

# **Economic Development Department**

**Crystal LaTier, Executive Director** 

719-520-6484 Economic Development Department Nine East Vermijo Avenue Colorado Springs, CO 80903 www.ElPasoCo.com

1. Project Description and Location

2.

#### **Board of County Commissioners**

Holly Williams, District 1 Carrie Geitner, District 2 Stan VanderWerf, District 3 Longinos Gonzalez, Jr., District 4 Cami Bremer, District 5

## **Project Close-Out/Completion Report**

r roject 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 projec	type you will either be reporting information by persons households jobs o	ır

area benefit. Please contact El Paso County if you have questions about applicable information for your project.

	mplishments
Α.	Describe <b>actual</b> accomplishments.
В.	How do these compare to the proposed accomplishments?
C.	Describe the outcome of this project (who benefited and how).

	D. Were goals met? please explain. V the impacts to th community?	Vhat were e				
	E. Are there any renactions? If yes, pleactions actions? If yes, pleaction what remarks be done and supplicated date completion.	lease nains to ply the				
3.	Which National Object Benefit to low- Prevention or e Urgent need	and/or mod	derate-income person			
4.	Were Timelines Met? Planned			Planned		
	Start Date:			Completion Date:		
	Actual Start Date:			Actual Completion Date:		
Otl	ase complete question nerwise, continue to q	-	ur project served ind	ividual persons o	households	(LMC or LMH basis).
5.	Income Categories	D = = = £i+:===			Tatal	Davida - (0/)
	Summary of Persons Total number of persons		olds benefiting		Total	Percentage (%)
	Extremely low-income	2 (0-30%)				
	Low-income (31-50%)					
	Moderate-income (51	-80%)				
6.	Race/Ethnicity (summ group)	nary of ben	efits to minority per	sons; indicate the	number of b	eneficiaries in each
	Summary of Persons				Total	Hispanic
	Total number of perso	ons benefiti	ng			
	White					
	Black/African America	ın				
	Asian					
					T.	l

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. Geographic Data

Geographic Data	Takal	D (0/)
Summary of Persons Benefiting	Total	Percentage (%)
Total number of persons/households benefiting		
Heir company to d El Dona County		
Unincorporated El Paso County		
Calhan		
Fountain		
Green Mountain Falls		
Palmer Lake		
Daniel.		
Ramah		
Manitou Springs		
· -		
Monument		

10. Activity Budget

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

<sup>\*\*</sup>Remaining Balances revert to El Paso County and are not carried forward except as specified in written agreement.

	Please provide a description and the dollar amount of matching funds (include in-kind) expended to- date.
	Please provide a description and the dollar amount of program income received to-date; this does not include grant reimbursements.
	Please discuss your efforts to encourage fair housing, equal employment, and/or business opportunities through the expenditure of CDBG dollars as applicable.
4.	Please attach photographs, press releases, news stories, or other information pertaining to this project.
UB	RECIPIENT CERTIFICATIONS – As Subrecipient Designee, I certify that:
	All project activities (including all related construction/rehabilitation activities) have been completed, except for certain required administrative activities
	The results/objectives specified in the Subrecipient Agreement have been achieved 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
	The information contained in this report is accurate to the best of my knowledge All records related to grant activities are available upon request and will be available for five (5) years after project close-out
	CDBG funds were not used to reduce the level of local financial support for housing and community development activities
gn	nature of Person Completing Form
at	e