

Mayor
 William Siegel
Mayor Pro Tem
 Lois Wynne
Council Members
 John Gordon
 Eddie Neal
 Willard Rodarmel



**Office of the
 City Manager**

119 Fox Street
 Lemoore • CA 93245
 Phone • (559) 924-6700
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August 30, 2013

Diane Moroni
 California Department of Housing and Community Development
 Division of Financial Assistance
 Community Development Block Grant Program
 2020 West El Camino Avenue, Suite 500
 Sacramento, CA 95833

RE: **CLOSEOUT CERTIFICATION** of CDBG Grant No. 10-STBG-6722

It is hereby certified that all activities undertaken by the Grantee with funds provided under the above grant agreement have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Grantee for the payment of all costs and claims; that the State of California is under no obligation to make further payment to the Grantee under the grant agreement; and that every statement and amounts set forth in the **attached** final CDBG Financial and Accomplishment Report is, to the best of my knowledge, true and correct.

Any property acquired in whole or in part with CDBG funds or CDBG Program Income shall be accounted for in accordance with the provisions of Section 7118 and 7104 of the State CDBG regulations pertaining to property management and program income. Please list any property acquired in whole or in part with grant funds or program income expended for the grant or, if applicable, state "none" acquired. Please see Chapter 19, Property Management, in the Grants Management Manual for more detailed instructions.

Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations. Please see CFR 24 Sec. 570.505 Use of real property for instructions.

1. None	4.
2.	5.
3.	6.

The Grantee shall continue to comply with the State CDBG program income reporting requirements.

All costs incurred subsequent to the most recent annual audit period will be audited at the time the Grantee's next annual audit is conducted in accordance with OMB Circular A-133. The Grantee will resolve any audit findings relating to both the program and financial aspects of the grant. In the event there are any costs which are disallowed by this audit or any subsequent audits which cover CDBG expenditures, and which are sustained by the

Department of Housing and Community Development, the amount of such costs shall be returned to HCD.

Date: 8/30/2013	Typed Name and Title of Authorized Grantee Representative: Name: Jeff Laws Title: Acting City Manager	Signature of Authorized Grantee Representative:
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Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY)

2012-2013

10-STBG-6722

Annual GPR

Final GPR

Jurisdiction Name:

City of Lemoore

Name of Contact:

Brooke Austin

Address of Contact:

119 Fox Street

Lemoore, CA 93245

FOR 2012 REPORTS- VERY IMPORTANT - IGNORE POP-UP MESSAGES ABOUT FORM COMPATABILITY. CLICK "CONTINUE"

Telephone Number:

559-924-6702

E-Mail Address: baustin@lemoore.com

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

			In Support of Housing (LMH)
(01) Acquisition of Real Property	<input type="checkbox"/>	Page 1	
(02) Disposition	<input type="checkbox"/>	Page 1	
(03) Public Facilities & Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(03A) Senior Centers	<input type="checkbox"/>	Page 6	
(03B) Handicapped Centers	<input type="checkbox"/>	Page 6	
(03C) Homeless Facilities	<input type="checkbox"/>	Page 6	
(03D) Youth Centers	<input type="checkbox"/>	Page 6	
(03E) Neighborhood Facilities	<input type="checkbox"/>	Page 6	
(03F) Parks, Recreation Facilities	<input type="checkbox"/>	Page 6	
(03G) Parking Facilities	<input type="checkbox"/>	Page 6	
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(03I) Flood Drainage Improvement*	<input type="checkbox"/>	Page 6	<input checked="" type="checkbox"/> Page 3
(03J) Water/Sewer Improvements*	<input type="checkbox"/>	Page 6	<input checked="" type="checkbox"/> Page 3
(03K) Street Improvements*	<input type="checkbox"/>	Page 6	<input checked="" type="checkbox"/> Page 3
(03L) Sidewalk Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(03M) Child Care Centers	<input type="checkbox"/>	Page 6	
(03N) Tree Planting	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(03O) Fire Station/Equipment	<input type="checkbox"/>	Page 6	
(03P) Health Facilities	<input type="checkbox"/>	Page 6	
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/>	Page 6	
(03R) Asbestos Removal	<input type="checkbox"/>	Page 6	
(03S) Facilities for Aids Patients	<input type="checkbox"/>	Page 6	
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/>	Page 6	
(04) Clearance and Demolition	<input type="checkbox"/>	Page 1	
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/>	Page 1	
(05) Public Services - General	<input type="checkbox"/>	Page 7	
(05A) Senior Services	<input type="checkbox"/>	Page 7	
(05B) Handicapped Services	<input type="checkbox"/>	Page 7	
(05C) Legal Services	<input type="checkbox"/>	Page 7	
(05D) Youth Services	<input type="checkbox"/>	Page 7	

(05E) Transportation Services	<input type="checkbox"/>	Page 7	
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)
(05H) Employment Training	<input type="checkbox"/>	Page 7	
(05I) Crime Awareness	<input type="checkbox"/>	Page 7	
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7	
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7	
(05L) Child Care Services	<input type="checkbox"/>	Page 7	
(05M) Health Services	<input type="checkbox"/>	Page 7	
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7	
(05O) Mental Health Services	<input type="checkbox"/>	Page 7	
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7	
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7	
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2	
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5	
(05T) Security Deposits	<input type="checkbox"/>	Page 5	
(05U) Housing Counseling	<input type="checkbox"/>	Page 7	
(06) Interim Assistance	<input type="checkbox"/>	Page 7	
(08) Relocation*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(12) Construction Housing	<input type="checkbox"/>	Page 1	
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2	
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4	
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4	
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4	
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4	
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8	
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4	
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4	
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4	
(15) Code Enforcement	<input type="checkbox"/>	Page 7	
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4	
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6	
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8	
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8	
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8	
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8	
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8	
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9	
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title Jeff Laws, Acting City Manager

Date 8/30/2013

6/10/2008

Grantee Performance Report

Report Period

Standard Agreement

Public Improvement in Support of Housing

2012-2013

10-STBG-6722

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and consists of one of the following. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Public Facilities & Improvements (03)*
- Street Improvements (03K)*
- Solid Waste Disposal (03H)*
- Sidewalk Improvements (03L)*
- Flood Drainage Improvement (03I)*
- Planting
- Water/Sewer Improvements (03J)*
- Privately Owned Utilities (11)*

Report only activities that include housing. Activities with an asterisk (*) may also report under a different National Objective under Public Facilities and Improvements page 6.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres:
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

	Value of Contract
Minority group members	\$0
Women	\$0
Other (Specify) <input type="text"/>	\$0

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants

2. Indicate the number of grants and/or loans provided this Report Period:
 Grants 0 Loans 1

3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants 0 Loans 1

4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	<u> </u>	<u> </u>	<u> </u>
b. Deferred Payment/ Forgiveness Loan:	<u>0</u>	<u>360</u>	<u>651,200</u>

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	HOUSING ACTIVITIES			
	Owner		Renter	
	All	Hisp	All	Hisp
White (11):	0	0	66	29
Black/African American (12):	0	0	7	0
Asian (13):	0	0	4	0
American Indian/Alaskan Native (14):	0	0	1	0
Native Hawaiian/Other Pacific Isl. (15):	0	0	1	0
Am. Indian/Alaskan Native & White (16):	0	0	0	0
Asian & White (17):	0	0	0	0
Black/African Am. & White (18):	0	0	1	1
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS	0	0	80	30

Number of Female Head of Households

INCOME LEVELS

IDIS cdbg 13

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	0	44	44
Low (31%-50%)	0	31	31
Moderate (51%-80%)	0	5	5
Non-Low/Moderate Income (+80%)	0	0	0
Totals	0	80	80

PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF HOUSING

IDIS cdbg 17B

1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year 80
 - b. Now have new access to this public facility (community facility) or public improvement (public works):
 - c. Now have improved access to this type of public facility (community facility) or public improvement (public works):
 - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard:
2. a. What number of homeless persons were given overnight shelter:
- b. Indicate the number of beds created in overnight shelter or other emergency housing:

If this activity includes multi-unit housing with (2+ units) complete the following questions:

MULTI-UNIT HOUSING

IDIS cdbg 14

THIS REPORTING PERIOD	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	80	80	80
Number of Units Expected at Completion:	0	0	0
FOR TOTAL GRANT TERM	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	80	80	80

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

2012-2013

10-STBG-6722

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period

Standard Agreement

Appendix B - Displacement

2012-2013

10-STBG-6722

IDIS cdbg 15

Indicate the census tract of origin

Indicate the City

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated

Indicate the City

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input checked="" type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

This is a senior complex limited to those who are elderly or disabled.

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

[Redacted]

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Appendix E - Slum & Blight Area

2012-2013

10-STBG-6722

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year

CDBG Financial & Accomplishment Report (FAR)

(Due Semi-Annual and at Closeout)

Grantee:	Contract #	Execution Date:	CDBG Prog. Rep.	Preparer Name:	Brooke Austin	FAR Type
City of Lemoore	10-STBG-6722	2/1/2011	Diane Moroni	Preparer Title:	Housing Specialist	Revised?
Address		Expiration Date:	Amendment #	Organization:	City of Lemoore	
119 Fox Street Lemoore, CA 93245		6/30/2013	N/A	Phone #:	559-924-6702	FAR Type Closeout Report
				Email Address:	baustin@lemoore.com	

Section I - Fund Status **Report Period:** From: 01/01/13 To: 06/30/13

Section I Part A - Requested Fund Information							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Contract Activities	HUD Code	Budgeted Amount	Total Requested To Date	Total CDBG Funds Received	CDBG Funds Requested Not Received	Total CDBG Funds Disbursed	CDBG Funds-on-Hand* (Col. 5 - 7)
Street Improvements (03K)	03K	\$ 651,200.00	\$ 651,200.00	\$ 591,991.00	\$ 59,209.00	\$ 651,200.00	(\$59,209.00)
AD Street Improvements (03KD)	03K	\$ 88,800.00	\$ 52,300.00	\$ 17,360.00	\$ 35,940.00	\$ 52,300.00	(\$34,940.00)
General Administration (21A)	21A	\$ 60,000.00	\$ 12,616.00	\$ 2,076.00	\$ 10,540.00	\$ 12,616.00	(\$10,540.00)
Total		\$ 800,000.00	\$ 716,116.00	\$ 611,427.00	\$ 105,689.00	\$ 716,116.00	\$ (104,689.00)

**Note: If Funds-on-Hand exceeds 5,000, please explain why in Section VI - Comments.*

Section1 Part B - Accrued Expenditures & Milestones							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Contract Activities	HUD Code	Budgeted Amount	Previously Reported	Expenditures This Period	Total Accrued Expenditures	Balance (Col. 3 - 6)	Percent (Col. 6 / 3)
Street Improvements (03K)	03K	\$ 651,200.00	\$ 591,991.00	\$ 59,209.00	\$ 651,200.00	\$ -	100%
AD Street Improvements (03KD)	03K	\$ 88,800.00	\$ 16,360.00	\$ 35,940.00	\$ 52,300.00	\$ 36,500.00	59%
General Administration (21A)	21A	\$ 60,000.00	\$ 2,076.00	\$ 10,540.00	\$ 12,616.00	\$ 47,384.00	21%
Total		\$ 800,000.00	\$ 610,427.00	\$ 105,689.00	\$ 716,116.00	\$ 83,884.00	90%

Section II - Expenditure of Match, Leverage & State /Federal Sources

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Contract Activities	Funding Source	Total Budget	Previously Reported	Expended This Quarter	Expenditures To Date (Col. 4 + 5)	Percent Expended (Col. 6 / 3)
General Administration (21A)	Local	\$ 20,000.00	\$ 20,000.00	-	\$ 20,000.00	100%
Total		\$ 20,000.00	\$ 20,000.00	-	\$ 20,000.00	100%

CDBG Financial & Accomplishment Report (FAR)

Section III - Residential Rehabilitation Loan Account (if applicable)

Report Period: From: 01/01/13 To: 06/30/13

Report the funds received on an advance basis for the Residential Rehabilitation Activity:	\$	-	
Report the actual amount paid to contractors for rehabilitation services:	\$	-	
Balance remaining for the Residential Rehabilitation Activity:	\$	-	

Is the remaining balance in a rehabilitation loan account? Yes No. Will balance be expended within 22 working days of deposit? Yes No. If no explain in Comments

Section IV - Interest Revenue Earned on Advances (if applicable)

Report Period: From: 01/01/13 To: 06/30/13

Report the total amount of interest revenue earned on CDBG advances:	\$	-	
Report the total amount of interest revenue returned to the Department:	\$	-	

Note: Do not return interest from lump sum draw down. However, DO include the interest from escrow accounts required for Residential Rehabilitation Activities.

Section V - Lump Sum Report (if applicable)

Report Period: From: 01/01/13 To: 06/30/13

Part A - Lump Sum draw down agreement information	Part B - Fund Reconciliation	Part C - Financial Institution Contribution															
1. Date Agreement Approved by HCD: _____ 2. Date Agreement Executed: _____ 3. Term of Agreement (not to exceed 2 yrs.) _____ 4. Date of deposit into financial institution: _____ 5. Date 45 days past date in line 4: _____ 6. Date 1st loan approved: _____ 7. Date 180 days past date in line 4: _____ 8. Percent disbursed by 180th day: _____	1. Lump Sum Deposit: _____ 2. Repayment of P & I: _____ 3. Interest from Deposit: _____ 4. Total (1+2+3) \$ - 5. Total Loaned: _____ 6. Total Available (4-5): \$ -	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 25%;">BMIR</td> <td style="width: 70%;"></td> </tr> <tr> <td></td> <td>Admin. Services</td> <td></td> </tr> <tr> <td></td> <td>Bank Contribution</td> <td></td> </tr> <tr> <td colspan="3">Amt: _____</td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>Provide narrative of progress to date in Section VI - Comments</i></td> </tr> </table>		BMIR			Admin. Services			Bank Contribution		Amt: _____			<i>Provide narrative of progress to date in Section VI - Comments</i>		
	BMIR																
	Admin. Services																
	Bank Contribution																
Amt: _____																	
<i>Provide narrative of progress to date in Section VI - Comments</i>																	

Section VI - Comments:

CDBG Funds on hand of \$1,000 because we received \$1,000 more than we requested. However, we have additional expenditures that we have not received reimbursement for yet.

CDBG Financial & Accomplishment Report (FAR)

Grantee: City of Lemoore
 Preparer Name: Brooke Austin
 Report Period:
 From: 01/01/13
 To: 06/30/13

Section VII - ACCOMPLISHMENT NARRATIVE (Significant Changes; Problems Encountered; Milestones Met. Please refer to instructions.):

First Quarter of the Semi-annual Report Period. From: 01/01/13 To: 03/31/13

Contract Activities	HUD Code	Narrative Accomplishments
1. PIHNC - Street Improvements	03K	Construction completed in previous quarter, but funds requested this quarter.
2. PIHNC - Activity Delivery	03KD	Prevailing Wage Monitoring Follow-Up and Audit
3. General Administration	21A	Reporting, Follow-up on Request for Additional Classifications
4.		
5.		
6.		
7.		

Second Quarter of the Semi-annual Report Period. From: 04/01/13 To: 06/30/13

Contract Activities	HUD Code	Narrative Accomplishments
1. PIHNC - Activity Delivery	03KD	Grant Close-Out
2. General Administration	21A	Recordkeeping, Draw Request and Reporting
3.		
4.		
5.		
6.		

Grantee Certification:

I certify to the best of my knowledge that this report is true in all respects, that the reported amounts agree with the official accounting records, and that all disbursements have been made for the purposes and conditions of this grant.

Name: Brooke Austin

Title: Housing Specialist

Signature: _____

Date: 8/30/2013

FOR HCD USE ONLY

CDBG Rep: _____

Approval Date: _____