|  |  |
| --- | --- |
| Unit of General Local Government’s (UGLG’s) Name: |  |
| DEHCR Grant Agreement #: |  |
| **DUNS #:** |  |
| **Attn:** |  |

#### DEPOSITORY CERTIFICATION

**SECTION I**

|  |  |  |
| --- | --- | --- |
| The |  | has been designated |
|  | *(Name,* ***Physical/Street Address****, Zip Code, and Telephone Number of Financial Institution)* |  |
| to receive all funds resulting from the *Grant Agreement* (listed above) which has been executed between |
| the Wisconsin Department of Administration and the |  | of |
|  | . |  | *(City/Village/Town/County)* |  |
| *(UGLG /Community Name)* |  |  |

[ ]  Yes, the financial institution (listed above) has confirmed that **all mailed checks must be sent to a designated P.O. Box**. Please mail checks to the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Name,* ***Mailing Address (including P.O. Box)****, and Zip Code of the Financial Institution*

[ ]  No, the financial institution (listed above) has confirmed that all mailed checks can be sent to the **PHYSICAL** Street Address (listed above).

|  |  |  |  |
| --- | --- | --- | --- |
| These funds will be deposited into account # |  | . | Checks will require the |
| signatures of two community officials. | *(Bank Account #)* |  |  |

If funds can be transferred electronically, the routing number for the bank is # \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (*Signature of the Chief Elected Official)* |  | *(Title)* |  | *(Date Signed)* |
|  |  | Original Form **[ ]**  |  | Amended Form **[ ]**  |
| *(Typed Name of the Chief Elected Official)* |  | *(Check One)* |  |  |

**SECTION II**

|  |
| --- |
| The account in **Section I** has been established with this bank. All necessary documentation to legally |
| enable this bank to receive direct deposits to this account without the payee’s endorsement is in this |
| bank’s custody. All deposits are insured by |  | . |  |
|  | *(Insurer of CDBG Deposits)* |  |  |

The Depository hereby agrees to immediately notify the recipient local government when a deposit is made to the above account.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (*Signature of Bank Officer)* |  | *(Title)* |  | *(Date Signed)* |
|  |  |  |  |  |
| *(Typed Name of Bank Officer)* |  |  |  |  |

Retain the original completed form with the local project files, and submit a copy (email is preferred) to the assigned Project Representative:

**DEHCR Project Representative**

**Wisconsin Department of Administration**

**Division of Energy, Housing and Community Resources**

**Bureau of Community Development, 6th Floor**

**P.O. Box 7970**

**Madison, WI 53707-7970**

#### DEPOSITORY CERTIFICATION (INSTRUCTIONS)

The Unit of General Local Government (UGLG) must establish a checking account specifically for these CDBG funds. **This account must be separate from all other community accounts and any other CDBG bank accounts.** This account should be set up so that the UGLG receives the cancelled checks with the monthly bank statement. This account must be a **NON-INTEREST-BEARING** bank account. If interest is inadvertently earned on this account, the UGLG must notify DEHCR. Any funds required to be returned must be made payable to the **U.S. Department of Housing and Urban Development** (HUD).

Mail interest payments to:DEHCR Project Representative

 Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development, 6th Floor

 P.O. Box 7970

 Madison, WI 53707-7970

Matching funds must be kept in an account separate from the CDBG funds. Matching funds can earn interest.

CDBG funds requested will be deposited directly into the non-interest-bearing bank account.  **The payments for CDBG-funded activities need to be paid directly from this account.** Each out-going payment of CDBG funds from this account **must be documented with its corresponding Check (or Electronic Transaction) Number** in the *CDBG Disbursements Journal*. This allows for a clear audit trail of CDBG funds deposited into, and disbursed from, the UGLG’s account.

1. Fill-in the “UGLG Name”, the “DOA-DEHCR Grant Agreement Number”, the “DUNS Number”, and the “Attn:” fields found in the upper right corner of the *Depository Certification* form. On the “Attn:” line, the UGLG **must** indicate the name of the individual at the bank who will be responsible for the receipt of the CDBG checks (if applicable).
2. **Section I** identifies the financial institution where the CDBG payments will be sent, and the CDBG Bank Account number for these deposits. Make sure to fill-in **BOTH** the complete **PHYSICAL address** and the complete **MAILING address** of the financial institution. A telephone number for the financial institution must also be provided.

|  |
| --- |
| **IMPORTANT REMINDER!** |
| Several financial institutions (i.e. “banks”) require **incoming mail** to be sent to **a P.O. Box instead of the street address** for their physical location (i.e. “branch office”). *CDBG Fund Payments* may be delayed if the UGLG fails to provide the correct **mailing address** on the *Depository Certification* form. |

1. The signature in Section I must be that of the UGLG’s Chief Elected Official (CEO)(i.e., Mayor, City Council President, Village President, Town Board Chairman, County Board Chairman, or County Executive). Make sure to provide the signature, typed name, and title of the CEO. Fill-in the date the form is signed by the CEO.
2. Indicate whether the document the UGLG is completing and submitting is an “Original Form” (if this is the first submission of the form) or an “Amended Form” (if the UGLG is submitting updates/changes to information previously provided to DEHCR).
3. **Section II** requires the designated local financial institution to notify the UGLG when each grant payment has been received, and identifies the insurer of the CDBG deposits. The signature in Section II must be that of an official in the designated local financial institution. It is important for the bank official to know that **the community must be** **notified by telephone the same day** that CDBG funds are received by the bank.
4. Indicate whether the form was e-mailed or mailed, and fill-in the date of when the e-mail/mail communication occurs. The UGLG must retain a copy of the completed form with the local CDBG files **AND have the bank retain a copy for its records.** Send the completed form to the assigned CDBG Project Representative.

Should the local financial institution's name, address, or the account number change, **a new form must be completed** and submitted to DEHCR. If the UGLG has any questions, contact DEHCR’s Bureau of Community Development.

1. When this *Depository Certification* form has been completed, retain a copy of the form for the local CDBG project files.
2. Submit the completed *Depository Certification* form to DEHCR.DEHCR prefers electronic submittal(s) of documents, but paper copies are acceptable (one copy). There is no need to utilize postage-paid mail if the signed document is submitted via email, however, a copy of the signed form **must** also be kept in the UGLG’s local project files.

Email: DOACDBG@wisconsin.gov

Mail: DEHCR Project Representative

Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

 Bureau of Community Development, 6th Floor

 P.O. Box 7970

 Madison, WI 53707-7970