



Department of Housing and Human Services

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Project Close-Out/Completion Report

Subrecipient Name			
Project Name		Date Submitted	
Contact Person		Grant Number	
Phone Number		Program Year	
Email		Total Grant Amount	

Depending upon your project type, you will either be reporting information by persons, households, or jobs. Please contact Rebecca Gramling if you have questions about applicable information for your project.

1. Project Description and Location

2. Accomplishments

A. Describe actual accomplishments.	
B. How do these compare to the proposed accomplishments?	
C. Describe the outcome of this project (who benefited and how).	

D. Were goals met? If not, please explain. What were the impacts to the community?	
E. Are there any remaining actions? If yes, please explain what remains to be done and supply the anticipated date of completion.	

3. Which National Objective was Served by the Project? (Select one.)

- Benefit to low- and/or moderate-income persons
- Prevention or elimination of slum/blight
- Urgent need

4. Were Timelines Met?

Planned Start Date:		Planned Completion Date:	
Actual Start Date:		Actual Completion Date:	

Please complete questions 5-8 if your project served individual persons or households. Otherwise, continue to question 9.

5. Income Categories

Summary of Persons Benefiting	Total	Percentage (%)
Total number of persons/households benefiting		
Extremely low-income (0-30%)		
Low-income (31-50%)		
Moderate-income (51-80%)		

6. Race/Ethnicity (summary of benefits to minority persons; indicate the number of beneficiaries in each group)

Summary of Persons Benefiting	Total	Hispanic
Total number of persons benefiting		
White		
Black/African American		
Asian		

American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Black/African American & White		
Asian & White		
American Indian/Alaskan Native & White		
Native Hawaiian/Other Pacific Islander & White		
American Indian/Alaskan Native & Black		
Other Multi-Racial		

7. Gender

Summary of Persons Benefiting	Total	Percentage (%)
Total number of persons benefiting		
Male		
Female		
Other/Transgender		

8. Other Data

Summary of Persons Benefiting	Total	Percentage (%)
Total number of persons/households benefiting		
Homeless		
Chronically Homeless		
Female-Headed Households		
Elderly		
Frail Elderly		
Persons with Severe Mental Illness		
Persons with Developmental Disabilities		
Persons with Physical Disabilities		

Victims of Domestic Violence		
Abused and Neglected Children		
Injured Soldiers and Veterans		
Persons with Alcohol and Drug Abuse		
Persons living with HIV/AIDS		
Large Families (5 or more members)		

9. Activity Budget

Total CDBG Allocation	
Other Funds Allocated	
ACTIVITY TOTAL	
Total Expenditures Made	
Remaining Balance**	

10. Please provide a description and the dollar amount of funds expended to- date.

11. Please provide a description and the dollar amount of program income received to-date; this does not include grant reimbursements.

12. Please discuss your efforts to encourage fair housing, equal employment, and/or business opportunities through the expenditure of CDBG dollars as applicable.

13. Please attach photographs, press releases, news stories, or other information pertaining to this project.

SUBRECIPIENT CERTIFICATIONS – As Subrecipient Designee, I certify that:

1. All project activities (including all related construction/rehabilitation activities) have been completed, except for certain required administrative activities.
2. The results/objectives specified in the Subrecipient Agreement have been achieved.
3. All costs to be paid with CDBG funds have been incurred with the exception of any administrative costs related to project close-out (including audit costs) and any unsettled third-party claims.
4. The information contained in this report is accurate to the best of my knowledge.
5. All records related to grant activities are available upon request and will be available for five (5) years after project close-out.
6. CDBG funds were not used to reduce the level of local financial support for housing and community development activities.

Signature of Person Completing Form

Date