

Massachusetts Community Development Block Grant Program
Chapter 3 Grant Management Forms

Budget and Program Revision Form

Community/Grantee:	Original Award: \$
Program Name/Year: Grant #:	Revision #: P-number (program revision) B-number (budget revision) E-number (extensions)
Contract End Date: / /	Date Revision Submitted: / /

This request is for the following change(s). Grantee check all "Requested" that apply; DHCD will initial those that are approved in the approved column

Grantee Requested	An X in the left column indicates the item is included by the Grantee, an X in the right hand column indicates DHCD approval of the item when the form is signed.	DHCD Approved
	Budget Amendment to increase the grant award to \$_____	
	Budget Revision for:	
	• Change in administrative dollars	
	• Transfer of funds from construction to non-construction or vice versa	
	• Cumulative transfers among separately budgeted activities which exceed or are expected to exceed 10% of the approved grant award if the grant award exceeds \$100,000	
	Program Extension (to increase period of availability of funds/period of performance) to ___/___/___	
	• This extension will extend period of performance beyond the end of the term of the current grant agreement	
	Program Revision for:	
	• Revision in scope or effectiveness of a project/program design or significant change in the accomplishment of the national objective or beneficiaries to be served.	
	• Changes in key personnel	
	• For non-construction projects, contracting out or subgranting or otherwise obtaining services of a third party to perform activities which are central to the purposes of the award if not specified in the application or grant award	
	• Other, specify	

This request is submitted and all relevant information specified on page 4 is provided in attachments. I understand that the revision or extension requested is not approved unless and until this form is countersigned as "approved" or "approved with revisions" by the Associate Director and returned to me.

Authorized Signature for Grantee:	Date / / Print Name & Title:
--	---

Program Rep. initial and date:	Program manager signature and date:
---------------------------------------	--

This request # _____ is _____ approved with the modifications shown on the following pages numbered _____.	_____ approved as requested _____ denied
--	---

Authorized signature for Mass. CDBG	Sandra L. Hawes, Associate Director, DCS Print name, title, and date
--	--

Massachusetts Community Development Block Grant Program
Chapter 3 Grant Management Forms

Include this page only if a budget revision is part of the request

BUDGET CODE SHEET Revision #

	Activity	Amount	Code	Activity	Amount
1	PROPERTY ACQUISITION		6A	PF/I Administration	
2	CLEAR./DEMOLITION		6B	PF/I Streets and Sidewalks	
3	RELOCATION		6C	PF/I Parks and Recreation	
4A	HR Program Delivery		6D	PF/I Neighborhood Facilities	
4B	HR Unit Development		6E	PF/I Parking	
4C	HR Rehab. Loans/Grants		6F	PF/I Water	
4D	HR Other		6G	PF/I Sewer	
5A	ED Administration		6H	PF/I Drainage	
5B	ED Acquisition		6I	PF/I Architectural Barriers	
5C	ED Commercial Improve.		6J	PF/I Other	
5D	ED Assist. To For-profits		7	Other/Planning	
E	ED Infrastr/Street Imprv.		8A	PSS Administration	
5F	ED Planning/Tech.Assistance		8B	PSS Program Costs	
5G	ED Downtown Partnership		9	General Administration	
5M	ED Other				
5N	ED Microenterprise Assistance		TOTAL BUDGET		

BUDGET REVISION

From	Activity	Amount	To Activity	Activity	Amount
------	----------	--------	-------------	----------	--------

Massachusetts Community Development Block Grant Program
Chapter 3 Grant Management Forms

Activity:	Code			Code	
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Comments					
Internal DHCD Approvals					
Fiscal Rep Initial and Date			Fiscal Manager Signature and Date		

Massachusetts Community Development Block Grant Program
Chapter 3 Grant Management Forms

Revision # _____

Activity	Original Goal	Goal with previous revisions	New Requested Goal	Approved/Denied by DHCD

DHCD comments or additional requirements:

Mass. CDBG Quarterly Report

Circle Quarter # #1 #2 #3 #4 #5 (use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: Grant Description: _____	Fiscal Year ____ End Date of the period / / Fund Type (circle one) CDF RRF HDSP MCCF
Narrative Report (Use as many pages as needed)		
Administrative and Management Issues		
<ul style="list-style-type: none"> • Extensions, transfers, program income from Item 5 of instructions 		
Activity Code:	Activity	
Discussion of items 1-4 on instructions for each activity.		
Activity Code:	Activity	
Discussion of items 1-4 on instructions for each activity.		
Activity Code:	Activity	
Discussion of items 1-4 on instructions for each activity.		

State Performance Measures Quarterly Report

Circle Quarter: #1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: _____ Grant Description: _____	Federal Fiscal Year ____ End Date of the period / / Fund Type (Circle one): CDF RRF HDSP MCCF
Our Community has the following kinds of activities in this grant. (Place an X in the appropriate boxes.) <input type="checkbox"/> Housing Rehabilitation <input type="checkbox"/> Economic Development (loan fund or technical assistance) <input type="checkbox"/> Infrastructure <input type="checkbox"/> Public Facilities <input type="checkbox"/> Planning <input type="checkbox"/> Other		
Performance Measure Statistics		
1. Number of low and moderate income housing units rehabilitated during the reporting period, including lead paint abatement		
2. Dollar amount of private, other federal, or local monies leveraged by housing rehabilitation or lead paint abatement projects during the reporting period		\$
3. Number of jobs created or retained during the reporting period		
4. Number of social service providers assisted with CDBG grants during the reporting period		
5. Number of public infrastructure projects completed in this quarter		
6. Dollar amount of private, other federal or local funds leveraged by COMPLETED infrastructure projects		\$
7. Number of communities that benefited from small business loans this quarter		
8. Dollar amount of private or other public funds leveraged by business loans closed during this quarter		\$
9. Average amount of small business loans made during reporting period		\$
10. Number of business loans that defaulted during reporting period		
Person Completing Report		
Type or Print Name	Title & Phone Number	Signature

Massachusetts Community Development Block Grant Program

Circle Quarter: #1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: _____ Grant Description: _____	Federal Fiscal Year ____ End Date of the period / / Fund Type (Circle one): CDF RRF HDSP MCCF		
Financial Activity Report for the Quarter Shown (Recorded at the summary of activity)				
Code & Activity (i.e., 4A HR Administration)	Budget	Expenses	Committed	Drawdown
Totals				

Massachusetts Community Development Block Grant Program

#1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grant #: _____ Grant Description: _____	End Date of the period / / Fund Type (Circle one): CDF RRF HDSP MCCF																																																																																																				
Milestone Statistics (fill in the applicable sections;) Projected - projects about to begin show-projected timeline. Actual - each quarter update timeline for projects in progress.																																																																																																						
Activity	<-----Projected----->	<-----Actual----->																																																																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 16.6%;">Q1</th> <th style="width: 16.6%;">Q2</th> <th style="width: 16.6%;">Q3</th> <th style="width: 16.6%;">Q4</th> <th style="width: 16.6%;">Q5</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Q1	Q2	Q3	Q4	Q5																																														<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 16.6%;">Q1</th> <th style="width: 16.6%;">Q2</th> <th style="width: 16.6%;">Q3</th> <th style="width: 16.6%;">Q4</th> <th style="width: 16.6%;">Q5</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Q1	Q2	Q3	Q4	Q5																																													
Q1	Q2	Q3	Q4	Q5																																																																																																		
Q1	Q2	Q3	Q4	Q5																																																																																																		
Milestone Statistics																																																																																																						
Activity	<-----Projected----->	<-----Actual----->																																																																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 16.6%;">Q1</th> <th style="width: 16.6%;">Q2</th> <th style="width: 16.6%;">Q3</th> <th style="width: 16.6%;">Q4</th> <th style="width: 16.6%;">Q5</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Q1	Q2	Q3	Q4	Q5																																														<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 16.6%;">Q1</th> <th style="width: 16.6%;">Q2</th> <th style="width: 16.6%;">Q3</th> <th style="width: 16.6%;">Q4</th> <th style="width: 16.6%;">Q5</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Q1	Q2	Q3	Q4	Q5																																													
Q1	Q2	Q3	Q4	Q5																																																																																																		
Q1	Q2	Q3	Q4	Q5																																																																																																		
Milestone Statistics																																																																																																						
Activity	<-----Projected----->	<-----Actual----->																																																																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 16.6%;">Q1</th> <th style="width: 16.6%;">Q2</th> <th style="width: 16.6%;">Q3</th> <th style="width: 16.6%;">Q4</th> <th style="width: 16.6%;">Q5</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Q1	Q2	Q3	Q4	Q5																																														<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 16.6%;">Q1</th> <th style="width: 16.6%;">Q2</th> <th style="width: 16.6%;">Q3</th> <th style="width: 16.6%;">Q4</th> <th style="width: 16.6%;">Q5</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Q1	Q2	Q3	Q4	Q5																																													
Q1	Q2	Q3	Q4	Q5																																																																																																		
Q1	Q2	Q3	Q4	Q5																																																																																																		

Massachusetts Community Development Block Grant Program

Circle Quarter: #1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: _____ Grant Description: _____	Federal Fiscal Year ____ End Date of the period / / Fund Type (Circle one): CDF RRF HDSP MCCF						
Sample Detail Beneficiary Statistics Report Median Family Income (MFI) Percentage								
Activity	<-----Applicants----->				<---Actual Beneficiaries--->			
	0-50%	51-80%	>80%	Total	0-50%	51-80%	>80%	Total
4C HR Loans & Grants								
Race: White not Hispanic	99	20	6	125	66	20	6	92
Black/ African American not Hispanic	18	4	0	22	18	4	0	22
Hispanic	36	5	0	41	30	5	0	35
Asian / Pacific Islander	36	1	0	37	32	1	0	33
American Indian /Native Alaskan	2	0	0	2	1	0	0	1
Native Hawaiian/Pacif Isl								
Amer Indian / Alaskan & White								
Asian & White								
Black / Afr American & White								
Am Ind/Alaskan & Black/Afr Am								
Other	0	0	0	0	0	0	0	0
Totals	191	30	6	227	147	30	6	183
Female head of household	95	11	1	107	91	5	1	97
Handicap	32	3	0	35	32	3	0	35
Elderly (over 60)	39	1	0	40	30	1	0	31
Detail Beneficiary Statistics Report Median Family Income (MFI) Percentage								
Activity	<-----Applicants----->				<---Actual Beneficiaries--->			
	0-50%	51-80%	>80%	Total	0-50%	51-80%	>80%	Total
Race: White not Hispanic								
Black not Hispanic								
Hispanic								
Asian / Pacific Islander								
American Indian / Eskimo								
Other								
Totals								
Female head of household								
Handicap								
Elderly (over 60)								
Detail Beneficiary Statistics Report Median Family Income (MFI) Percentage								
Activity	<-----Applicants----->				<---Actual Beneficiaries--->			
	0-50%	51-80%	>80%	Total	0-50%	51-80%	>80%	Total
Race: White not Hispanic								
Black not Hispanic								
Hispanic								
Asian / Pacific Islander								
American Indian / Eskimo								
Other								
Totals								
Female head of household								

Massachusetts Community Development Block Grant Program

Handicap								
Elderly (over 60)								
Circle Quarter: #1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____				Federal Fiscal Year ____			
	Grant #: _____				End Date of the period / /			
	Grant Description: _____				Fund Type (Circle one): CDF RRF HDSP MCCF			
Housing Unit Statistics Report Median Family Income (MFI) Percentage								
Activity	<-----Applicants----->				<---Actual Beneficiaries--->			
	0-50%	51-80%	>80%	Total	0-50%	51-80%	>80%	Total
Owner occupied units								
Tenant occupied units								
Vacant units								
Totals								
FHH								
Handicap								
Housing Unit Statistics Median Family Income (MFI) Percentage								
Activity	<-----Applicants----->				<---Actual Beneficiaries--->			
	0-50%	51-80%	>80%	Total	0-50%	51-80%	>80%	Total
Owner occupied units								
Tenant occupied units								
Vacant units								
Totals								
FHH								
Handicap								
Housing Unit Statistics Median Family Income (MFI) Percentage								
Activity	<-----Applicants----->				<---Actual Beneficiaries--->			
	0-50%	51-80%	>80%	Total	0-50%	51-80%	>80%	Total
Owner occupied units								
Tenant occupied units								
Vacant units								
Totals								
FHH								
Handicap								

Massachusetts Community Development Block Grant Program

Circle Quarter: #1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: _____ Grant Description: _____	Federal Fiscal Year ____ End Date of the period / / Fund Type (Circle one): CDF RRF HDSP MCCF
Summary Beneficiary Statistics		
Activity	Low/Mod	Total
Sample 6B PF Streets and Sidewalks	54	70

Massachusetts Community Development Block Grant Program

Circle Quarter: #1 #2 #3 #4 #5 (Use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: _____ Grant Description: _____	Federal Fiscal Year ____ End Date of the period / / Fund Type (Circle one): CDF RRF HDSP MCCF	
<p>Units of Measure (tracking statistics) (Cumulative information) Use Pick List on page 17 Each project requires a unit of measure (tracking statistic). The estimated units are entered in the planned block.. The actual unit of measure is filled in after the project has been completed.</p>			
Activity	Description	Planned	Actual
Sample 4C Rehabilitation Loans/ Grants	Units Rehabbed	23	27
Sample 6I Architectural Barriers	Facilities	3	3

Public Benefit Type	Total Project(s) Budget	Unit Measure (# of LMI jobs or residents)	Planned	Actual
Cost per job				
Cost of Goods/serve. to LMI residents				

Note: Project budget divided by Unit Measure = Cost Per...

Guide to Codes and Report Information

Mass CDBG Accounting and Reporting Hierarchy

(1) Mass. CDBG Activity Budget Code	(2) Project (Report milestones, beneficiaries, unit measures from this level)	(3) Contract
6B Streets and Sidewalks \$200,000	Lois Lane Paving \$50,000	Lines-R-Us \$10,000 Crosseyed Surveyors \$10,000 Superior Streets., Inc. \$30,000
	Eighth Ave. Overpass \$100,000	Cutter & Stone \$50,000 Overpass Creations \$50,000
	Goodyear Road Curbstone \$50,000	* No Contracts
6H Drainage \$100,000	Uptown Drainage \$50,000	Low-key Surveyors \$10,000 Rober & Crook Attorney \$20,000 Paradise Makers, Inc. \$20,000
	Swamp Reclamation, Inc. \$50,000	Realgoode Consultant \$10,000 Wetfoot Wildlife Park \$30,000
6A P. F. Program Delivery \$15,000	Salaries \$10,000 Fringe benefits \$1,000 Postage \$100 Travel \$500 Professional Services \$2,000	
4C Housing loans and grants \$300,000	35 Igot Lane \$20,000 (homeowner)	N.O. Goode, Esq. \$1,000 Mrs. Jones \$19,000 (materials)
	888 Eight Avenue \$20,000	B. J. Roofing, Inc. \$10,000 Cutter & Stone Attorneys \$1,000 U.R. Nuttier, Construction \$9,000
	1099 Goodyear Road \$15,000	*No contracts
9 General Administration \$100,000	Salaries \$75,000 Fringe Benefits \$15,000 Postage \$500 Copier \$300 Travel \$2,000	

- Setting up or amending budgets are recorded at the activity level, as in column 1 above.
- Each activity is made up of one or more projects. May be added or deleted during the life of the project.
- Each project is made up of one or more contracts. May be added or deleted during the life of the project.
- Expenses are recorded at the contract level, general administration or program delivery level.
- Committed \$ are recorded at the contract or general administration & program delivery line item level
- Drawdowns are recorded at the budget activity level
- The total amount of contracts for all projects under each activity is the amount of committed funds for that activity.

Activity Codes - Corresponding Milestone, Method of Documenting Beneficiaries, & Budget Chart of Accounts

(for use in both SCA/GMS and paper quarterly reports)

Activity Code	Milestone Code	Method for Documentation of Beneficiaries	Include in Budget Chart of Accounts for:
1 Property Acquisition	A No activity to date B Appraisals Received C Purchase and Sale option executed D Property acquired E Rehabilitation started	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • Community Development Fund (CDF) • Ready Resource Fund (RRF) • Housing Development Support Fund (HDSP)
2 Clearance Demolition	A No activity to date t Clear/Demo out to bid u Clear/Demo contracted v Clear/Demo completed	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • RRF • HDSP
3 Relocation	A No activity to date O Assistance provided w Relocation completed	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • RRF • HDSP
4A HOUSING REHAB. Program Delivery	Not Applicable	Not Applicable	
4B Unit Dev. / Creation 4C Rehab Loans / Grants	A No activity to date S Project approved T Project out to bid U Project under construction V Project completed	Detail beneficiaries by race and income (from housing applicant log)	<ul style="list-style-type: none"> • CDF • RRF • HDSP
4D HR Other	A No activity to date Y Contract executed Z Work 50% completed a Work completed	Detail beneficiaries by race and income (from housing applicant log)	<ul style="list-style-type: none"> • CDF • RRF • HDSP
5A ECON. DEVELOP. Program Delivery	Not Applicable	Not Applicable	
5B R.E. Acquisition	A No activity to date B Appraisals Received C Purchase and Sale option executed D Property acquired	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • Massachusetts Community Capital Fund (MCCF) • RRF
5C Commercial Improvements	A No activity to date S Project Approved T Project out to bid U Project under construction V Project completed	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • RRF
5D Assistance to For-Profits	A No activity to date l Loan application received m Loan in development n Loan approved o Loan closed r Project completed	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • RRF

Massachusetts Community Development Block Grant Program

Activity Code	Milestone Code	Method for Documentation of Beneficiaries	Include in Budget Chart of Accounts for:
5E Infrastructure / Street Improvements	A No activity to date F Design/engineering RFP advertised G Design/engineering award made H Design engineering completed I Construction RFP advertised J Construction award made K Construction 50% completed L Construction completed	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • RRF
5F Planning/Technical Activities	A No activity to date W Scope of services drafted X RFP out to bid Y Contract executed Z Work 50% completed a Work completed /accepted	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • RRF
5G Downtown Partnership	A No activity to date b Board assembled c Project manager hired d Incorporated, Tax status, etc. e CDBG approved workplan f Fundraising / Volunteer plan completed g Studies completed h Technical assistance completed i Project manager salary raised	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • DTP
5M ED Other	A No activity to date y Contract executed z work 50% completed a work completed/ accepted	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • RRF • MCCF
5N Microenterprise Assistance	A No activity to date l Loan application received m Loan in development n Loan approved o Loan closed r Project completed	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • RRF
6A PUB.FAC./INFRAS. Program delivery	Not Applicable	Not Applicable	
6B Streets / Sidewalks 6C Parks and Recreation 6D Neighborhood Facil. 6E Parking 6F Water 6G Sewer 6H Drainage 6I Architectural Barriers	A No activity to date F Design/engineering RFP advertised G Design/engineering award made H Design engineering completed I Construction RFP advertised J Construction award made K Construction 50% completed L Construction completed	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • RRF • HDSP
6J PF Other	A No activity to date Y Contract executed Z Work 50% completed a Work completed / accepted	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • RRF • HDSP

Massachusetts Community Development Block Grant Program

Activity Code	Milestone Code	Method for Documentation of Beneficiaries	Include in Budget Chart of Accounts for:
7 Other Planning	A No activity to date Y Contract executed x RFP out to bid z Work 50% completed a Work completed and accepted	Summary beneficiaries (total and total low-mod)	<ul style="list-style-type: none"> • CDF • RRF • HDSP
8 Public Social Services 8A PSS Administration	Not applicable	Not applicable	<ul style="list-style-type: none"> • CDF • RRF
8B PSS Program Costs	A No activity to date W Scope of services drafted X RFP out to bid Y Contract executed Z Work 50% completed a Work completed / accepted	Detail beneficiaries by race and income	<ul style="list-style-type: none"> • CDF • RRF
9 General Administration	Not applicable	Not applicable	<ul style="list-style-type: none"> • CDF • RRF • HDSP • MCCF

PUBLIC BENEFIT STATISTIC (maybe required for some economic development projects)

ACTIVITY BUDGET	UNIT MEASURE DESCRIPTION	PUBLIC BENEFIT TYPE
5B, 5C, 5D, 5E, 5F, 5M	L/M Income Jobs Created L/M Income Jobs Retained L/M Income Persons Served	Cost per Job Cost per Job Cost per Goods/Services to LMI on area basis

Pick List for Estimated Units of Measure

The following provides guidance on selecting the appropriate unit measure description for activities and projects under that activity. Please call us for guidance if you have a unique activity or project that does not necessarily fit with the project types below. Please remember that the project(s) unit measure description must be compatible with the activity unit measure description selected. The description selected must make sense with the statistic entered.

Activity	Activity/Project Types	Unit of Measure Description
1 Property Acquisition	Purchase of buildings or land	Structures/Parcels
2 Clearance/Demolition	Removal of buildings or clearing debris from a vacant/blighted lot	Structures/Parcels
3 Relocation	Permanent displacement of a business Permanent displacement of a household	Businesses Relocated Household Relocated
4B Housing Unit Creation/Development	Development of affordable housing units	Units Created
4C Housing Rehab Loans/Grants	Rehab of private property	Units Rehab
4D Housing Other	Site-specific rehab to a public/private development First homebuyer downpayment assistance. Code Enforcement inspection	Units Rehab Units assisted Units inspected
5B ED Acquisition	Purchase of land/buildings in support of economic development	Structures/Parcels
5C ED Commercial Improvement	Signs/facades and code related improvements to businesses	Businesses Assisted
5D ED Assistance to For-Profits	Loans to small businesses for interior improvements, equipment, expansion. Technical assistance/workshops	L/M Jobs Created L/M Jobs Retained Businesses Assisted
5E ED Infrastructure Improvements	Above and below ground improvements in support of economic development activities	Linear Feet
5F ED Planning	Feasibility studies, downtown planning	Projects
5M ED Other	Site specific/larger scale commercial improvements	Businesses Assisted
5N ED Microenterprise Assistance	Loans for businesses with 5 or fewer L/M employees Technical assistance/workshops	Businesses Assisted Businesses Assisted
6B PF Streets/sidewalks	Above ground improvements to include reconstruction/replacement, curbs, trees	Linear Feet
6C PF Parks/Recreation	Above ground improvements to include rehab/construction of parks, tot-lots, playground, etc.	Project
6D PF Neighborhood Facility	Construction/rehab of community, recreational, senior centers	Facility
6E PF Parking	Construction/rehab of public parking lots	Facility
6F PF Water	Installation/replacement of waterlines, related drainage	Linear Feet
6G PF Sewer	Installation/replacement of sewerlines	Linear Feet
6H PF Drainage	Installation/replacement of drainage	Linear Feet

Massachusetts Community Development Block Grant Program

	pipe and related improvements	
6I PF Architectural Barriers	Removal of architectural barriers to public buildings, parking lots, playgrounds	Projects
6J PF Other	Construction/improvement to water/sewer treatment facilities Betterment subsidies Installation of water, sewer, drainage in support of unit development	Facility B/H Received Assistance Units created
7 Other/Planning	Planning, engineering (not leading to immediate construction), feasibility studies	Projects
8B Social Services	Housing counseling, Emergency food, fuel, rent mortgage subsidies Job training, Information referral/education programs, children/teen programs, family counseling, health programs, elder programs, homeless shelter programs, legal services, transportation subsidies, multi-service programs.	Households Served Persons Served

Information Required for Close Out Report

Circle Quarter # #1 #2 #3 #4 #5 (use "5" for any quarter after "5" reflect cumulative amounts)	Grantee: _____ Grant #: _____ Grant Description: _____	Fiscal Year ____ End Date of the period / / Fund Type (circle one) CDF RRF HDSP MCCF		
Final Statement of Costs and Computation of Grant Balance				
B. Program Activities	Paid Costs	Unpaid Costs	Total Costs	Mass. CDBG Approved Costs
1. Total Program Costs				
2. Program Income Applied to Program Costs				
3. Grant Amount Applied to Program Costs (line 2 minus line 1)				
4. Estimated amount for unsettled third party claims				
5. Sub Total (line 3 plus line 4)				
6. Grant Amount per Grant Agreement				
7. Unutilized grant to be canceled (line 6 minus line 5)				
8. Grant funds received				
9. Balance of grant payable (line 5 minus line 8)				
Note if line 8 exceeds line 5, enter the amount of excess on line 9 as a negative amount. This amount shall be repaid to Mass. CDBG.				
C. List Unpaid Costs and Unsettled Third Party Claims (Send in a revised page when the costs are paid to the vendor)				
<input type="checkbox"/> Check if continued on additional sheets and attach				

Massachusetts Community Development Block Grant Program

Circle Quarter # #1 #2 #3 #4 #5 (use "5" for any quarter after "5" and reflect cumulative amounts)	Grantee: _____ Grant #: Grant Description: _____	Fiscal Year ____ End Date of the period / / Fund Type (circle one) CDF RRF HDSP MCCF
D. Remarks: [] Check if continued to additional sheet and attach		
E. Certification of Recipient It is hereby certified that all activities undertaken by the recipient with funds provided under the grant agreement identified on Part B hereof, have to the best of my knowledge been carried out in accordance with the grant agreement: that proper provision has been made by the Recipient for the payment of all unpaid costs and unsettled third-party claims identified on part C hereof; that the Commonwealth of Massachusetts is under no obligation to make further payment to the recipient under the grant agreement in excess of the amount identified on Line B-7 hereof; and that every statement and amount set forth in this instrument is, to the best of my knowledge; true correct as of this date.		
Date:	Name and Title of Local Official	Signature of Local Official

F. Mass. CDBG Approval This certification of completion is hereby approved. Therefore, I authorized cancellation of the unutilized contract commitment and related funds reservation and obligation of \$ _____ less \$ _____ previously authorized for cancellation.		
Comments and/or special conditions: 		
Date:	Name and Title of Mass. CDBG Official	Signature

Mass. CDBG Property Register

See Chapter 11 Financial Management for information on the property register

Grantee: _____			Fiscal Year _____		
Grant #:			End Date of the period / /		
Grant Description: _____					
Date Received	Description of Property	Location	Mfg. Name & Model	Serial #	Cost