This form must be completed and attached to the **Final** "Request for Contract Payment" in accordance with the City/Corporation Grant Agreement*.*

|  |  |
| --- | --- |
| Grantee |  |
| Project Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Agreement Year |  | Total Grant Amount |  |

I certify that the Work Program and/or Project Budget in the referenced Grant Agreement financed in whole or in part with funds administered by MOHCD, was completed on \_\_\_\_\_\_\_\_\_\_\_\_\_.

Grantee Executive Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Architect Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

The architect's signature is required only if this Certificate is used in lieu of contractor's billing for retention.

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| --- |
| **Your agency is required to maintain its eligibility for its CDBG grant under the eligibility standards for achieving the national objective of providing services to low to moderate-income families as specified under the terms of your Grant Agreement. The services you provide must remain consistent with the applicable eligibility standard for the length of the tenure period. The tenure period is specified in your grant agreement. You are required to submit the Certification of Compliance with Eligibility Standards each year for a five-year period following the project completion, not including this submission. The due date will be the anniversary date of the project’s completion date as reflected on this Certification of Work and Contract Completion. . Each year for the next five years following submission of this document you are required to submit the Certification of Compliance with Eligibility Standards to your Grant Manager. YOU MAY NOT CHANGE THE ELIGIBILITY STANDARD under which your grant was funded.**  |

**Eligibility Standard**

**(Check the Standard under which your Grant was funded- if you are not sure of the standard; please contact your Grant Manager.)**

**[ ]  PRESUMPTIVE ACHIEVEMENT - check only the area of presumption that was approved my MOHCD**

1. [ ]  The grant was used for the **sole purpose** of removing architectural barriers to the elderly or disabled (at least 51% of the persons served must be low to moderate-income persons) and such persons were served from the Facility for the Tenure Period.
2. [ ]  The grant was used for improving the Facility, and the Facility **exclusively** benefits or serves a group of persons in any one or a combination of the following categories (at least 51% of the persons served must be low to moderate-income persons) for the Tenure Period: Circle the groups that your agency serves, if you have been certified as eligible under this standard.

|  |  |  |
| --- | --- | --- |
| Abused Children | Battered Spouse | Elderly Persons |
| Homeless Persons | Illiterate Persons | Persons with AIDS |
| Migrant Farm Workers | Severely Disabled |  |

1. [ ]  The Facility is used to provide services located in a Public Housing Complex and such services will be provided from the Facility for the Tenure Period.

**[ ]  AREA BENEFITS -** The majority of clients served by the Agency from the Facility reside within the designated service area (as specified below), and the Facility will be used to provide such services for the Tenure Period.

**[ ]  LIMITED CLIENTELE BASIS:** The Agency maintains documentation showing that at least 51% of the CDBG-funded program will serve low to moderate-income persons for the Tenure Period.

**[ ]  PUBLIC SPACE IMPROVEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification**

The undersigned hereby represents and certifies that the Agency will comply with the terms of the Grant Agreement and will use the Facility or CDBG funded improvements to the Facility for eligible purposes consistent with CDBG regulations (see 24 CFR 570.503 and 570.505) for the term of the Tenure Period identified in the Grant Agreement. I am authorized to make this certification on behalf of the Agency, and have done so after diligent inquiry.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Executive Director |  | Signature of Executive Director |
| Date  |  |  |
|  |  |  |