
 Approver's Title:

If the "Approver" is not the one submitting this Report to DEHCR, then they **must** be cc'd on the email submission.

PART 3. NON-CONSTRUCTION CONTRACTS AWARDED

| | 3(a) | 3(b) | 3(c) | 3(d) | 3(e) | 3(f) | 3(g) | 3(h) | 3(i) | 3(j) | 3(k) |
|---------------------------------------|--|---|--|-----------------|---------|-------------|--|---|---|--|---------------------------------------|
| | Non-Construction Prime Contractor Name | Non-Construction Prime Contract Amount Total (CDBG Project Activities Only) | Non-Construction Prime Contract Amount MINUS the Associated Subcontract Amounts | Street Address | City | State / ZIP | Prime Contractor FEIN # (XX - XXXXXXX) | Prime Contractor's Trade Code (See above.) | Prime's Business' Race/Ethnicity (See above.) | Women Owned Business? (Yes or No) | Section 3 Business? (Yes or No) |
| Example | EFG Project Management, Inc. | \$ 900,000.00 | \$ 100,000.00 | 123 Main Street | Madison | WI / 53703 | 12-3456789 | 5 | 2 | No | Yes |
| Non-Constr. Prime #1 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #2 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #3 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #4 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #5 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #6 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #7 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #8 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #9 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Prime #10 | | \$ - | \$ - | | | / | | Not Answered | Not Answered | Not Answered | Not Answered |
| Total Non-Construction Prime Contract | | \$ - | \$ - | | | | | | | | |

| | 3(l) | 3(m) | 3(n) | 3(o) | 3(p) | 3(q) | 3(k) | 3(r) | 3(s) | 3(t) | 3(u) | 3(v) |
|--|--|--|----------------------|------------|-------------|--|--------------------|--|--|--|--|---|
| | Non-Construction Subcontractor Name | Non-Construction Subcontract Amount Total (CDBG Project Activities Only) | Street Address | City | State / ZIP | Prime Contractor FEIN # (XX - XXXXXXX) | Prime is Sec 3? | Subcontractor FEIN # (XX - XXXXXXX) | Subcontr. Trade Code (See above.) | Subcontr. Business' Race/ Ethnicity (See above.) | Subcontr. is a Women Owned Business? (Yes or No) | Subcontr. is a Section 3 Business? (Yes or No) |
| Example | XYZ Relocation Specialists, LLC | \$ 100,000.00 | 123 Wisconsin Avenue | Janesville | WI / 53546 | 12-3456789 | Yes | 11-2223333 | 7 | 1 | Yes | No |
| Non-Constr. Sub #1 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #2 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #3 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #4 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #5 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #6 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #7 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #8 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #9 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Non-Constr. Sub #10 | | \$ - | | | / | | Not Answered | | Not Answered | Not Answered | Not Answered | Not Answered |
| Total for Non-Construction Subcontractors: | | \$ - | | | | | | | | | | |

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Grantee/UGLG Name: (Grantee's Name)

Grant **AWARDED** Before or After 11/30/2020? **Not Answered**

DEHCR Grant Agreement/Contract Number: (Grant Agreement #)

Reporting Period (Choose **ONE**):

| | | |
|-------------------------------------|------------------------|------|
| <input checked="" type="checkbox"/> | October 1 - March 31 | Year |
| <input type="checkbox"/> | April 1 - September 30 | 2021 |

Approver's Name:

Approver's Title:

If the "Approver" is not the one submitting this Report to DEHCR, then they **must** be cc'd on the email submission.

PART 4. LABOR STANDARDS COMPLAINTS

Enter the Contractors (prime contractor(s), subcontractor(s), or lower-tier subcontractor(s)) for which complaints were filed or investigations or §5.11 hearings occurred **during this reporting period**.

| 4(a) | 4(b) | 4(c) |
|-----------------------|---------------------|-----------------------------------|
| Contractor's Name(s): | HUD or DOL or Both? | Investigation or Hearing or Both? |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |
| | Not Answered | Not Answered |

PART 5. LABOR STANDARDS MONITORING - PAYROLL UNDERPAYMENTS

| 5(a) | 5(b) | 5(c) | 5(d) | 5(e) | 5(f) |
|-----------------------------|--|---|--------------------------------------|--|----------------------------|
| Contractor's Name(s): | Total # Workers Paid UNDERPAYMENT Wage Restitution | Total STRAIGHT-TIME Wage Restitution Paid | Total OVERTIME Wage Restitution Paid | Total Liquidated Damages Collected for CWHSSA Compliance | Section 5.7 Form Attached? |
| Example: XYZ Builders | 12 | \$ 4,400.00 | \$ 1,500.00 | \$ 6,480.00 | Yes |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| | | \$ - | \$ - | \$ - | Not Answered |
| Totals for All Contractors: | 0 | \$ - | \$ - | \$ - | - |

PART 6. SECTION 3 - NEW HIRING

| 6(a) | 6(b) | 6(c) | 6(d) | 6(e) | 6(f) | 6(g) | 6(h) | 6(i) | 6(j) | 6(k) | 6(l) | 6(m) |
|--|---------------|----------|-----------------|--------------------------|-----------------------------------|-----------|---------|----------|------------|--------|------------------------------------|------------------------------------|
| New Hiring (Include # of Full-Time New Hires working on this CDBG Project Only) | Professionals | Clerical | Case Management | Facilities / Maintenance | Technical (Bookkeeping, IT, etc.) | Carpentry | Masonry | Plumbing | Electrical | Admin. | Other: (Specify Job TYPE Here.) | Other: (Specify Job TYPE Here.) |
| # of New Hires | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # of Section 3 New Hires | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # of Section 3 Trainees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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Grantee/UGLG Name: (Grantee's Name)

Grant AWARDED Before or After 11/30/2020? Not Answered

DEHCR Grant Agreement/Contract Number: (Grant Agreement #)

Reporting Period (Choose ONE):

| X | Year |
|--------------------------|------------------------|
| <input type="checkbox"/> | October 1 - March 31 |
| <input type="checkbox"/> | April 1 - September 30 |
| | 2021 |

Approver's Name:

Approver's Title:

If the "Approver" is not the one submitting this Report to DEHCR, then they must be cc'd on the email submission.

PART 8. SECTION 3 - OUTREACH/PROMOTION & BEST EFFORTS

"X" Check ALL that apply. Maintain records & make available for HUD to review documentation of any efforts marked.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Outreach efforts to generate job applicants who are Public Housing Targeted Workers. |
| <input type="checkbox"/> | Outreach efforts to generate job applicants who are Other Funding Targeted Workers. |
| <input type="checkbox"/> | Direct, on-the-job training (including apprenticeships). |
| <input type="checkbox"/> | Indirect training such as arranging for, contracting for, or paying tuition for, off-site training. |
| <input type="checkbox"/> | Technical assistance to help Section 3 workers compete for jobs (e.g., resume assistance, coaching, etc.). |
| <input type="checkbox"/> | Outreach efforts to identify and secure bids from Section 3 business concerns. |
| <input type="checkbox"/> | Technical assistance to help Section 3 business concerns understand and bid on contracts. |
| <input type="checkbox"/> | Division of contracts into smaller jobs to facilitate participation by Section 3 business concerns. |
| <input type="checkbox"/> | Provided or connected residents with assistance in seeking employment including: drafting resumes, preparing for interviews, finding job opportunities, connecting residents to job placement services. |
| <input type="checkbox"/> | Held one or more job fairs. |
| <input type="checkbox"/> | Provided or connected residents with supportive services that can provide direct services or referrals. |
| <input type="checkbox"/> | Provided or connected residents with supportive services that provide one or more of the following: work readiness health screenings, interview clothing, uniforms, test fees, transportation. |
| <input type="checkbox"/> | Assisted residents with finding child care. |
| <input type="checkbox"/> | Assisted residents to apply for (or attend) community college or a four (4) year educational institution. |
| <input type="checkbox"/> | Assisted residents to apply for (or attend) vocational/technical training. |
| <input type="checkbox"/> | Assisted residents to obtain financial literacy training and/or coaching. |
| <input type="checkbox"/> | Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns. |
| <input type="checkbox"/> | Provided or connected residents with training on computer use or online technologies. |
| <input type="checkbox"/> | Other: [Describe/specify here.] |

Check ALL that apply. Maintain records and make available for HUD to review documentation of any efforts checked.

| | |
|--------------------------|---|
| <input type="checkbox"/> | No New Hiring occurred during reporting period. |
| <input type="checkbox"/> | Job Posting(s) at local Job Center. |
| <input type="checkbox"/> | Job Posting(s) at local Housing Authority. |
| <input type="checkbox"/> | Job Posting(s) in local Newspaper/Media Publication in LMI Community. |
| <input type="checkbox"/> | Job Posting(s) at central location(s) in LMI Community. |
| <input type="checkbox"/> | Job Posting(s) on Municipal Website in LMI Community. |
| <input type="checkbox"/> | Job Posting(s) at Technical College(s). |
| <input type="checkbox"/> | Section 3 Clause Notice given to local Labor Union(s). |
| <input type="checkbox"/> | Other: [Describe/specify here.] |
| <input type="checkbox"/> | Other: [Describe/specify here.] |
| <input type="checkbox"/> | No New Contracting during reporting period. |
| <input type="checkbox"/> | Section 3 Clause in Procurement Solicitation(s). |
| <input type="checkbox"/> | Section 3 Clause in Contract(s). |
| <input type="checkbox"/> | Outreach to Disadvantaged Businesses. |
| <input type="checkbox"/> | Procurement Solicitation(s) in Local Newspaper in LMI Community. |
| <input type="checkbox"/> | Procurement Solicitation(s) at central location(s) in LMI Community. |
| <input type="checkbox"/> | Procurement Solicitation(s) on Municipal Website in LMI Community. |
| <input type="checkbox"/> | Procurement Solicitation Published on State of WI VendorNet. |
| <input type="checkbox"/> | Other: [Describe/specify here.] |
| <input type="checkbox"/> | Other: [Describe/specify here.] |

PART 9. COMMENTS

[Provide additional comments/explanations here.]

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ATTACHMENT 9-C1: SEMI-ANNUAL CDBG DATA REPORT (INSTRUCTIONS)

Instructions:

The Unit of General Local Government (UGLG) must submit this Semi-Annual CDBG Data Report form in accordance with the reporting schedule established in the UGLG's CDBG Grant Agreement.

1. Fill-in the **Semi-Annual CDBG Data Report** "Grantee/UGLG Name" and the "DEHCR Grant Agreement/Contract Number" fields found at the top of the form on the first page.
2. Refer to your CDBG Award Letter (specifically, the date issued) to answer the "Grant Awarded BEFORE or AFTER 11/30/2020" field. HUD issued new Section 3 reporting requirements as of 11/30/2020. The date of your CDBG Award will determine what Section 3 information you are required to report.
3. Beneath the "Grantee/UGLG Name" field, you must identify the 6-month timeframe for which you are reporting data. Type an "X" into the appropriate Oct.-March or April-Sept. reporting period, and then fill-in the "Year" associated with either the March 31st or September 30th selection.
4. Beneath the "DEHCR Grant Agreement/Contract Number" provide the "Name" and (job) "Title" for the UGLG's designated approver that has reviewed and approved this report information for submission to DEHCR. If the *Report* Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. The *Report* must be approved by the UGLG. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents. *If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.*
5. Beneath the "Approver" information, provide the "Name," (job) "Title," "Phone [Number]," and "Email [Address]" for the individual compiling and preparing this report information for submission to DEHCR. In the event of follow-up questions or concerns, the assigned DEHCR program representative will contact this "Preparer."

Semi-Annual CDBG Data Report (MBE/WBE, Labor Standards Enforcement, and Section 3) Page 1 of 7

SEMI-ANNUAL CDBG REPORT INFO (MBE/WBE, Labor Standards Enforcement, and Section 3)

| | | | | | | | | | | | |
|--|--|---|----------------------|------|--------------------------|----------------------|-----------------------------------|--------------------------|------------------------|-----------------------------------|--|
| 1 Grantee/UGLG Name: <input style="width: 90%;" type="text" value="(Grantee's Name)"/> | Grant AWARDED Before or After 11/30/2020? <input style="width: 80%;" type="text" value="Not Answered"/> | DEHCR Grant Agreement/Contract Number: <input style="width: 90%;" type="text" value="(Grant Agreement #)"/> | | | | | | | | | |
| 3 Reporting Period (Choose ONE): <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%; text-align: center;">X</td><td style="width: 75%; text-align: center;">October 1 - March 31</td><td style="width: 20%; text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">October 1 - March 31</td><td style="text-align: center;"><input type="text" value="2021"/></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">April 1 - September 30</td><td style="text-align: center;"><input type="text" value="2021"/></td></tr></table> | | X | October 1 - March 31 | Year | <input type="checkbox"/> | October 1 - March 31 | <input type="text" value="2021"/> | <input type="checkbox"/> | April 1 - September 30 | <input type="text" value="2021"/> | 4 Approver's Name: <input style="width: 90%;" type="text"/> Approver's Title: <input style="width: 90%;" type="text"/> |
| X | October 1 - March 31 | Year | | | | | | | | | |
| <input type="checkbox"/> | October 1 - March 31 | <input type="text" value="2021"/> | | | | | | | | | |
| <input type="checkbox"/> | April 1 - September 30 | <input type="text" value="2021"/> | | | | | | | | | |

The "Approver" **must** be the one to email this report (and any revisions) to the assigned DEHCR Program Rep.

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| | |
|-----------------------|--|
| Preparer's Name: | <input style="width: 90%;" type="text"/> |
| Preparer's Title: | <input style="width: 90%;" type="text"/> |
| Preparer's Phone No.: | <input style="width: 90%;" type="text"/> |
| Preparer's Email: | <input style="width: 90%;" type="text"/> |

PART 1: CONSTRUCTION PERIOD

- a) Enter the "Construction Start Date." If construction has **not** yet started, enter the contracted start date as listed in the executed Grant Agreement/Contract Time Table (agreement between the UGLG and DOA-DEHCR). If construction has started, please enter the actual start date.
- b) Enter the "Construction End Date." If construction has **not** yet ended, enter the contracted end date as listed in the executed Grant Agreement/Contract Time. If construction has ended, please enter the actual end date.

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PART 2: CONSTRUCTION CONTRACTS AWARDED

The report information must include any construction contract awards made (for both Prime and Sub-Contractor awards, reported separately) during the 6-month reporting period listed at the top of the first page of the report form. **Responses are required from ALL UGLGs with open/active CDBG Projects (i.e. projects not yet certified by DEHCR as being “completed”).** All construction Prime contracts awarded will be listed/reported first (on Pages 1-2), followed by all of the related construction Sub-Contractors’ awards (on Page 3).

Construction Prime Contracts Awarded

- a) If there are no new construction Prime contracts awarded during the 6-month reporting period, enter “None” or “No New Contracts” for the **Prime Contractor #1** under column **2(a)**. Otherwise, begin by individually listing the business/firm name for **each Construction PRIME Contractor** awarded contracts (funded in whole or in part with program dollars) for the project during the reporting timeframe listed. The information entered under column **2(a)** on Page 2 should match (line-by-line) the information appearing under column **2(a)** on Page 3.
- b) **For each** business (i.e. construction Prime Contractor) listed in the table, enter the “Total Awarded Contract Amount” related to eligible activities associated with the CDBG project’s Scope of Work (SOW). Report the eligible project cost (which includes any budget activities that will be funded using CDBG dollars and that are eligible to be counted as Match towards this CDBG project) for each Prime Contract awarded during this 6-month reporting period.
 - If a portion of a Prime Contractor’s total award amount does **not** apply to the CDBG project, deduct the non-CDBG project-eligible amount from the contract award to calculate the Project-Related Contract Amount(s) that should be listed in Column **2(b)**.
 - If the total award amount for each Prime Contract applies to the CDBG project, then the total of the values listed in Column **2(b)** should equal (or be less than) the total CDBG Project Budget (per the executed Grant Agreement/Contract).
- c) Provide the eligible contracted **dollar amount** for the construction Prime’s services and materials, **minus** all associated Sub-Contractor award amounts (i.e. the funding amount the Prime will retain for work directly performed by the Prime). **DO NOT DOUBLE-COUNT** overlapping contract amounts. Funds awarded by a Prime Contractor for sub-contracted work to Sub-Contractor(s) should be listed with the Sub-Contractor(s) information (see Page 3 of the Semi-Annual CDBG Data Report), **NOT** with the Prime Contractor’s awarded dollar amount. (Refer to the examples provided below for further clarification.)

EXAMPLE #1: A project has awarded \$100,000 in funds to **each** of two (2) construction Prime Contractors, for a total of \$200,000 during the current reporting period. Neither Prime sub-contracts any work to Sub-Contractor(s). A portion of the Report form would be completed as follows:

| PART 2. CONSTRUCTION CONTRACTS AWARDED | | | |
|--|------------------------------------|---|---|
| | 2(a) | 2(b) | 2(c) |
| | Construction Prime Contractor Name | Total Awarded Contract Amount (CDBG Project Activities Only) | Prime Contract Amt. MINUS Associated Subcontractor Amt(s) |
| Example | Builders-R-Us Inc. | \$ 2,500,000.00 | \$ 400,000.00 |
| Prime Contractor #1 | ABC Construction | \$ 100,000.00 | \$ 100,000.00 |
| Prime Contractor #2 | XYZ Construction | \$ 100,000.00 | \$ 100,000.00 |
| Prime Contractor #3 | | \$ - | \$ - |
| Prime Contractor #4 | | \$ - | \$ - |
| Prime Contractor #5 | | \$ - | \$ - |

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EXAMPLE #2: A project has awarded \$100,000 in funds to **each** of two (2) Contractors, for a total of \$200,000 during the current reporting period. The first Contractor (ABC Construction) does not sub-contract any work to Sub-Contractor(s). The second Contractor (XYZ Construction) sub-contracts a **total** of \$25,000 (of their \$100,000 contract) to two (2) Sub-Contractors (DEF Plumbing and GHI Paving). A portion of the Report form would be completed as follows:

| PART 2. CONSTRUCTION CONTRACTS AWARDED | | | |
|--|--|--|--|
| | 2(a) | 2(b) | 2(c) |
| | Construction Prime Contractor Name | Total Awarded Contract Amount (CDBG Project Activities Only) | Prime Contract Amt. MINUS Associated Subcontractor Amt(s) |
| <i>Example</i> | <i>Builders-R-Us Inc.</i> | <i>\$ 2,500,000.00</i> | <i>\$ 400,000.00</i> |
| Prime Contractor #1 | ABC Construction | \$ 100,000.00 | \$ 100,000.00 |
| Prime Contractor #2 | XYZ Construction | \$ 100,000.00 | \$ 75,000.00 |
| Prime Contractor #3 | | \$ - | \$ - |
| Prime Contractor #4 | | \$ - | \$ - |
| Prime Contractor #5 | | \$ - | \$ - |

| | 2(p) | 2(q) |
|------------------|---|---|
| | Construction Subcontractor Name | Subcontract Amount (CDBG Project Activities Only) |
| <i>Example</i> | <i>Redi-Rhodes Asphalt</i> | <i>\$ 45,000.00</i> |
| Subcontractor #1 | DEF Plumbing | \$ 5,000.00 |
| Subcontractor #2 | GHI Paving | \$ 20,000.00 |
| Subcontractor #3 | | \$ - |

- d) Enter the "Street Address" (physical) for each construction Prime Contractor.
- e) Enter the "City" (associated with the physical address) for each construction Prime Contractor.
- f) Enter the "State" and "ZIP [Code]" (associated with the physical address) for each construction Prime Contractor.
- g) Enter the "Prime's FEIN Number" for each construction Prime Contractor. If the Prime does not have an FEIN and employs only a single person, you can provide the Owner's/Worker's Social Security Number (SSN).
- h) Provide the **Trade Code** (1-0) using the drop-down list provided for the type of work that each construction Prime Contractor **2(a)** was hired to perform. (Refer to the list of Trade Codes provided near the center of Page 1.) List only **one** Trade Code per construction Prime.
- i) Indicate whether each construction Prime is a **Minority-owned Business Enterprise (MBE)** by listing the applicable **Race/Ethnicity Code** (1-6) designation for each construction Prime. (Refer to the definition of an MBE listed below. A list of Race/Ethnicity codes is provided near the center of Page 1.) List only **one** Race/Ethnicity per construction Prime.

A Minority-owned Business Enterprise (MBE) is a business that is both owned **and** controlled by minorities. This means that there must be not less than 51% minority ownership of the business (a business in which more than 50% of the ownership or control is held by one or more minority individuals, and more than 50% of the net profit or loss which accrues is to one or more minority individuals), and that the minority ownership must control the management and daily operations of the business. When 51% or more of the business is not owned and controlled by any single racial/ethnic

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category, enter the race/ethnicity code which best classifies the majority of employees working for the construction Prime Contractor.

PLEASE NOTE: If 51% or more of the business is **not** owned and controlled by any **single** racial/ethnic category, input the race/ethnicity code which best classifies the majority of minority employees working for the individual business.

- j) Indicate whether each construction Prime is classified as a **Woman-owned Business Enterprise (WBE)**. (Refer to the definition of a WBE listed below.)

A **Woman-owned Business Enterprise (WBE)** is a business that is both owned and controlled by women. This means that there must be not less than 51% women ownership of the business (a business in which more than 50% of the ownership or control is held by one or more female individuals, and more than 50% of the net profit or loss which accrues is to one or more female individuals), and that the women ownership must control the management and daily operations of the business.

- k) Indicate whether each construction Prime is classified as a **Section 3 Business**. (Refer to the definition of a Section 3 Business listed below.)

A **Section 3 Business** (or 'Section 3 Business Concern') is a business that provides economic opportunities (i.e., employment or service contracts) to low-income and very low-income persons. A Section 3 Business must be able to provide documentation to support at least one of the following situations:

| <i>For CDBG projects awarded <u>PRIOR</u> to 11/30/2020</i> | <i>For CDBG projects awarded <u>ON or AFTER</u> to 11/30/2020</i> |
|---|--|
| <ul style="list-style-type: none">51% or more of the business is owned by Section 3 residents (i.e., a business in which 51% or more of the ownership is held by one or more Section 3 residents, <i>and</i> 51% or more of the net profit or loss which accrues is to one or more Section 3 residents); <u>OR</u>30% or more of the full-time employees of the business include persons that are currently Section 3 residents, <i>or</i> were Section 3 residents within three (3) years of their date of first hire by the Section 3 business (<i>Employee Income Certifications required to verify employees' Section 3 status</i>); <u>OR</u>The business provides a commitment in writing to sub-contract more than 25% of the dollar amount awarded of all sub-contracts to Section 3 business concerns. | <ul style="list-style-type: none">51% or more of the business is owned by low- or very low-income persons; <u>OR</u>75% or more of the labor hours are performed by low- or very low-income persons; <u>OR</u>51% or more of the business is owned by current residents of public housing or Section 8-assisted housing. |

- l) The construction Prime Contractors listed on Page 1 should auto-copy to Page 2. If not, make sure that the Primes are listed in a consistent order. Report the date of contract award for each of the construction Prime Contractors. If bids have been received, but the contract

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has not yet been officially awarded, please refrain from reporting the Prime until the next reporting period after the award has been officially made.

- m) Provide the applicable Davis-Bacon Wage Decision(s) used/contracted for each of the construction Prime Contractors listed. Up to four (4) Wage Decisions can be listed per construction Prime. You must provide the Wage Decision Number, Modification Number, and the Date Published (i.e. effective). (*Refer to the example provided on the reporting form.*)
- n) Report the date of Bid Opening for each of the construction Prime Contractors.

The applicable Wage Decision Lock-In Date for each Prime Contractor is either the Bid Opening Date or the Contract Award Date.

- If a contract is awarded within ninety (90) days of the bid opening, the Bid Opening Date is the date when the wage decision is considered to be locked-in for the project.
 - If a contract is awarded more than ninety (90) days after the bid opening, the Wage Decision must be double-checked for updates (i.e. additional modifications), and the current published Wage Decision would be applicable to the CDBG project. In this scenario, the Contract Award Date is the date when the wage decision is considered to be locked-in for the project.
- o) Report the “Construction Start Date” for each of the contracted construction Prime Contractors listed.

Construction Sub-Contracts Awarded

- p) If there are no new construction Sub-Contractor contracts awarded during the 6-month reporting period, enter “None” or “No New Sub-Contracts” for the construction **Sub-Contractor #1** under column **2(p)**. Otherwise, begin by individually listing the business/firm name for each Construction Sub-Contractor awarded contracts (funded in whole or in part with program dollars) for the project during the reporting timeframe listed.
- q) Provide the eligible contracted **dollar amount** for the construction Sub-Contractor’s services and materials, minus all further associated Sub-Contractor award amounts (i.e. the funding amount this Sub-Contractor will retain for work directly performed by this Sub-Contractor). **DO NOT DOUBLE-COUNT** overlapping contract amounts. Funds awarded by a Sub-Contractor for sub-contracted work to lower-level Sub-Contractor(s) should be listed with the subsequent Sub-Contractor(s) information (further down on Page 3 of the Semi-Annual CDBG Data Report), NOT with the higher-level Sub-Contractor’s awarded dollar amount.
- r) Enter the “Street Address” (physical) for each construction Prime Contractor.
- s) Enter the “City” (associated with the physical address) for each construction Prime Contractor.
- t) Enter the “State” and “ZIP [Code]” (associated with the physical address) for each construction Prime Contractor.
- u) Provide the higher-level “Prime Contractor’s FEIN Number” (i.e. the FEIN for the firm overseeing the Sub-Contractor’s work on the project) for each construction Sub-Contractor listed. If the Prime does not have an FEIN and employs only a single person, you can provide the Owner’s/Worker’s Social Security Number (SSN).

Also make sure to indicate whether each construction Prime is classified as a **Section 3 Business**. [*Refer to the definitions provided for 2(k) above.*]

- v) Provide the “Sub-Contractor’s FEIN Number” for each construction Sub-Contractor listed. If the Sub does not have an FEIN and employs only a single person, you can provide the Owner’s/Worker’s Social Security Number (SSN).

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- w) Provide the **Trade Code** (1-0) using the drop-down list provided for the type of work that each construction Sub-Contractor **2(p)** was hired to perform. (*Refer to the list of Trade Codes provided near the center of Page 1.*) List only one Trade Code per construction Sub-Contractor.
- x) Indicate whether each construction Sub-Contractor is a **Minority-owned Business Enterprise (MBE)** by listing the applicable **Race/Ethnicity Code** (1-6) designation for each construction Sub. (*Refer to the definition of an MBE listed below. A list of Race/Ethnicity codes is provided near the center of Page 1.*) List only one Race/Ethnicity per construction Sub.

A **Minority-owned Business Enterprise (MBE)** is a business that is both owned and controlled by minorities. This means that there must be not less than 51% minority ownership of the business (a business in which more than 50% of the ownership or control is held by one or more minority individuals, and more than 50% of the net profit or loss which accrues is to one or more minority individuals), and that the minority ownership must control the management and daily operations of the business. When 51% or more of the business is not owned and controlled by any single racial/ethnic category, enter the race/ethnicity code which best classifies the majority of employees working for the construction Prime Contractor.

PLEASE NOTE: If 51% or more of the business is not owned and controlled by any single racial/ethnic category, input the race/ethnicity code which best classifies the majority of minority employees working for the individual business.

- y) Indicate whether each construction Sub-Contractor is classified as a **Woman-owned Business Enterprise (WBE)**. (*Refer to the definition of a WBE listed below.*)

A **Woman-owned Business Enterprise (WBE)** is a business that is both owned and controlled by women. This means that there must be not less than 51% women ownership of the business (a business in which more than 50% of the ownership or control is held by one or more female individuals, and more than 50% of the net profit or loss which accrues is to one or more female individuals), and that the women ownership must control the management and daily operations of the business.

- z) Indicate whether each construction Sub-Contractor is classified as a **Section 3 Business**. (*Refer to the definition of a Section 3 Business listed below.*)

A **Section 3 Business** (or 'Section 3 Business Concern') is a business that provides economic opportunities (i.e., employment or service contracts) to low-income and very low-income persons. A Section 3 Business must be able to provide documentation to support at least one of the following situations:

| <i>For CDBG projects awarded <u>PRIOR</u> to 11/30/2020</i> | <i>For CDBG projects awarded <u>ON or AFTER</u> to 11/30/2020</i> |
|---|--|
| <ul style="list-style-type: none"> 51% or more of the business ownership is by Section 3 residents (i.e., a business in which 51% or more of the ownership is held by one or more Section 3 residents, <i>and</i> 51% or more of the net profit or loss which accrues is to one or more Section 3 residents); <u>OR</u> At least 30% of the full-time employees of the business include persons that are currently Section 3 residents, <i>or</i> were Section 3 residents within three (3) years of their date of first hire by the | <ul style="list-style-type: none"> 51% or more of the business is owned by low- or very low-income persons; <u>OR</u> 75% or more of the labor hours are performed by low- or very low-income persons; <u>OR</u> 51% or more of the business is owned by current residents of public housing or Section 8-assisted housing. |

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| <p>Section 3 business (<i>Employee Income Certifications required to verify employees' Section 3 status</i>); OR</p> <ul style="list-style-type: none">• The business provides a commitment in writing to sub-contract more than 25% of the dollar amount awarded of all sub-contracts to Section 3 business concerns. | |
|---|--|

PART 3: NON-CONSTRUCTION CONTRACTS AWARDED

Just as you reported Construction Contracts Awarded (above), you'll now repeat the process to report Non-Construction Contract Awards made (for both Prime and Sub-Contractor awards, reported separately) during the 6-month reporting period identified at the top of the page. **Again, responses are required from ALL UGLGs with open/active CDBG Projects (i.e. projects not yet certified by DEHCR as being "completed")**. All non-construction Prime contracts awarded will be listed/reported first (on Page 4), followed by all of the related non-construction Sub-Contractors' awards (also on Page 4).

Non-Construction Prime Contracts Awarded

- a) If there are no new non-construction Prime contracts awarded during the 6-month reporting period, enter "None" or "No New Contracts" for the **Non-Constr. Prime #1** under column **3(a)**. Otherwise, begin by individually listing the business/firm name for **each Non-Construction PRIME** awarded contracts (funded in whole or in part with program dollars) for the project during the reporting timeframe identified.
- b) **For each** business (i.e. non-construction Prime) listed in the table, enter the "Total Awarded Contract Amount" related to eligible activities associated with the CDBG project's Scope of Work (SOW). Report the eligible project cost (which includes any budget activities that will be funded using CDBG dollars and that are eligible to be counted as Match towards this CDBG project) for each non-construction Prime Contract awarded during this 6-month reporting period.
 - If a portion of the Prime's total award amount does **not** apply to the CDBG project, deduct the non-CDBG project-eligible amount from the contract award to calculate the Project-Related Contract Amount(s) that should be listed in Column **3(b)**.
 - If the total award amount for each Prime applies to the CDBG project, then the total of the values listed in Column **3(b)** should equal (or be less than) the total CDBG Project Budget (per the executed Grant Agreement/Contract).
- c) Provide the eligible contracted **dollar amount** for the non-construction Prime's services and materials, **minus** all associated Sub-Contractor award amounts (i.e. the funding amount the non-construction Prime will retain for work directly performed by this Prime). **DO NOT DOUBLE-COUNT** overlapping contract amounts. Funds awarded by a non-construction Prime Contractor for sub-contracted work to Sub-Contractor(s) should be listed with the Sub-Contractor(s) information (see Page 3 of the Semi-Annual CDBG Data Report), **NOT** with the non-construction Prime's awarded dollar amount. *[Refer to the examples provided above for 2(c) for further clarification.]*
- d) Enter the "Street Address" (physical) for each construction Prime Contractor.
- e) Enter the "City" (associated with the physical address) for each construction Prime Contractor.

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- f) Enter the “State” and “ZIP [Code]” (associated with the physical address) for each construction Prime Contractor.
- g) Enter the “Prime’s FEIN Number” for each non-construction Prime Contractor listed. If the Prime does not have an FEIN and employs only a single person, you can provide the Owner’s/Worker’s Social Security Number (SSN).
- h) Provide the **Trade Code** (1-0) using the drop-down list provided for the type of work that each non-construction Prime **3(a)** was hired to perform. (*Refer to the list of Trade Codes provided near the center of Page 1.*) List only one Trade Code per non-construction Prime.
- i) Indicate whether each non-construction Prime is a **Minority-owned Business Enterprise (MBE)** by listing the applicable **Race/Ethnicity Code** (1-6) designation for each. (*Refer to the definition of an MBE listed below. A list of Race/Ethnicity codes is provided near the center of Page 1.*) List only one Race/Ethnicity per non-construction Prime.

A **Minority-owned Business Enterprise (MBE)** is a business that is both owned and controlled by minorities. This means that there must be not less than 51% minority ownership of the business (a business in which more than 50% of the ownership or control is held by one or more minority individuals, and more than 50% of the net profit or loss which accrues is to one or more minority individuals), and that the minority ownership must control the management and daily operations of the business. When 51% or more of the business is not owned and controlled by any single racial/ethnic category, enter the race/ethnicity code which best classifies the majority of employees working for the construction Prime Contractor.

PLEASE NOTE: If 51% or more of the business is not owned and controlled by any single racial/ethnic category, input the race/ethnicity code which best classifies the majority of minority employees working for the individual business.

- j) Indicate whether each non-construction Prime is classified as a **Woman-owned Business Enterprise (WBE)**. (*Refer to the definition of a WBE listed below.*)

A **Woman-owned Business Enterprise (WBE)** is a business that is both owned and controlled by women. This means that there must be not less than 51% women ownership of the business (a business in which more than 50% of the ownership or control is held by one or more female individuals, and more than 50% of the net profit or loss which accrues is to one or more female individuals), and that the women ownership must control the management and daily operations of the business.

- k) Indicate whether each non-construction Prime is classified as a **Section 3 Business**. (*Refer to the definition of a Section 3 Business listed below.*)

A **Section 3 Business** (or ‘Section 3 Business Concern’) is a business that provides economic opportunities (i.e., employment or service contracts) to low-income and very low-income persons. A Section 3 Business must be able to provide documentation to support at least one of the following situations:

| For CDBG projects awarded <u>PRIOR</u> to 11/30/2020 | For CDBG projects awarded <u>ON or AFTER</u> to 11/30/2020 |
|---|--|
| <ul style="list-style-type: none"> 51% or more of the business ownership is held by Section 3 residents (i.e., a business in which 51% or more of the ownership is held by one or more Section 3 residents, <i>and</i> 51% or more of the net profit or loss which accrues is to one or more Section 3 residents); <u>OR</u> 30% or more of the full-time employees of the business include persons that are | <ul style="list-style-type: none"> 51% or more of the business is owned by low- or very low-income persons; <u>OR</u> 75% or more of the labor hours are performed by low- or very low-income persons; <u>OR</u> |

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| <p>currently Section 3 residents, or were Section 3 residents within three (3) years of their date of first hire by the Section 3 business (<i>Employee Income Certifications required to verify employees' Section 3 status</i>); OR</p> <ul style="list-style-type: none"> The business provides a commitment in writing to sub-contract more than 25% of the dollar amount awarded of all sub-contracts to Section 3 business concerns. | <ul style="list-style-type: none"> 51% or more of the business is owned by current residents of public housing or Section 8-assisted housing. |
|--|--|

Non-Construction Sub-Contracts Awarded

- l) If there are no new non-construction Sub-Contractor contracts awarded during the 6-month reporting period, enter "None" or "No New Sub-Contracts" for the **Non-Constr. Sub #1** under column **3(l)**. Otherwise, begin by individually listing the business/firm name for each **Non-Construction Sub-Contractor** awarded contracts (funded in whole or in part with program dollars) for the project during the reporting timeframe listed.
- m) Provide the eligible contracted **dollar amount** for the non-construction Sub-Contractor's services and materials, minus all further associated Sub-Contractor award amounts (i.e. the funding amount this Sub-Contractor will retain for work directly performed by this Sub-Contractor). **DO NOT DOUBLE-COUNT** overlapping contract amounts. Funds awarded by a Sub-Contractor for sub-contracted work to lower-level Sub-Contractor(s) should be listed with the subsequent Sub-Contractor(s) information (further down on Page 4 of the Semi-Annual CDBG Data Report), NOT with the higher-level Sub-Contractor's awarded dollar amount.
- n) Enter the "Street Address" (physical) for each non-construction Sub-Contractor.
- o) Enter the "City" (associated with the physical address) for each non-construction Sub.
- p) Enter the "State" and "ZIP [Code]" (associated with the physical address) for each non-construction Sub.
- q) Provide the higher-level "Prime Contractor's FEIN Number" (i.e. the FEIN for the firm overseeing this Sub-Contractor's work on the project) for each non-construction Sub-Contractor listed. If the Prime does not have an FEIN and employs only a single person, you can provide the Owner's/Worker's Social Security Number (SSN).

Also make sure to indicate whether each non-construction Prime is classified as a **Section 3 Business**. [Refer to the definitions provided for **3(k)** above.]

- r) Provide the "Sub-Contractor's FEIN Number" for each non-construction Sub-Contractor listed. If the Sub does not have an FEIN and employs only a single person, you can provide the Owner's/Worker's Social Security Number (SSN).
- s) Provide the **Trade Code** (1-0) using the drop-down list provided for the type of work that each non-construction Sub **2(p)** was hired to perform. (Refer to the list of Trade Codes provided near the center of Page 1.) List only one Trade Code per non-construction Sub-Contractor.
- t) Indicate whether each non-construction Sub-Contractor is a **Minority-owned Business Enterprise (MBE)** by listing the applicable **Race/Ethnicity Code** (1-6) designation for each. (Refer to the definition of an MBE listed below. A list of Race/Ethnicity codes is provided near the center of Page 1.) List only one Race/Ethnicity per non-construction Sub.

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A **Minority-owned Business Enterprise (MBE)** is a business that is both owned and controlled by minorities. This means that there must be not less than 51% minority ownership of the business (a business in which more than 50% of the ownership or control is held by one or more minority individuals, and more than 50% of the net profit or loss which accrues is to one or more minority individuals), and that the minority ownership must control the management and daily operations of the business. When 51% or more of the business is not owned and controlled by any single racial/ethnic category, enter the race/ethnicity code which best classifies the majority of employees working for the construction Prime Contractor.

PLEASE NOTE: If 51% or more of the business is not owned and controlled by any single racial/ethnic category, input the race/ethnicity code which best classifies the majority of minority employees working for the individual business.

- u) Indicate whether each non-construction Sub-Contractor is classified as a **Woman-owned Business Enterprise (WBE)**. (Refer to the definition of a WBE listed below.)

A **Woman-owned Business Enterprise (WBE)** is a business that is both owned and controlled by women. This means that there must be not less than 51% women ownership of the business (a business in which more than 50% of the ownership or control is held by one or more female individuals, and more than 50% of the net profit or loss which accrues is to one or more female individuals), and that the women ownership must control the management and daily operations of the business.

- v) Indicate whether each non-construction Sub-Contractor is classified as a **Section 3 Business**. (Refer to the definition of a Section 3 Business listed below.)

A **Section 3 Business** (or 'Section 3 Business Concern') is a business that provides economic opportunities (i.e., employment or service contracts) to low-income and very low-income persons. A Section 3 Business must be able to provide documentation to support at least one of the following situations:

| <i>For CDBG projects awarded <u>PRIOR</u> to 11/30/2020</i> | <i>For CDBG projects awarded <u>ON or AFTER</u> to 11/30/2020</i> |
|--|--|
| <ul style="list-style-type: none">• 51% or more of the business ownership by Section 3 residents (i.e., a business in which 51% or more of the ownership is held by one or more Section 3 residents, <i>and</i> 51% or more of the net profit or loss which accrues is to one or more Section 3 residents); <u>OR</u>• 30% or more of the full-time employees of the business include persons that are currently Section 3 residents, <i>or</i> were Section 3 residents within three (3) years of their date of first hire by the Section 3 business (<i>Employee Income Certifications required to verify employees' Section 3 status</i>); <u>OR</u>• The business provides a commitment in writing to sub-contract more than 25% of the dollar amount awarded of all sub-contracts to Section 3 business concerns. | <ul style="list-style-type: none">• 51% or more of the business is owned by low- or very low-income persons; <u>OR</u>• 75% or more of the labor hours are performed by low- or very low-income persons; <u>OR</u>• 51% or more of the business is owned by current residents of public housing or Section 8-assisted housing. |

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PART 4: LABOR STANDARDS COMPLAINTS

- a) Report the Contractors [prime contractor(s), sub-contractor(s), or lower-tier sub-contractor(s)] for which complaints were filed or investigations or §5.11 hearings occurred during this 6-month reporting period. **Responses are required from ALL UGLGs with open/active CDBG Projects (i.e. projects not yet certified by DEHCR as being “completed”).**

If no complaints were filed during the reporting period, enter “None” or “No Complaints” for the **Contractor’s Name(s)** under column **4(a)** and skip to **PART 5**.

- b) Report the “HUD”, “DOL”, or “Both” (make the selection using the provided drop-down menu) to indicate the agency(ies) to which complaint(s) were filed, or that conducted hearing(s) or investigation(s) on the Contractor(s) listed in this row in column **4(a)**:
- U.S. Dept. Housing and Urban Development (HUD) and/or
 - U.S. Dept. of Labor (DOL).
- c) Enter “I”, “H”, or “Both” to indicate if an Investigation (I), a Hearing (H) or both was/were conducted by HUD and/or DOL for complaint(s) filed against each contractor listed in column **4(a)** during the reporting period.

PART 5: LABOR STANDARDS MONITORING – PAYROLL UNDERPAYMENTS

- a) Report the Contractors [prime contractor(s), sub-contractor(s), or lower-tier sub-contractor(s)] for which payroll underpayments were made during this 6-month reporting period.

If no underpayments were made during the reporting period, enter “None” or “No Underpayments” for the **Contractor’s Name(s)** under column **5(a)** and skip to **PART 6**.

- b) Report the “Total Number of Workers PAID Underpayment Wage Restitution” per Contractor.
- c) Report the “Total Straight-Time Wage Restitution Paid” per Contractor. If none (or not applicable), enter \$0.
- d) Report the “Total Overtime Wage Restitution Paid” per Contractor. If none (or not applicable), enter \$0.
- e) Report the “Total Liquidated Damages Collected...” per Contractor. If none (or not applicable), enter \$0 and provide an explanation of why no damages were collected under **PART 9**.
- f) Indicate whether or not a Section 5.7 form is attached/submitted with this Semi-Annual CDBG Data Report. **A Section 5.7 Enforcement Report (Attachment 7-O) must be submitted with the LSER for each Contractor with underpayments restitution of \$1,000 or more during the reporting period in which it was paid.**

PLEASE NOTE: If any new contracts are awarded or any wage restitution payments are collected after the submittal of this report to DEHCR for the reporting period covered on this report, the contract award and restitution payment information must be included on the next Semi-Annual CDBG Data Report submission to DEHCR.

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PART 6: SECTION 3 – NEW HIRING *(Applicable to CDBG projects awarded PRIOR to 11/30/2020.)*

Federal regulation 24 CFR 135 requires the Grantee (i.e., Unit of General Local Government, Non-Profit, Housing Authority, etc.) **and each** of its contractors/sub-contractors/service providers that receives or are contracted for a project that is paid for with federal funds must complete and submit Section 3 reporting information. The Grantee will compile all contractors'/sub-contractors'/service providers' data and submit the cumulative Section 3 Report information to the Division of Energy, Housing and Community Resources (DEHCR) for each executed contract/Grant Agreement with DEHCR.

- a) Report any **new full-time hires** and **trainees** (working full-time in permanent, temporary or seasonal positions) who are hired/trained in connection with the project funded under the DEHCR Grant Agreement/Contract listed above during the specified reporting period. For each Job Category listed in the table **[6(b) – 6(m)]**, indicate how many full-time:
- New Hires were completed during the specified reporting period, along with the number of
 - New Hires that are/were Section 3 Residents (determination based on the county where the work is being performed), and the total number of
 - Section 3 Trainees (that completed training during the specified reporting period) as it relates to the DEHCR Grant Agreement/Contract.

If there were no new full-time hires or trainees in connection with the CDBG project, enter “0” (zero) in the spaces. If the New Hire(s) or Trainee(s) does not fall into the pre-populated list of Job Categories, then enter the job title(s) in the two (2) “Specify Job Type Here” field(s) **[6(l) and 6(m)]** and appropriately report the hire(s) and trainee(s) counts.

PART 7: SECTION 3 – WORKER HOURS ON THIS CDBG PROJECT *(Applicable to CDBG projects awarded ON or AFTER 11/30/2020.)*

Federal regulation 24 CFR 75 requires the Grantee (i.e., Unit of General Local Government, Non-Profit, Housing Authority, etc.) **and each** of its contractors/sub-contractors/service providers that receives or are contracted for a project that is paid for with federal funds must complete and submit Section 3 reporting information. The Grantee will compile all contractors'/sub-contractors'/service providers' data and submit the cumulative Section 3 Report information to the Division of Energy, Housing and Community Resources (DEHCR) for each executed contract/Grant Agreement with DEHCR.

For each worker/employee that works on the CDBG-funded project, it will be necessary to determine each worker's/employee's Section 3 status. The Section 3 Worker's status should be determined (and certified) as of when the employee began work on this CDBG-funded project **OR** when they began working for the contractor/firm (whichever came first after 11/30/2020), and may **not** be more than 5-years prior to beginning worker on the project. For employees that have worked for a contractor/firm for more than 5 years, their individual Section 3 Worker status should be determined based on the date the individual began working on the CDBG-funded project.

Section 3 Workers are those individuals that currently fit (or when hired fit) at least one (1) of the following categories as documented within the past five (5) years:

- Employed by a **Section 3 business concern**, OR
- A low- or very low-income resident (i.e., local person living within the Section 3 service area as defined in 24 CFR 75.5), OR
- A YouthBuild participant.

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Targeted Section 3 Workers are those individuals:

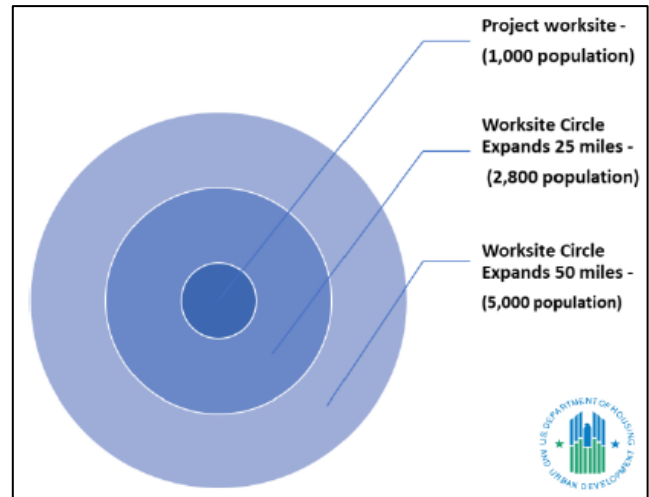
- Employed by a **Section 3 business concern**, OR
- That currently fit (or when hired fit) at least one (1) of the following categories as documented within the past five (5) years:
 - Living within the Section 3 service area or the neighborhood of the project (as defined in 24 CFR 75.5), OR
 - A YouthBuild participant.

A **Section 3 business concern** is a business that fits at least one (1) of the following categories:

- 51% or more owned by low- or very low-income persons, OR
- 75% or more of the labor hours are performed by low- or very low-income persons, OR
- 51% or more owned by current residents of public housing or Section 8-assisted housing.

The **Service Area** (as defined in 24 CFR 75.5) is:

- An area within one (1) mile of the Section 3 project's location (i.e., street address), OR
- An area within a circle centered around the Section 3 project site that encompasses 5,000 people [if less than 5,000 people live within a one (1) mile radius of the Section 3 project site].



Construction Prime Contractors

- List **ALL** Construction Prime Contractors (CPC) currently working (or that have previously worked) on this project. This list should provide a comprehensive history of **all** the Construction Prime Contractors that have touched this project to date.
- Report the "Total Hours Worked" by **ALL** the CPC's employees that have directly worked on this project.
- Report the "Total Hours Worked" by **ALL** the CPC's **Section 3** employees that've directly worked on this project.
- Report the "Total Hours Worked" by **ALL** the CPC's **Targeted Section 3** employees that've directly worked on this project.



Construction Sub-Contractors

- List **ALL** Construction Sub-Contractors (CSC) currently working (or that have previously worked) on this project. This list should provide a comprehensive history of **all** the CSCs that have touched this project to date.

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- f) Report the “Total Hours Worked” by **ALL** the CSC’s employees directly working on this project.
- g) Report the “Total Hours Worked” by **ALL** the CSC’s **Section 3** employees directly working on this project.
- h) Report the “Total Hours Worked” by **ALL** the CSC’s **Targeted Section 3** employees directly working on this project.

Non-Construction Prime Contractors

- i) List **ALL** Non-Construction Prime Contractors (NCPC) currently working (or that have previously worked) on this project. This list should provide a comprehensive history of **all** the NCPCs that have touched this project to date.
- j) Report the “Total Hours Worked” by **ALL** the NCPC’s employees directly working on this project. Hours for positions requiring an advanced degree or a professional certification are not required to be reported but may be reported to demonstrate “best efforts” in meeting the HUD Section 3 Safe Harbor benchmarks.
- k) Report the “Total Hours Worked” by **ALL** the NCPC’s **Section 3** employees directly working on this project.
- l) Report the “Total Hours Worked” by **ALL** the NCPC’s **Targeted Section 3** employees directly working on this project.

Non-Construction Sub-Contractors

- m) List **ALL** Non-Construction Sub-Contractors (NCSC) currently working (or that have previously worked) on this project. This list should provide a comprehensive history of **all** the NCSCs that have touched this project to date.
- n) Report the “Total Hours Worked” by **ALL** the NCSC’s employees directly working on this project. Hours for positions requiring an advanced degree or a professional certification are not required to be reported but may be reported to demonstrate “best efforts” in meeting the HUD Section 3 Safe Harbor benchmarks.
- o) Report the “Total Hours Worked” by **ALL** the NCSC’s **Section 3** employees directly working on this project.
- p) Report the “Total Hours Worked” by **ALL** the NCSC’s **Targeted Section 3** employees directly working on this project.

PART 8: SECTION 3 – OUTREACH/PROMOTION & BEST EFFORTS

Based on when your project was awarded, you’ll be required to indicate which applicable Outreach/Promotion & Best Efforts have been completed as qualitative actions to support the hiring, retention, and promotion of Section 3 Workers employed in conjunction with the CDBG project.

Place an “X” next to each action that has been completed by the Grantee and its related Prime Contractors, Sub-Contractors, and lower-tier Contractors. If applicable, additional information/explanations can be reported under **PART 9**. The Grantee **must** retain supporting documentation to confirm completion of the selected Outreach/Promotion & Best Efforts, which must be available for review upon request.

PART 9: COMMENTS

Use this space to provide additional comments or explanations for the data reported.

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ATTACHMENT 9-D: REPORTING REQUIREMENTS CHECKLIST

| SEMI-ANNUAL REPORTING | | |
|-----------------------|--|---|
| Form: | | Due Date: |
| 9-A/B | <i>Semi-Annual Report Summary Narrative with Certification</i> | Due April 15 & Oct. 15, as listed in Grant Agreement Time Table, unless otherwise directed by DEHCR. |
| 9-C | <i>Semi-Annual CDBG Data Report: Labor Standards / MBE/WBE / Section 3</i> | Due Mar. 25 & Sept. 15, as listed in Grant Agreement Time Table, unless otherwise requested by DEHCR. |
| 9-F | <i>CDBG Jobs Project Employee Self Certification Report and Certification Forms (if required – for ED, PFED and other similar LMI Job Creation Projects)</i> | Due Mar. 25 & Sept. 15, as listed in Grant Agreement Time Table, unless otherwise requested by DEHCR. |
| 9-I | <i>Client Income Certification Report and Certification Forms (if required – for PS projects and other similar projects, only as specified as required by DEHCR)</i> | Due in accordance with Grant Agreement Time Table, if required for the project. |

| ANNUAL REPORTING | | | | |
|------------------|--|---------------------|--|--|
| Form: | | Completed by: | Submit to: | Due: |
| 9-C | <i>Annual Section 3 Report</i> | Grant Administrator | DEHCR | Due Sept. 25, if required for the project per Grant Agreement Time Table |
| 9-G/ 9-H | <i>Single Audit Statement (Letter)</i> | Grant Administrator | DEHCR | January 15 |
| | <i>Single Audit Report</i> | External auditor | 1) Federal Audit Clearinghouse (FAC) 2) Copy of FAC email confirmation to DEHCR | Per the Grant Agreement Time Table |

| LABOR STANDARDS | | | |
|-----------------|--|-------------------------|--|
| Form: | | Completed by: | Due: |
| 7-C | <i>Labor Standards Officer Designee</i> | Grant Administrator | Upon execution of CDBG Agreement |
| 7-D | <i>Record of Wage Decision Selection</i> | Labor Standards Officer | Prior to advertising for bids |
| 7-F | <i>Advertisement for Bids</i> | Chief Elected Official | Upon request from DEHCR (for monitoring) |
| 7-H | <i>Notice of Contractor Award</i> | Labor Standards Officer | Upon awarding contract(s) |
| 7-O | <i>Section 5.7 Enforcement Report</i> | Labor Standards Officer | Upon finding any labor violations where underpayment is greater than \$1,000 |

| FINANCIAL MANAGEMENT | | |
|----------------------|---|---------------------------------------|
| Form: | | Due: |
| 8-A | <i>Depository Certification (if specified as required by DEHCR for project)</i> | Prior to executing the CDBG Agreement |
| 8-B/C | <i>DOA 6456 Authorization for Direct Deposit or DOA-6457 Address Update Form</i> | |
| 8-D | <i>Financial Management Contact Person</i> | |
| 8-E | <i>Signature Certification</i> | |
| 8-F | <i>CDBG Payment Request Form</i> | With each request for CDBG funds |
| 8-G | <i>Cash Control Register (Up-to-date as submission date)</i> | |
| 8-H | <i>CDBG Disbursements Journal (Up-to-date as of submission date)</i> | |
| 8-I | <i>Matching Funds Journal (Up-to-date as of submission date)</i> | |
| | <i>Supporting documentation (Invoices, cancelled checks, bank statements, etc.)</i> | |

All reports are due to the assigned DEHCR Project Representative unless otherwise indicated. Electronic submission of reports **via email is required**. Any additional required documents listed in the *BCD CDBG Implementation Handbook* (but which are not listed above) may be requested by the DEHCR Project Representative at any time.

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ATTACHMENT 9-E: GRANT AGREEMENT TIME TABLE (SAMPLE)

This Time Table is based on a July 23, 2021 – December 31, 2023 PF Performance Period.

| Due Date | Activity |
|--|--|
| Prior to Construction and Acquisition | <ul style="list-style-type: none"> • Execute Grant Agreement. • Establish record keeping system. • Establish financial management system. • Procure engineering and administrative services, if contracting with third-party firm(s) for these services. • Enter into the grant administration contract, if contracting with a third-party for grant administration. Submit executed contract to DEHCR CDBG Project Representative. • Complete Environmental Report and obtain official approval from DEHCR Environmental Desk. Submit copy of approval from DEHCR Environmental Desk to DEHCR CDBG Project Representative. • Submit “Notice of Acquisition/Relocation to DEHCR” form, if any acquisition (including easements) and/or relocation will be required for the CDBG project. • Complete acquisition and relocation requirements for property purchase, easement(s), etc., if applicable to project. • Obtain federal Davis-Bacon wage rates, if federal labor standards are applicable to project. • Complete Record of Wage Decision Selection Form prior to bidding, if federal labor standards are applicable to project; and submit to DEHCR CDBG Project Representative for review. • Prepare and solicit construction and/or demolition related bids. • Check for wage decision updates prior to bid opening and inform potential bidders of updates, if federal labor standards are applicable to project. • Submit Notice of Contractor Award form(s) for prime contract(s) awarded to DEHCR CDBG Project Representative. • Submit detailed bid tabulation summary to DEHCR CDBG Project Representative. • Obtain all necessary permits. • Hold pre-construction meeting (pre-construction meeting is optional but strongly recommended). Submit meeting minutes/notes to DEHCR CDBG Project Representative, if a pre-construction meeting was held. |
| January 15, 2022 | <ul style="list-style-type: none"> • Submit Single Audit Statement for CY2021 to DEHCR CDBG Project Representative. Arrange for Single Audit, if required (Single Audit Report will be due to Federal Audit Clearinghouse within 30 days of Single Audit being completed or September 30, 2022, whichever date is <i>earlier</i>). |

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| Due Date | Activity |
|--------------------|--|
| March 25, 2022 | <ul style="list-style-type: none"> Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of October 1, 2021 through March 31, 2022 [reporting activities July 23, 2021 (the CDBG Award Date) through March 31, 2022], unless notified by DEHCR CDBG Project Representative of another submission date. |
| April 15, 2022 | <ul style="list-style-type: none"> Submit Semi-Annual Report and supporting documentation for the period of October 1, 2021 through March 31, 2022, [reporting activities July 23, 2021 (the CDBG Award Date) through March 31, 2022]. Reporting must follow the guidance provided in the CDBG Implementation Handbook. |
| July 1, 2022 | <ul style="list-style-type: none"> Begin Construction. Document and report progress and/or delays to DOA. |
| September 25, 2022 | <ul style="list-style-type: none"> Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of April 1, 2022 through September 30, 2022, unless notified by DEHCR CDBG Project Representative of another submission date. |
| September 30, 2022 | <ul style="list-style-type: none"> Complete the Fair Housing Actions described in the Attachments of the Grant Agreement. Complete Single Audit and submit Single Audit Report for CY2021 to Federal Audit Clearinghouse [FAC] (submit within 30 days of Single Audit completion or September 30, 2022, whichever date is <i>earlier</i>). Submit copy of FAC email confirmation of submission to DEHCR CDBG Project Representative, if the Grantee was required to complete a Single Audit for CY2021. Reporting must follow the guidance provided in the CDBG Implementation Handbook. |
| October 15, 2022 | <ul style="list-style-type: none"> Submit Semi-Annual Report and supporting documentation to DEHCR CDBG Project Representative for the period of April 1, 2022 through September 30, 2022. Reporting must follow the guidance provided in the CDBG Implementation Handbook. Report Fair Housing Actions completed (in the Fair Housing section of the Semi-Annual Report) and submit supporting documentation to DEHCR CDBG Project Representative. |
| January 15, 2023 | <ul style="list-style-type: none"> Submit Single Audit Statement for CY2022 to DEHCR CDBG Project Representative. Arrange for Single Audit, if required (Single Audit Report will be due to Federal Audit Clearinghouse within 30 days of Single Audit being completed or September 30, 2023, whichever date is <i>earlier</i>). |
| March 25, 2023 | <ul style="list-style-type: none"> Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of October 1, 2022 through March 31, 2023, unless notified by DEHCR CDBG Project Representative of another submission date. |

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| Due Date | Activity |
|--------------------|--|
| March 31, 2023 | <ul style="list-style-type: none"> Conduct second Public Hearing to report project progress to, and receive input from, local community regarding the CDBG project. |
| April 15, 2023 | <ul style="list-style-type: none"> Submit Semi-Annual Report and supporting documentation for the period of October 1, 2022 through March 31, 2023. Reporting must follow the guidance provided in the CDBG Implementation Handbook. Report status of second Public Hearing completion (in the 2nd Citizen Participation Public Hearing section of the Semi-Annual Report) and submit second Public Hearing meeting notice, attendance list, and minutes to DEHCR CDBG Project Representative. |
| September 25, 2023 | <ul style="list-style-type: none"> Submit Semi-Annual Labor Standards, MBE/WBE and Section Report for the period of April 1, 2023 through September 30, 2023, unless notified by DEHCR CDBG Project Representative of another submission date. |
| September 30, 2023 | <ul style="list-style-type: none"> Complete Single Audit and submit Single Audit Report for CY2022 to Federal Audit Clearinghouse [FAC] (submit within 30 days of Single Audit completion or September 30, 2023, whichever date is earlier). Submit copy of FAC email confirmation of submission to DEHCR CDBG Project Representative, if the Grantee was required to complete a Single Audit for CY2022. Reporting must follow the guidance provided in the CDBG Implementation Handbook. |
| October 15, 2023 | <ul style="list-style-type: none"> Submit Semi-Annual Report and supporting documentation to DEHCR CDBG Project Representative for the period of April 1, 2023 through September 30, 2023. Reporting must follow the guidance provided in the CDBG Implementation Handbook. |
| October 31, 2023 | <ul style="list-style-type: none"> Complete all Construction Activities. End of Construction Period. <i>No construction expenses incurred after this date.</i> |
| December 31, 2023 | <ul style="list-style-type: none"> Submit Final Payment Request and supporting documents. Submit Project Completion Report and supporting documents. Submit Final Summary Narrative and supporting documents for the period of October 1, 2023 through December 31, 2023 (with the Completion Report). Reporting must follow the guidance provided in the CDBG Implementation Handbook. Submit Semi-Annual Labor Standards, MBE/WBE and Section 3 Report for the period of October 1, 2023 through March 31, 2024 (with Completion Report). Submit Final Labor Standards Compliance Report (LSCR) for each prime contractor (with Completion Report). |

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| Due Date | Activity |
|---|---|
| January 15, 2024 | <ul style="list-style-type: none">• Submit Single Audit Statement for CY2023 to DEHCR CDBG Project Representative. Arrange for Single Audit, if required (Single Audit Report will be due to Federal Audit Clearinghouse within 30 days of Single Audit being completed or September 30, 2024, whichever date is earlier). |
| Within 60 Days of Receipt of Final CDBG Payment | <ul style="list-style-type: none">• Submit Project Completion Financial Certification.• Submit updated/final Cash Control Register, Disbursements Journal, Matching Funds Journal, and final CDBG bank account statement (or other account record(s), if the account is not exclusively used for the CDBG project or the bank did not issue a final statement due to the account having a \$0 balance), showing the deposit and disbursement of the final CDBG payment.• Submit payment record(s) for any invoice(s) with a pending payment status at the time the final CDBG payment request was submitted to DEHCR. |
| September 30, 2024 | <ul style="list-style-type: none">• Complete Single Audit and submit Single Audit Report for CY2023 to Federal Audit Clearinghouse [FAC] (submit within 30 days of Single Audit completion or September 30, 2024, whichever date is <i>earlier</i>). Submit copy of FAC email confirmation of submission to DEHCR CDBG Project Representative, if the Grantee was required to complete a Single Audit for CY2023. Reporting must follow the guidance provided in the CDBG Implementation Handbook. |

SAMPLE

ATTACHMENT 9-F: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (TEMPLATE)

Division of Energy, Housing and Community Resources

CDBG Jobs Project Employee Self Certification Report

CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT

NAME OF UGLG:

BUSINESS NAME:

GRANT AGREEMENT #:

REPORTING PERIOD ENDED: (choose one)

- ☐ Semi-Annual Report: October 1, 20__ to March 31, 20__
☐ Semi-Annual Report: April 1, 20__ to September 30, 20__
☐ Final Summary Report: Project Start Date __ to Project End Date __

| | |
|--------------------------------------|---|
| BASELINE JOB NUMBER | 0 |
| TOTAL JOBS CREATED TO DATE | 0 |
| TOTAL WORKFORCE (BASELINE + CREATED) | 0 |

| EMPLOYEE RACE FOR JOBS CREATED TO DATE | | | | | |
|--|--------------|-----------------|---|--------------|-----------------|
| Single Race | Total Number | Number Hispanic | Multi-Racial | Total Number | Number Hispanic |
| WHITE | 0 | 0 | AMERICAN INDIAN/ALASKAN NATIVE & WHITE | 0 | 0 |
| BLACK/AFRICAN AMERICAN | 0 | 0 | ASIAN & WHITE | 0 | 0 |
| ASIAN | 0 | 0 | BLACK/AFRICAN AMERICAN & WHITE | 0 | 0 |
| AMERICAN INDIAN/ALASKAN NATIVE | 0 | 0 | AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN | 0 | 0 |
| NATIVE HAWAIIAN/PACIFIC ISLANDER | 0 | 0 | OTHER MULTI-RACIAL | 0 | 0 |
| OTHER | 0 | 0 | | 0 | 0 |

| INFORMATION ON POSITIONS CREATED TO DATE | |
|--|-----------------------|
| CLASSIFICATION | TOTAL CREATED TO DATE |
| OFFICIALS/MANAGERS | 0 |
| SALES | 0 |
| OPERATIVES (SEMI-SKILLED) | 0 |
| PROFESSIONALS | 0 |
| TECHNICIANS | 0 |
| LABORERS (UNSKILLED) | 0 |
| OFFICE/CLERICAL | 0 |
| CRAFT WORKERS (SKILLED) | 0 |
| SERVICE WORKERS | 0 |
| TOTAL CREATED | 0 |

Division of Energy, Housing and Community Resources

CDBG Jobs Project Employee Self Certification Report

CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (continued)

NAME OF UGLG:

BUSINESS NAME:

GRANT AGREEMENT #:

REPORTING PERIOD ENDED: (choose one)

- ☐ Semi-Annual Report: October 1, 20__ to March 31, 20__
- ☐ Semi-Annual Report: April 1, 20__ to September 30, 20__
- ☐ Final Summary Report: Project Start Date __ to Project End Date __

TEMPLATE

| | |
|---|---|
| 1. Have new positions been provided employer sponsored health care? | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. Have position openings been posted with the WI Department of Workforce Development or local employment agency per your Application with DEHCR? | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. Have any new positions been filled by individuals that were previously unemployed? If yes, please provide the number: | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> <u>0</u> |

Please provide the family income breakdown of employees that corresponds with Question 1 of *Employee Self Certification Form*.

| A (VERY LOW) | B (LOW) | C (MODERATE) | D (ABOVE LMI LIMITS) |
|-----------------|------------|-----------------|-------------------------|
| 0 | 0 | 0 | 0 |

REPORT ATTACHMENTS: Submit supporting documentation (i.e., completed *Employee Self Certification Forms*) with each semi-annual *Certification Report* submission. If submitting the final *Certification Report* (Final Summary Report), include all *Certification Forms* of new employees hired during the CDBG Project who remain at the Business; the payroll record data from the Business; and a letter from the Business certifying the accuracy of payroll record data, as verification of the current employment numbers and status of each employee at the business.

REPORT CERTIFICATION

I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual *Employee Self Certification Forms* are attached as supporting documentation.*

Typed Name, Title & Firm/Organization of Report Preparer*

Preparer Email Address

Typed Name and Title of UGLG Approver as Certification*

UGLG Approver Email Address

UGLG Approver Phone Number

MM/DD/YYYY

Date of UGLG Approval / Certification

*If the Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or by the UGLG's governing body to approve CDBG project documents. If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.

ATTACHMENT 9-F1: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (SAMPLE)

Division of Energy, Housing and Community Resources

CDBG Jobs Project Employee Self Certification Report

CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT

NAME OF UGLG: Village of Yourville

BUSINESS NAME: Yourville Farms, LLC

GRANT AGREEMENT #: PFED 21-50

REPORTING PERIOD ENDED: (choose one)

☒ Semi-Annual Report: October 1, 20__21__ to March 31, 20__22__

☐ Semi-Annual Report: April 1, 20__ to September 30, 20__

☐ Final Summary Report: Project Start Date __ to Project End Date __

| | |
|--------------------------------------|-----|
| BASILINE JOB NUMBER | 100 |
| TOTAL JOBS CREATED TO DATE | 20 |
| TOTAL WORKFORCE (BASELINE + CREATED) | 120 |

| EMPLOYEE RACE FOR JOBS CREATED TO DATE | | | | | |
|--|--------------|-----------------|---|--------------|-----------------|
| Single Race | Total Number | Number Hispanic | Multi-Racial | Total Number | Number Hispanic |
| WHITE | 10 | 2 | AMERICAN INDIAN/ALASKAN NATIVE & WHITE | 2 | 0 |
| BLACK/AFRICAN AMERICAN | 2 | 0 | ASIAN & WHITE | 0 | 0 |
| ASIAN | 3 | 0 | BLACK/AFRICAN AMERICAN & WHITE | 0 | 0 |
| AMERICAN INDIAN/ALASKAN NATIVE | 2 | 0 | AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN | 0 | 0 |
| NATIVE HAWAIIAN/PACIFIC ISLANDER | 0 | 0 | OTHER MULTI-RACIAL | 1 | 1 |
| OTHER | 0 | 0 | | 0 | 0 |

| INFORMATION ON POSITIONS CREATED TO DATE | |
|--|-----------------------|
| CLASSIFICATION | TOTAL CREATED TO DATE |
| OFFICIALS/MANAGERS | 2 |
| SALES | 0 |
| OPERATIVES (SEMI-SKILLED) | 10 |
| PROFESSIONALS | 0 |
| TECHNICIANS | 0 |
| LABORERS (UNSKILLED) | 4 |
| OFFICE/CLERICAL | 0 |
| CRAFT WORKERS (SKILLED) | 0 |
| SERVICE WORKERS | 4 |
| TOTAL CREATED | 20 |

CDBG Jobs Project Employee Self Certification Report

Form v.09/01/2021

Division of Energy, Housing and Community Resources

CDBG Jobs Project Employee Self Certification Report

CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (continued)

NAME OF UGLG: Village of Yourville

BUSINESS NAME: Yourville Farms, LLC

GRANT AGREEMENT #: PFED 21-50

REPORTING PERIOD ENDED: (choose one)

- ☒ Semi-Annual Report: October 1, 20__21__ to March 31, 20__22__
- ☐ Semi-Annual Report: April 1, 20__ to September 30, 20__
- ☐ Final Summary Report: Project Start Date ____ to Project End Date ____

| | |
|---|---|
| 1. Have new positions been provided employer sponsored health care? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. Have position openings been posted with the WI Department of Workforce Development or local employment agency per your Application with DEHCR? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. Have any new positions been filled by individuals that were previously unemployed? If yes, please provide the number: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> 8 |

Please provide the family income breakdown of employees that corresponds with Question 1 of Employee Self Certification Form.

| A (VERY LOW) | B (LOW) | C (MODERATE) | D (ABOVE LMI LIMITS) |
|-----------------|------------|-----------------|-------------------------|
| 0 | 12 | 6 | 2 |

REPORT ATTACHMENTS: Submit supporting documentation (i.e., completed *Employee Self Certification Forms*) with each semi-annual *Certification Report* submission. If submitting the final *Certification Report* (Final Summary Report), include all *Certification Forms* of new employees hired during the CDBG Project who remain at the Business; the payroll record data from the Business; and a letter from the Business certifying the accuracy of payroll record data, as verification of the current employment numbers and status of each employee at the business.

REPORT CERTIFICATION

I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual *Employee Self Certification Forms* are attached as supporting documentation.*

John Smith, Planner, XYZ Consulting, Inc.

Typed Name, Title & Firm/Organization of Report Preparer*

jsmith@xyzconsulting.net

Preparer Email Address

Jane Johnson, Village President

Typed Name and Title of UGLG Approver as Certification*

president@yourvillevillage.com

UGLG Approver Email Address

(608) 222-3333

UGLG Approver Phone Number

03/13/2022

Date of UGLG Approval / Certification

*If the Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or by the UGLG's governing body to approve CDBG project documents. If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.

ATTACHMENT 9-F2: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (INSTRUCTIONS)

Division of Energy, Housing and Community Resources

CDBG Jobs Project Employee Self Certification Report

CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (INSTRUCTIONS)

The *CDBG Jobs Project Employee Self Certification Report* is a summary of the information gathered from *Employee Self Certification Forms* completed at the time of hiring. The *Employee Self Certification Form* may be downloaded from <http://doa.wi.gov/Divisions/Housing/Bureau-of-Community-Development> under the Resources section.

1. Enter the name of the UGLG, business name and Grant Agreement # on front and back of the report.
2. Check off and enter the year of the current reporting period. For the *Final Summary Report*, enter the project start date and end date as listed in the *Grant Agreement*.
3. Baseline Job Number: Enter the number of jobs at the date of the UGLG's application to the CDBG Program.
4. Total Jobs Created: Enter the number of full-time, permanent jobs created to date.
5. Total Workforce: Add the Baseline Job Number and the Total Jobs Created and enter the result.
6. Employee Race for Jobs Created: Enter the total number of employees reporting in each racial category under #2 on the *Employee Self Certification Form* to date. Then enter the sub-group reporting as Hispanic. Enter zero (0) if there is no response.

For example, six (6) new employees completed *Employee Self Certification Forms* with all six (6) identifying as White and of those three (3) also identified as Hispanic. Therefore, for White six (6) should be entered under Total Number and three (3) under Hispanic.

7. Information on Position(s) Created to Date: Based on Employer responses on the *Employee Self Certification Form(s)* to date, enter the total number of positions created within each of the classifications listed. Enter zero (0) if there is no response. Enter the total number of positions created in the final line.
8. Based on Employer responses on the *Employee Self Certification Form*, enter the responses to Questions 1, 2 and 3 on the second page of the *Report*.
9. Using the information from the Family Income Category of the *Employee Self Certification Form* enter the total number of employees reporting the income level for each of the categories.
10. Complete the Report Certification. Complete the Report Certification. If the *Report Preparer* is not an authorized UGLG Approver, then the UGLG Approver information must be entered. The *Report* must be approved by the UGLG. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents. *If the person submitting this document is not the UGLG Approver, then the submitter must copy ("cc") the UGLG Approver when emailing it to DEHCR.*
11. The final *CDBG Jobs Project Employee Self Certification Report* (Final Summary Report) must be submitted with the *CDBG Project Completion Report*. It is a summary of all jobs created during the job creation period of the *Grant Agreement*.
12. Email one (1) copy of the completed *Certification* documents to the assigned DEHCR Project Representative or to DOACDBG@wisconsin.gov. Retain the completed Certification Report and Certification Forms in the UGLG's CDBG project files.

ATTACHMENT 9-F3: CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION FORM (TEMPLATE)

The *Employee Self Certification Forms* for all Counties in Wisconsin are posted annually (when HUD issues new Income Limits) on the [Bureau of Community Development website](#). Use the *Employee Self Certification Forms* link under the *Resources* section on the [homepage](#) or this direct link:

<https://doa.wi.gov/Pages/LocalGovtsGrants/EmployeeSelfCertificationForms.aspx>

| 2021 ASHLAND COUNTY STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT EMPLOYEE SELF CERTIFICATION | | UGLG Name: _____ Business Name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|------------------------|--|--|--|--|--|--|--|---|---|---|---|---|----------------|---------------------|---------------------|-----------------------|---|----------------|---------------------|---------------------|-----------------------|---|----------------|---------------------|---------------------|-----------------------|---|----------------|---------------------|---------------------|-----------------------|---|----------------|---------------------|---------------------|-----------------------|---|----------------|---------------------|---------------------|-----------------------|---|----------------|---------------------|---------------------|-----------------------|-----------|----------------|---------------------|---------------------|-----------------------|
| <p>Dear Employee:</p> <p>(Enter Business name) is collecting the following information as a result of participating in the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To meet federal regulations, (Enter Business Name) is required to collect statistical data on your family income, race/ethnicity, and employment status. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Your name and personal information will be kept private, and your income, race and unemployment status information only shared with the federal government anonymously. It is only through your cooperation that your community can benefit from this federal program.</p> <p>INSTRUCTIONS:</p> <p>Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.</p> <p>1.) Please indicate your current family income in the following table. "Family" means all related persons in your household.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="3">Please Circle # of Persons in your Family</th> <th colspan="4">FAMILY INCOME CATEGORY</th> </tr> <tr> <th colspan="4">Please check your family income in the same row as the number of persons in your family.</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> </tr> <tr> <td>1</td> <td>\$0 - \$15,100</td> <td>\$15,101 - \$25,150</td> <td>\$25,151 - \$40,250</td> <td>Greater than \$40,250</td> </tr> <tr> <td>2</td> <td>\$0 - \$17,420</td> <td>\$17,421 - \$28,750</td> <td>\$28,751 - \$46,000</td> <td>Greater than \$46,000</td> </tr> <tr> <td>3</td> <td>\$0 - \$21,960</td> <td>\$21,961 - \$32,350</td> <td>\$32,351 - \$51,750</td> <td>Greater than \$51,750</td> </tr> <tr> <td>4</td> <td>\$0 - \$26,500</td> <td>\$26,501 - \$35,900</td> <td>\$35,901 - \$57,450</td> <td>Greater than \$57,450</td> </tr> <tr> <td>5</td> <td>\$0 - \$31,040</td> <td>\$31,041 - \$38,800</td> <td>\$38,801 - \$62,050</td> <td>Greater than \$62,050</td> </tr> <tr> <td>6</td> <td>\$0 - \$35,580</td> <td>\$35,581 - \$41,650</td> <td>\$41,651 - \$66,650</td> <td>Greater than \$66,650</td> </tr> <tr> <td>7</td> <td>\$0 - \$40,120</td> <td>\$40,121 - \$44,550</td> <td>\$44,551 - \$71,250</td> <td>Greater than \$71,250</td> </tr> <tr> <td>8 or more</td> <td>\$0 - \$44,680</td> <td>\$44,681 - \$47,400</td> <td>\$47,401 - \$75,850</td> <td>Greater than \$75,850</td> </tr> </table> <p style="text-align: right; font-size: small;">Source: 2021 HUD low-moderate income level limits for Ashland County</p> <p>2.) Please check the box(es) that identify your race.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Single Race:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Other</p> </div> <div style="width: 45%;"> <p>Multi-Racial Identifiers:</p> <p><input type="checkbox"/> American Indian/Alaskan Native and White</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African American and White</p> <p><input type="checkbox"/> American Indian/Alaskan Native and African/American</p> <p><input type="checkbox"/> Other Multi-Racial</p> </div> </div> <p>3.) Please answer these questions:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <p>Do you consider yourself as being of Hispanic ethnicity?</p> <p>Are you currently unemployed or were you unemployed prior to employment with this company?</p> <p>Are you a female head of household?</p> </div> <div style="width: 40%;"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div> <p><i>I certify that the information provided above is correct to the best of my knowledge</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____ Printed Name</p> </div> <div style="width: 30%;"> <p>_____ Signature</p> </div> <div style="width: 30%;"> <p>_____ Date</p> </div> </div> | | | Please Circle # of Persons in your Family | FAMILY INCOME CATEGORY | | | | Please check your family income in the same row as the number of persons in your family. | | | | A | B | C | D | 1 | \$0 - \$15,100 | \$15,101 - \$25,150 | \$25,151 - \$40,250 | Greater than \$40,250 | 2 | \$0 - \$17,420 | \$17,421 - \$28,750 | \$28,751 - \$46,000 | Greater than \$46,000 | 3 | \$0 - \$21,960 | \$21,961 - \$32,350 | \$32,351 - \$51,750 | Greater than \$51,750 | 4 | \$0 - \$26,500 | \$26,501 - \$35,900 | \$35,901 - \$57,450 | Greater than \$57,450 | 5 | \$0 - \$31,040 | \$31,041 - \$38,800 | \$38,801 - \$62,050 | Greater than \$62,050 | 6 | \$0 - \$35,580 | \$35,581 - \$41,650 | \$41,651 - \$66,650 | Greater than \$66,650 | 7 | \$0 - \$40,120 | \$40,121 - \$44,550 | \$44,551 - \$71,250 | Greater than \$71,250 | 8 or more | \$0 - \$44,680 | \$44,681 - \$47,400 | \$47,401 - \$75,850 | Greater than \$75,850 |
| Please Circle # of Persons in your Family | FAMILY INCOME CATEGORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Please check your family income in the same row as the number of persons in your family. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A | B | C | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$0 - \$15,100 | \$15,101 - \$25,150 | \$25,151 - \$40,250 | Greater than \$40,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$0 - \$17,420 | \$17,421 - \$28,750 | \$28,751 - \$46,000 | Greater than \$46,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$0 - \$21,960 | \$21,961 - \$32,350 | \$32,351 - \$51,750 | Greater than \$51,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$0 - \$26,500 | \$26,501 - \$35,900 | \$35,901 - \$57,450 | Greater than \$57,450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | \$0 - \$31,040 | \$31,041 - \$38,800 | \$38,801 - \$62,050 | Greater than \$62,050 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | \$0 - \$35,580 | \$35,581 - \$41,650 | \$41,651 - \$66,650 | Greater than \$66,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | \$0 - \$40,120 | \$40,121 - \$44,550 | \$44,551 - \$71,250 | Greater than \$71,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 or more | \$0 - \$44,680 | \$44,681 - \$47,400 | \$47,401 - \$75,850 | Greater than \$75,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EMPLOYER/LOCAL GOVERNMENT USE ONLY (ALL SECTIONS ARE MANDATORY)

Position Details

☐ Full Time ☐ Part Time (FTE:) ☐ Employer-Sponsored Healthcare Plan Offered

Position Class

| | | |
|--|--|---|
| <input type="checkbox"/> Official/Manager | <input type="checkbox"/> Professional | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Technician | <input type="checkbox"/> Craft Worker/Skilled |
| <input type="checkbox"/> Operative/Semiskilled | <input type="checkbox"/> Laborer/Unskilled | <input type="checkbox"/> Service Worker |

Date Hired: / /

TEMPLATE

Job Category Definitions

1. **Officials or Managers** - Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

2. **Professional** - Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.

3. **Technicians** - Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.

4. **Sales** - Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.

5. **Office or Clerical** - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.

6. **Craft Worker (skilled)** - Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.

7. **Operatives (semi-skilled)** - Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.

8. **Laborers (unskilled)** - Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.

9. **Service Workers** - Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, chairworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred worker.

**ATTACHMENT 9-G: SINGLE AUDIT STATEMENT [AUDIT REQUIRED]
(TEMPLATE)**

PLACE THE FOLLOWING ON THE UGLG'S LETTERHEAD:

SINGLE AUDIT STATEMENT (AUDIT REQUIRED)

[Date]

[Name (First and Last Name) of Assigned DEHCR Project Representative]
Wisconsin Department of Administration
Division of Energy, Housing and Community Resources
Bureau of Community Development
P.O. Box 7970
Madison, WI 53707-7970
[Email Address of Assigned DEHCR Project Representative]

I hereby attest, under penalties of perjury, that during the calendar year ending
December 31, 20[YY], the [UGLG Name] has expended **\$750,000 or more** in total federal
funds and will comply with the federal Single Audit Act and the requirements of Uniform
Guidance 2 CFR 200.

(Chief Elected Official (CEO) Signature) _____

[CEO First and Last Name], [CEO Title]

TEMPLATE

ATTACHMENT 9-H: SINGLE AUDIT STATEMENT [AUDIT NOT REQUIRED] (TEMPLATE)

PLACE THE FOLLOWING ON THE UGLG'S LETTERHEAD:

SINGLE AUDIT STATEMENT (AUDIT NOT REQUIRED)

[Date]

[Name (First and Last Name) of Assigned DEHCR Project Representative]

Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

P.O. Box 7970

Madison, WI 53707-7970

[Email Address of Assigned DEHCR Project Representative]

I hereby attest, under penalties of perjury, that during the calendar year ending

December 31, 20[YY], the [UGLG Name]:

1. Expended **less than \$750,000** in total federal funds and therefore is not required to complete a Single Audit or submit a Single Audit Report, meeting the requirements of the Federal Single Audit Act and Uniform Guidance 2 CFR 200.
2. Expended the following amount(s) of federal funds, including funds from the Wisconsin Department of Administration (DOA) Division of Energy, Housing and Community Resources (DEHCR) and the other source(s) listed below.

| <u>CFDA #*</u> | <u>GRANT CONTRACT #</u> | <u>SOURCE AGENCY</u> | <u>AMOUNT EXPENDED</u> |
|----------------|-------------------------|----------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Chief Elected Official (CEO) Signature) _____

[CEO First and Last Name], [CEO Title]

* The CFDA # for all CDBG projects is 14.228.

** For any non-CDBG funds, please contact the granting agency directly to determine if funds are considered federal.

TEMPLATE

ATTACHMENT 9-H1: SINGLE AUDIT STATEMENT [AUDIT NOT REQUIRED] (SAMPLE)

VILLAGE OF YOURVILLE
123 MAIN STREET • P.O. BOX 100 • YOURVILLE, WISCONSIN • 54441
YOURVILLEVILLAGE@GMAIL.COM • (608) 222-3333

SINGLE AUDIT STATEMENT (AUDIT NOT REQUIRED)

January 13, 2022

Jane Doe, Grants Specialist – Advanced
Wisconsin Department of Administration
Division of Energy, Housing and Community Resources
Bureau of Community Development
P.O. Box 7970
Madison, WI 53707-7970
Jane.Doe@wisconsin.gov

SAMPLE

I hereby attest, under penalties of perjury, that during the calendar year ending

December 31, 2021, the Village of Yourville:

1. Expended **less than \$750,000** in total federal funds and therefore is not required to complete a Single Audit or submit a Single Audit Report, meeting the requirements of the Federal Single Audit Act and Uniform Guidance 2 CFR 200.
2. Expended the following amount(s) of federal funds, including funds from the Wisconsin Department of Administration (DOA) Division of Energy, Housing and Community Resources (DEHCR) and the other source(s) listed below.

| <u>CFDA #*</u> | <u>GRANT CONTRACT #</u> | <u>SOURCE AGENCY</u> | <u>AMOUNT EXPENDED</u> |
|----------------|-------------------------|--------------------------|------------------------|
| 14.228 | CDBG PF 21-40 | DOA/HUD | \$308,375.00 |
| 14.268 | CDBG Housing 21-48 | DOA/HUD | \$23,118.27 |
| 21.019 | CARES ACT RR 21901 | DOA/US Dept. of Treasury | \$95,203.12 |
| 66.458 | SDWL 210014 | DNR/EPA | \$108,302.89 |

Jane Doe

Jane Doe, Village President

ATTACHMENT 9-I: CLIENT INCOME CERTIFICATION REPORT (TEMPLATE)

Division of Energy, Housing and Community Resources

CDBG Project Client Income Certification Report

CLIENT INCOME CERTIFICATION REPORT

GRANTEE/UGLG NAME: _____

GRANT AGREEMENT #: _____

REPORTING PERIOD (as listed in Grant Agreement Time Table): MM/DD/YYYY to MM/DD/YYYY

| | |
|--|---|
| TOTAL # NEW CLIENTS SERVED DURING THIS REPORTING PERIOD (Do not include duplicate clients from previous reporting periods.) | 0 |
| TOTAL # CLIENTS SERVED TO DATE | 0 |

| RACE/ETHNICITY OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD | | | | | |
|---|--------------|-----------------|---|--------------|-----------------|
| Single Race | Total Number | Number Hispanic | Multi-Racial or No Answer | Total Number | Number Hispanic |
| WHITE | 0 | 0 | AMERICAN INDIAN/ALASKAN NATIVE & WHITE | 0 | 0 |
| BLACK/AFRICAN AMERICAN | 0 | 0 | ASIAN & WHITE | 0 | 0 |
| ASIAN | 0 | 0 | BLACK/AFRICAN AMERICAN & WHITE | 0 | 0 |
| AMERICAN INDIAN/ALASKAN NATIVE | 0 | 0 | AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN | 0 | 0 |
| NATIVE HAWAIIAN/PACIFIC ISLANDER | 0 | 0 | OTHER MULTI-RACIAL | 0 | 0 |
| OTHER | 0 | 0 | DID NOT ANSWER | 0 | 0 |

TEMPLATE

| LMI STATUS OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD | |
|---|------------------------------------|
| # of LMI NEW CLIENTS: <u>0</u> | # of NON-LMI New Clients: <u>0</u> |

| REPORT CERTIFICATION | |
|---|---|
| I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual <i>Employee Self-Certification Forms</i> are attached as supporting documentation.* | |
| Typed Name, Title & Firm/Organization of Report Preparer* | Preparer Email Address |
| Typed Name and Title of UGLG Approver as Certification* | UGLG Approver Email Address |
| UGLG Approver Phone Number | MM/DD/YYYY Date of UGLG Approval / Certification |
| <p><i>*If the Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents. If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.</i></p> | |

Client Income Certification Report

Form v.09/01/2021

Division of Energy, Housing and Community Resources

CDBG Project Client Income Certification Report

CLIENT INCOME CERTIFICATION REPORT (INSTRUCTIONS)

The *CDBG Project Client Income Certification Report* is a summary of the information gathered from *Client Income Certification Forms* completed at the time the client begins receiving services in the Unit of General Local Government's (UGLG's) CDBG-funded program. The *Client Income Certification Form* is Attachment 9-L in Chapter 9 of the *CDBG Implementation Handbook*.

1. **Grantee/UGLG Name:** Enter the name of the Unit of General Local Government (UGLG) that received the CDBG award [e.g., Yourville County, City of Yourville, Village of Yourville, Town of Yourville]
2. **Grant Agreement #:** Enter the CDBG Grant Agreement # for the UGLG's CDBG project.
3. **Reporting Period:** Enter the Reporting Period for which the report is being completed, entering the reporting period dates as they appear in the Grant Agreement Time Table.
4. **# of New Clients Served During This Reporting Period:** Enter the number of *new* clients (not previously serve in any previous reporting period) served from the start of the reporting period to end of the reporting period; and the total number of clients served to date through the CDBG project.
5. **Race/Ethnicity of New Clients Served During This Reporting Period:** Enter the total number of clients reporting in each race/ethnicity category on the *Client Income Certification Form* during the reporting period. **Do not leave any entries blank.** Enter zero (0) for any categories for which no clients selected the category or if no clients were served during the reporting period, if applicable.

For example, six (6) new clients completed *Client Income Certification Forms* with all six (6) identifying as White and of those, three (3) also identified as Hispanic. Therefore, for White "6" should be entered under Total Number and "3" should be entered under Hispanic.

6. **LMI Status of New Clients Served During This Reporting Period:** Using the information from the Family Income Category of the *Client Income Certification Form*, enter the total number of new clients served during the reporting period are LMI (i.e., have a family income at or below the LMI income threshold shown for their family size on the *Client Income Certification Form*); and the total number who are Non-LMI (i.e., have a family income above the LMI income threshold shown for their family size).
7. **Report Certification:** Complete the Report Certification. If the *Report Preparer* is not an authorized UGLG Approver, then the UGLG Approver information must be entered. The *Report* must be approved by the UGLG. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents. *If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.*
8. The Final Report must be submitted with the Project Completion Report. It is a summary of all clients served during the project performance period, as listed on the *Grant Agreement*.
9. **Email one (1) copy** of the completed Certification documents to the assigned DEHCR Project Representative or to DOACDBG@wisconsin.gov. Retain the completed Certification Report and Certification Forms in the UGLG's CDBG project files.

TEMPLATE

ATTACHMENT 9-11: CLIENT INCOME CERTIFICATION REPORT (SAMPLE)

Division of Energy, Housing and Community Resources

CDBG Project Client Income Certification Report

CLIENT INCOME CERTIFICATION REPORT

GRANTEE/UGLG NAME: Yourville County

GRANT AGREEMENT #: PS 21-10

REPORTING PERIOD (as listed in Grant Agreement Time Table): 09/15/2022 to 09/14/2023

| | |
|--|----|
| TOTAL # NEW CLIENTS SERVED DURING THIS REPORTING PERIOD (Do not include duplicate clients from previous reporting periods.) | 10 |
| TOTAL # CLIENTS SERVED TO DATE | 30 |

| RACE/ETHNICITY OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD | | | | | |
|---|--------------|-----------------|---|--------------|-----------------|
| Single Race | Total Number | Number Hispanic | Multi-Racial or No Answer | Total Number | Number Hispanic |
| WHITE | 4 | 2 | AMERICAN INDIAN/ALASKAN NATIVE & WHITE | 2 | 0 |
| BLACK/AFRICAN AMERICAN | 2 | 1 | ASIAN & WHITE | 0 | 0 |
| ASIAN | 0 | 0 | BLACK/AFRICAN AMERICAN & WHITE | 0 | 0 |
| AMERICAN INDIAN/ALASKAN NATIVE | 2 | 0 | AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN | 0 | 0 |
| NATIVE HAWAIIAN/PACIFIC ISLANDER | 0 | 0 | OTHER MULT-RACIAL | 0 | 0 |
| OTHER | 0 | 0 | DID NOT ANSWER | 0 | 0 |

| LMI STATUS OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD | |
|---|-----------------------------|
| # of LMI NEW CLIENTS: 8 | # of NON-LMI New Clients: 2 |

| REPORT CERTIFICATION | |
|---|--|
| I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual <i>Employee Self-Certification Forms</i> are attached as supporting documentation.* | |
| Jane Smith, Director, First Response Services Typed Name, Title & Firm/Organization of Report Preparer* | jane@firstresponseservices.org Preparer Email Address |
| Michael Martin, County Administrator Typed Name and Title of UGLG Approver as Certification* | mmartin@yourvillecounty.co.us UGLG Approver Email Address |
| (608) 222-3333 UGLG Approver Phone Number | 09/13/2023 Date of UGLG Approval / Certification |
| <p><i>*If the Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. By entering the name and title of the UGLG Approver above, the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR on the UGLG's behalf. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG's governing body to approve CDBG project documents. If the person submitting this document is not the UGLG Approver, then the submitter must copy ('cc') the UGLG Approver when emailing it to DEHCR.</i></p> | |

Client Income Certification Report

Form v.09/01/2021

ATTACHMENT 9-J: CLIENT INCOME CERTIFICATION FORM (TEMPLATE)

[GRANTEE/UGLG NAME]

CDBG GRANT AGREEMENT # [CDBG Agreement #]

[PROGRAM/PROJECT NAME]

CLIENT INCOME CERTIFICATION FORM

The [UGLG Name] [CDBG Project/Program Name] is funded by the Community Development Block Grant (CDBG) Program. For the [UGLG Name] to qualify for this funding, the information requested below must be collected for all program clients. This information is strictly confidential and only reported to the required funding and regulating entities for program qualification purposes. Individual/family personal identifying information is not released to the public.

Client annual income information at the time of entry into the program:

FAMILY INCOME INFORMATION

- Circle your family size in the far left column.
- If your family income is at or below the Annual Family Income Level shown for your family size, then enter "X" in the AT or BELOW column.
- If your family income is above the Annual Family Income Level shown for your family size, then enter "X" in the ABOVE column.
- Family income includes the annual income for *all* family members living in your household.

| FAMILY SIZE | ANNUAL FAMILY INCOME LEVEL | AT or BELOW | ABOVE |
|-------------|---|-------------|-------|
| 1 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 1] | | |
| 2 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 2] | | |
| 3 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 3] | | |
| 4 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 4] | | |
| 5 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 5] | | |
| 6 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 6] | | |
| 7 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 7] | | |
| 8 or More | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF =/+8] | | |

FAMILY RACE/ETHNICITY INFORMATION

Enter the race/ethnicity information for all family members or select the "Prefer Not to Answer" option below.

| | Number in Family with Race/Ethnicity Shown on the Left: | Number in Family with Race/Ethnicity Shown on the Left Who are Hispanic: |
|---|---|--|
| White | | |
| Black/African American | | |
| Asian | | |
| American Indian/ Alaskan Native | | |
| Native Hawaiian/ Pacific Islander | | |
| Amer. Indian/ Alaskan Native & White | | |
| Asian & White | | |
| Black/African Amer. & White | | |
| Amer. Indian/ Alaskan Nat. & Black/ African Amer. | | |
| Other Multi-Racial | | |
| Prefer Not To Answer | | |

Client Printed Full Name: _____ Program Entry Date: _____

Client Signature: _____ Signature Date: _____

Client Income Certification Form Instructions for Program Administrator:

Enter the information in the **YELLOW** highlighted fields above. Obtain current income limits on the HUD Income Limits website at: <https://www.huduser.gov/portal/datasets/il.html>. [The income limits in effect (per the "Effective Date" listed on the HUD Income Limits website for the year selected) at the time of the client's entry into the program and for the "Low (80%)" Income Limits for the county in which the program is operating must be entered in the table above on this form. The income limits are updated annually by HUD, typically released in March or April. Check the website regularly for updates.]

Client Income Certification

Form v.09/01/2021

ATTACHMENT 9-K1: SECTION 3 EMPLOYEE INCOME CERTIFICATION FORM (TEMPLATE) [Projects Awarded *prior to 11/30/2020*]

| | | | |
|--|--|-----------------------|--------------|
| [GRANTEE/UGLG NAME] | CDBG GRANT AGREEMENT # [CDBG Agreement #] | | |
| [PROGRAM/PROJECT NAME] | | | |
| SECTION 3 EMPLOYEE INCOME CERTIFICATION FORM <i>(For CDBG Projects Awarded <u>prior to 11/30/2020</u>)</i> | | | |
| <p>The [Unit of General Local Government (UGLG) Name]'s current [CDBG Project/Program Name] project is funded by the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program and the funds were awarded to the [UGLG Name] <u>prior to November 30, 2020</u>. The information requested below must be collected for <u>all new full-time employees and trainees (working full-time in a permanent, temporary or seasonal position)</u> of the Grantee and contractors (including prime contractors and subcontractors), hired directly in connection with and working on this project, to comply with Section 3 of the Housing and Development Act (HDA) of 1968 [24 CFR Part 135]. This information is strictly confidential and only reported to the required funding and regulating entities for regulatory compliance purposes. Individual personal identifying information is <u>not</u> released to the public. Your response is voluntary, confidential, and has no effect on your employment.</p> | | | |
| Employment Status (Check One): <input type="checkbox"/> New Full-Time Employee OR <input type="checkbox"/> New Full-Time Trainee (of CDBG Project) | | | |
| Annual Family Income at the Time of Hire (i.e., income for the year prior to the Date of Hire): | | | |
| FAMILY INCOME INFORMATION | | | |
| INSTRUCTIONS: <ul style="list-style-type: none"> • <u>Circle</u> your family size in the far left column. • If your family income at the time of hire is/was <u>at or below</u> the Family Income Level shown for your family size, then enter "X" in the AT or BELOW column. • If your family income at the time of hire is/was <u>above</u> the Family Income Level shown for your family size, then enter "X" in the ABOVE column. • Family income includes the total annual income for <i>all</i> family members living in your household. | | | |
| FAMILY SIZE | FAMILY INCOME LEVEL | AT or BELOW | ABOVE |
| 1 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 1] | | |
| 2 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 2] | | |
| 3 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 3] | | |
| 4 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 4] | | |
| 5 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 5] | | |
| 6 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 6] | | |
| 7 | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 7] | | |
| 8 or More | \$[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF =/+8] | | |
| New Employee or Trainee Place of Residence <u>on the Date of Hire</u> (Enter County and State below) | | | |
| County: _____ | | State: _____ | |
| <div style="font-size: 4em; opacity: 0.5; transform: rotate(-10deg); position: absolute; top: 50%; left: 50%;">TEMPLATE</div> EMPLOYEE CERTIFICATION | | | |
| I affirm that the above statements on this form are true, complete, and correct to the best of my knowledge and belief. I hereby certify, under penalty of law, that the information I've provided is correct to the best of my knowledge. | | | |
| Employee Signature: _____ | | Signature Date: _____ | |
| Employee Printed Full Name: _____ | | Date of Hire: _____ | |
| Page 1 of 2 | | | |
| Section 3 Employee Income Cert. (Awards prior to 11/30/2020) Form v. 2021-09-01 | | | |

[GRANTEE/UGLG NAME]

CDBG GRANT AGREEMENT # [CDBG Agreement #]

FOR ADMINISTRATIVE/EMPLOYER USE ONLY

Reporting Section 3 Resident Status:

The purpose of the HUD/CDBG Section 3 program is to provide employment, training, and contracting opportunities to individuals with low or very low income levels. Each new full-time employee or trainee (working full-time in a permanent, temporary or seasonal position) working on this CDBG-funded project is requested to self-certify their annual family income at the time of hire. The employer is to determine from this information whether the employee qualifies as a Section 3 Resident (as defined in [24 CFR 135](#)). This form is to be completed and submitted to the designated grant administrator or prime contractor for required reporting.

- | | | |
|---|------------------------------|-----------------------------|
| 1) Is this new full-time employee a Section 3 Resident (i.e., having an annual family income "At or Below" the HUD income limit for their family size as listed on the certification form in the year prior to their Date of Hire <u>and</u> living in the same county where the CDBG project is located)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Was this new Employee hired as a result of participating on the CDBG project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Does the employer qualify as a Section 3 Business concern ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

An employer working on this project qualifies as a **Section 3 Business Concern if they meet any of the following criteria:*

- 51% or more of the business is owned and controlled by Section 3 Residents, or
- A business whose permanent, full-time employees include persons, at least 30% of whom are currently Section 3 Residents, or within three years from their date of first employment with the business concern were Section 3 Residents, or
- A business that provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications set forth in the first & second bullet points (above) in this definition of a "Section 3 Business Concern."

EMPLOYERS & CDBG GRANTEES MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE PROJECT FILES.

Section 3 Employee Income Self-Certification Form Instructions for Project Administrators and Employers:

Fields highlighted in **YELLOW** should be pre-filled by the Project Administrator or Employer requesting completion of the Self-Certification form.

Obtain HUD Income Limits at: <https://www.huduser.gov/portal/datasets/il.html>.

[The current "Low (80%)" income threshold and the "Low (80%)" income threshold in effect (the "Effective Date") at the time of the employee's Date of Hire for the County in which the employee lived on the Date of Hire must be entered in the income table above. The income limits are updated annually by HUD, and typically released in March or April. Check the website regularly for updates. The "**Effective Date**" is listed for each year (when you click on the year) and is typically April 1st of the year in which the Income Limits were published, although there are some exceptions.]

TEMPLATE

ATTACHMENT 9-K2: SECTION 3 EMPLOYEE INCOME CERTIFICATION FORM (TEMPLATE) [Projects Awarded on or after 11/30/2020]

| | |
|--|---|
| <p>[GRANTEE/UGLG NAME] _____</p> <p>[EMPLOYEE FIRST & LAST NAME] _____</p> | <p>CDBG GRANT AGREEMENT #: [CDBG Agreement #] _____</p> <p>EMPLOYEE DATE OF HIRE: [HIRE DATE] _____</p> |
|--|---|

[PROJECT NAME]

SECTION 3 EMPLOYEE INCOME CERTIFICATION FORM

The [Unit of General Local Government (UGLG) Name]’s current [CDBG Project/Program Name] project is funded by the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program and the funds were awarded to the [UGLG Name] on or after November 30, 2020. The information requested below must be collected for all employees of the Grantee and contractors (including prime contractors and subcontractors) directly working on this project to comply with Section 3 of the Housing and Development Act (HDA) of 1968 [24 CFR 75]. This information is strictly confidential and only reported to the required funding and regulating entities for regulatory compliance purposes. Individual personal identifying information is not released to the public. Your response is voluntary, confidential, and has no effect on your employment.

Employee Information To Be Entered By Employer:

A. Employee’s Current Home Address (based on Employer’s records):
[Street Address (Must include a Street Address/Location – Not a P.O. Box), City, State, Zip Code]

B. Employee’s Home Address on the Date of Hire if the Employee was hired within the past 5 Years and their address was different than their Current Home Address (based on Employer’s records):
[Street Address (Must include a Street Address/Location – Not a P.O. Box), City, State, Zip Code]

Employee Information To be Entered By Employee:

Instructions: Please respond to the questions and enter the information requested below; and sign and date the document.
For ALL Employees:

1. Is the address listed above as your Current Home Address correct? YES ☐ NO ☐
 If No, enter your Current Home Address (Street Address, City, State, Zip – Must include a Street Address/Location - Not a P.O. Box):

2. Are you currently a resident of public housing or Housing Choice Voucher Holder (Section 8)? YES ☐ NO ☐

3. Is your annual individual income “ABOVE” or “AT or BELOW” \$[Insert current “Low (80%)” HUD income limit for a Family of 1 for the County in which the employee currently lives]? ABOVE ☐ AT or BELOW ☐

4. Are you currently a YouthBuild participant? YES ☐ NO ☐

5. Is the address listed above as your Home Address on the Date of Hire correct? YES ☐ NO ☐
 If No, enter your Home Address on the Date of Hire (Street Address, City, State, Zip – Must include a Street Address/Location - Not a P.O. Box):

6. Were you a resident of public housing or a Housing Choice Voucher Holder (Section 8) on the Date of Hire? YES ☐ NO ☐

7. Was your annual individual income just prior to your hire date “ABOVE” or “AT or BELOW” \$[Insert “Low (80%)” HUD income limit in effect on the Date of Hire for a Family of 1 for the County in which the Employee Lived on the Date of Hire]? ABOVE ☐ AT or BELOW ☐

8. Were you a YouthBuild participant on the Date of Hire? YES ☐ NO ☐

Employee Certification

I affirm that the above statements on this form are true, complete, and correct to the best of my knowledge and belief. I hereby certify, under penalty of law, that the information I’ve provided is correct to the best of my knowledge.

Employee’s Signature: _____ Date Signed: _____

TEMPLATE

Section 3 Employee Income Cert (Awards after 11/30/2020)
Page 1 of 2
Form v.2021-09-01

BCD CDBG Implementation Handbook

| | |
|---|--|
| [GRANTEE/UGLG NAME] [EMPLOYEE FIRST & LAST NAME] | CDBG GRANT AGREEMENT #: [CDBG Agreement #] EMPLOYEE DATE OF HIRE: [HIRE DATE] |
| FOR EMPLOYER/ADMINISTRATIVE USE ONLY | |
| Reporting Section 3 Worker/Targeted Section 3 Worker Status: <p>The purpose of the HUD/CDBG Section 3 program is to provide employment, training, and contracting opportunities to individuals with low- or very low-income levels, particularly those who are recipients of government assistance for housing or other public assistance programs. Each employee working on this CDBG-funded project is requested to self-certify their current income and their income at the time of hire. The employer is to determine from this information whether the employee qualifies as a Section 3 Worker (and possibly also a Targeted Section 3 Worker) as defined in <u>24 CFR Part 75</u>. This form should be completed and submitted to the designated grant administrator, recipient contractor or subcontractor for required reporting purposes.</p> | |
| Is or was this employee's annual individual income "At or Below" the HUD income limits as listed on the certification (either currently or 'on the Date of Hire'), and therefore a Section 3 Worker ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is or was this employee a YouthBuild participant (currently or on the Date of Hire), and therefore a Section 3 Worker ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is this an employee of a Section 3 Business Concern and therefore a Section 3 Worker ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the employee meet any of the criteria below and therefore is a Targeted Section 3 Worker ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| To qualify as a Targeted Section 3 Worker , the employee must be: <ul style="list-style-type: none"> • A YouthBuild participant; or • A YouthBuild participant at the time of hire and was hired within the past 5 years; or • A Section 3 worker currently living in an area within: <ul style="list-style-type: none"> ○ One (1) mile of the CDBG project's location (i.e., street address), OR ○ An area within a circle centered around the Section 3 project site that encompasses 5,000 people [if less than 5,000 people live within a one (1) mile radius of the CDBG project site]; or • A Section 3 worker who previously lived – within the past 5 years – in an area within: <ul style="list-style-type: none"> ○ One (1) mile of the CDBG project's location (i.e., street address), OR ○ An area within a circle centered around the CDBG project site that encompasses 5,000 people [if less than 5,000 people live within a one (1) mile radius of the CDBG project site]; or • A Section 3 worker who is an employee of a Section 3 Business Concern.* | |
| *An employer qualifies as a Section 3 Business Concern if they meet any of the following criteria: <ul style="list-style-type: none"> • At least fifty-one percent (51%) of the business is owned and controlled by low- or very low-income persons, or • At least fifty-one percent (51%) of the business is owned and controlled by current public housing residents or residents who currently lived in Section 8-assisted housing, or • Over seventy-five percent (75%) of the labor hours performed for the business over the prior three-month period were performed by Section 3 Workers | |
| Does the employer qualify as a Section 3 Business concern ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was this an employment applicant that was hired as a result of the CDBG-funded project? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| EMPLOYERS & CDBG GRANTEE MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE PROJECT FILE(S). | |
| Section 3 Employee Income Self-Certification Form Instructions for Project Administrator(s): Fields highlighted in YELLOW should be pre-filled by the Project Administrator or Employer requesting completion of the Self-Certification form. Obtain HUD Income Limits at: https://www.huduser.gov/portal/datasets/il.html . [The current "Low (80%)" income threshold and the "Low (80%)" income threshold in effect (the "Effective Date") at the time of the employee's hire (if within the last 5 years) for the county(ies) in which the employee resides/resided must be entered on page 1 of this form. The income limits are updated annually by HUD, and typically released in March or April. Check the website regularly for updates. The "Effective Date" is listed for each year (when you click on the year) and is typically April 1 st of the year in which the Income Limits were published, although there are some exceptions.] | |
| Section 3 Employee Income Cert (Awards after 11/30/2020) | Page 1 of 2 |
| Form v.2021-09-01 | |

ATTACHMENT 9-L: SECTION 3 BUSINESS CONCERN CERTIFICATION FORM (TEMPLATE) [Projects Awarded on or after 11/30/2020]

| | |
|-------------------------------|--|
| <u>[GRANTEE/UGLG NAME]</u> | CDBG GRANT AGREEMENT # <u>[CDBG Agreement #]</u> |
| <u>[PROGRAM/PROJECT NAME]</u> | |

SECTION 3 BUSINESS CONCERN CERTIFICATION FORM

The [UGLG Name]'s current [CDBG Project/Program Name] project is funded by the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program and the funds were awarded to the [UGLG Name] on or after November 30, 2020. For the [UGLG Name] to demonstrate compliance with Section 3 of the Housing and Development Act (HDA) of 1968 and 24 CFR Part 75, the information requested below must be collected for contractors (including subcontractors) directly working on this project and may be requested of firms bidding to work on the project in order demonstrate prioritization of contracting with Section 3 Business Concerns in accordance with 24 CFR Part 75.

Businesses seeking a preference in contracting on applicable CDBG-funded projects may qualify as a Section 3 Business Concern if they meet *any* of the following criteria:

- At least 51% of the business is owned and controlled by low- or very low-income persons (based on the HUD Income Limits at <https://www.huduser.gov/portal/datasets/il.html> for the county in which the owner(s) live(s), *or*
- At least 51% of the business is owned and controlled by one or more current public housing residents or residents who currently lived in Section 8-assisted housing, *or*
- Over 75% of the labor hours performed for the business over the prior three-month period were performed by Section 3 Workers (*records of labor hours and Section 3 Employee Income Certifications are required to verify*).

The purpose of HUD's Section 3 program is to provide employment, training, and contracting opportunities to low- and very low-income individuals, particularly those who are recipients of government assistance for housing or other public assistance programs. This document is intended to help grantees certify Section 3 Business Concerns and provide the appropriate records to support the business' Section 3 status claims. This certification form helps CDBG grantees and their subrecipients, contractors, and subcontractors comply with the Section 3 requirements and achieve the Section 3 goals:

- Ensuring that at least 25% of all work hours performed on a CDBG-funded project are worked by Section 3 Workers,
- Ensuring that at least 5% of all work hours performed on a CDBG-funded project are worked by Targeted Section 3 Workers, and
- Prioritizing the contracting of Section 3 Business Concerns and retention/training/recruitment/hiring of Section 3 Workers that benefit from the economic opportunities provided through CDBG-funded projects (as required by HUD).

Business' information at the time of beginning work on the CDBG-funded project:
Instructions: Enter the following information and select the criteria that applies to certify your business' Section 3 Business Concern status.

Business Information:

Name of Business: _____

Address of Business: _____

Name of Business Owner: _____

Phone Number of Business Owner: _____

Email Address of Business Owner: _____

Preferred Contact Information: ☐ Same as that listed above ☐ Different from that listed above, please contact:

Name of Preferred Contact: _____

Phone Number of Preferred Contact: _____

Type of Business (select from the following options):

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture

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Section 3 Business Concern Certification
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[GRANTEE/UGLG NAME]

CDBG GRANT AGREEMENT # **[CDBG Agreement #]**

Select ONE of the following three (3) options below that applies:

- ☐ At least fifty-one percent (51%) of the business is owned and controlled by person(s) with an individual income that is at or below the HUD "80% Low Income" income limit for the county in which the person lives, or
- ☐ At least fifty-one percent (51%) of the business is owned and controlled by one or more current public housing residents or residents who currently lived in Section 8-assisted housing, or
- ☐ Over seventy-five percent (75%) of the labor hours performed for the business over the prior three-month period were performed by Section 3 Workers.

Business Concern Certification

I affirm that the responses I entered in this form are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 Business Concerns and report false information to the **[Grantee/UGLG's Name]** may have their contracts terminated as default and be barred from on-going and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the information I have provided is correct to the best of my knowledge.

Signature: _____ Date Signed: _____

Printed Name: _____ Title: _____

Business Name: _____

**Certification expires within six (6) months of the date of signature (above).*

Additional information regarding Section 3 Business Concerns can be found at [24 CFR 75.5](#).

FOR ADMINISTRATIVE USE ONLY

Is the business a Section 3 Business Concern based upon their completed certification form? Yes ☐ No ☐

CDBG GRANTEES AND ALL CONTRACTORS MUST RETAIN THIS FORM IN THE CDBG PROJECT FILES FOR SECTION 3 COMPLIANCE.

TEMPLATE

ATTACHMENT 9-M: INDIVIDUAL CONTRACTOR'S SEMI-ANNUAL SECTION 3 REPORT FORM (TEMPLATE)

Semi-Annual CDBG Data Report - Supplement (Individual Contractor's Semi-Annual Section 3 Data)
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INDIVIDUAL CONTRACTOR'S SEMI-ANNUAL SECTION 3 REPORT

Grantee/UGLG Name: (Grantee's Name)

Grant AWARDED to UGLG Before or After 11/30/2020? Not Answered

DEHCR Grant Agreement/Contract Number: (Grant Agreement #)

Reporting Period (Choose ONE):

| X | Year |
|--------------------------|------------------------|
| <input type="checkbox"/> | October 1 - March 31 |
| <input type="checkbox"/> | April 1 - September 30 |

Preparer's Name:

Preparer's Title:

Preparer's Phone No.:

Preparer's Email:

Contractor's Name: (Contractor's Name)

Date Completed: (Date Reported/Submitted)

PART 6. SECTION 3 - NEW HIRING

| 6(a) | 6(b) | 6(c) | 6(d) | 6(e) | 6(f) | 6(g) | 6(h) | 6(i) | 6(j) | 6(k) | 6(l) | 6(m) |
|---|---------------|----------|-----------------|--------------------------|-----------------------------------|-----------|---------|----------|------------|--------|---|---|
| New Hiring <small>(Include # of Full-Time New Hires working on this CDBG Project Only)</small> | Professionals | Clerical | Case Management | Facilities / Maintenance | Technical (Bookkeeping, IT, etc.) | Carpentry | Masonry | Plumbing | Electrical | Admin. | Other: <small>(Specify Job TYPE Here.)</small> | Other: <small>(Specify Job TYPE Here.)</small> |
| # of New Hires | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # of Section 3 New Hires | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # of Section 3 Trainees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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Semi-Annual CDBG Data Report - Supplement (Individual Contractor's Semi-Annual Section 3 Data)

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Grantee/UGLG Name: (Grantee's Name) Grant AWARDED to UGLG Before or After 11/30/2020? Not Answered

DEHCR Grant Agreement/Contract Number: (Grant Agreement #)

Reporting Period (Choose ONE):

| X | Year |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | October 1 - March 31 |
| <input type="checkbox"/> | April 1 - September 30 2021 |

Preparer's Name:

Preparer's Title:

Preparer's Phone No.:

PART 8. SECTION 3 - OUTREACH/PROMOTION & BEST EFFORTS

"X" Check ALL that apply. Maintain records & make available for HUD to review documentation of any efforts marked.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Outreach efforts to generate job applicants who are Public Housing Targeted Workers. |
| <input type="checkbox"/> | Outreach efforts to generate job applicants who are Other Funding Targeted Workers. |
| <input type="checkbox"/> | Direct, on-the-job training (including apprenticeships). |
| <input type="checkbox"/> | Indirect training such as arranging for, contracting for, or paying tuition for, off-site training. |
| <input type="checkbox"/> | Technical assistance to help Section 3 workers compete for jobs (e.g., resume assistance, coaching, etc.). |
| <input type="checkbox"/> | Outreach efforts to identify and secure bids from Section 3 business concerns. |
| <input type="checkbox"/> | Technical assistance to help Section 3 business concerns understand and bid on contracts. |
| <input type="checkbox"/> | Division of contracts into smaller jobs to facilitate participation by Section 3 business concerns. |
| <input type="checkbox"/> | Provided or connected residents with assistance in seeking employment including: drafting resumes, preparing for interviews, finding job opportunities, connecting residents to job placement services. |
| <input type="checkbox"/> | Held one or more job fairs. |
| <input type="checkbox"/> | Provided or connected residents with supportive services that can provide direct services or referrals. |
| <input type="checkbox"/> | Provided or connected residents with supportive services that provide one or more of the following: work readiness health screenings, interview clothing, uniforms, test fees, transportation. |
| <input type="checkbox"/> | Assisted residents with finding child care. |
| <input type="checkbox"/> | Assisted residents to apply for (or attend) community college or a four (4) year educational institution. |
| <input type="checkbox"/> | Assisted residents to apply for (or attend) vocational/technical training. |
| <input type="checkbox"/> | Assisted residents to obtain financial literacy training and/or coaching. |
| <input type="checkbox"/> | Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns. |
| <input type="checkbox"/> | Provided or connected residents with training on computer use or online technologies. |
| <input type="checkbox"/> | Other: [Describe/specify here.] |

"X" Check ALL that apply. Maintain records and make available for HUD to review documentation of any efforts checked.

| | |
|--------------------------|---|
| <input type="checkbox"/> | No New Hiring occurred during reporting period. |
| <input type="checkbox"/> | Job Posting(s) at local Job Center. |
| <input type="checkbox"/> | Job Posting(s) at local Housing Authority. |
| <input type="checkbox"/> | Job Posting(s) in local Newspaper/Media Publication in LMI Community. |
| <input type="checkbox"/> | Job Posting(s) at central location(s) in LMI Community. |
| <input type="checkbox"/> | Job Posting(s) on Municipal Website in LMI Community. |
| <input type="checkbox"/> | Job Posting(s) at Technical College(s). |
| <input type="checkbox"/> | Section 3 Clause Notice given to local Labor Union(s). |
| <input type="checkbox"/> | Other: [Describe/specify here.] |
| <input type="checkbox"/> | Other: [Describe/specify here.] |
| <input type="checkbox"/> | No New Contracting during reporting period. |
| <input type="checkbox"/> | Section 3 Clause in Procurement Solicitation(s). |
| <input type="checkbox"/> | Section 3 Clause in Contract(s). |
| <input type="checkbox"/> | Outreach to Disadvantaged Businesses. |
| <input type="checkbox"/> | Procurement Solicitation(s) in Local Newspaper in LMI Community. |
| <input type="checkbox"/> | Procurement Solicitation(s) at central location(s) in LMI Community. |
| <input type="checkbox"/> | Procurement Solicitation(s) on Municipal Website in LMI Community. |
| <input type="checkbox"/> | Procurement Solicitation Published on State of WI VendorNet. |
| <input type="checkbox"/> | Other: [Describe/specify here.] |
| <input type="checkbox"/> | Other: [Describe/specify here.] |

PART 9. COMMENTS

[Provide additional comments/explanations here.]

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ADDITIONAL NOTES: (optional)