

# EXHIBIT F

County of Santa Barbara  
CDBG Capital Projects

## Project Status and Completion Report

### SECTION I

Today's Date \_\_\_\_\_

Project Name: \_\_\_\_\_

Owner/Developer Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

*Check one*

Progress Report: Complete Section II. Reports are due monthly

Final Construction Report: Complete Sections III

Annual Report: Complete Section IV

### SECTION II: CONSTRUCTION/REHAB PERIOD

Reporting Period \_\_\_\_\_ through \_\_\_\_\_ Today's Date \_\_\_\_\_

1 Provide the dates that the following activities were completed:

<input type="text"/>	Contract executed with general contractor
<input type="text"/>	Permits pulled
<input type="text"/>	Start of work
<input type="text"/>	Percent complete
<input type="text"/>	Estimated date of completion
<input type="text"/>	Estimated date of final CDBG draw

2 Provide 1 - 3 photographs of the current status of the project

3 Provide a narrative report below on the Project's progress for the period

Report prepared by: \_\_\_\_\_

*I have reviewed the information on this form and attest to its accuracy to the best of my knowledge. I will report any change or anticipated change in the ownership or lease term of the facility to the County.*

Signed

\_\_\_\_\_  
Executive Director (non-profit) or Division Manager (government)

**SECTION III: FINAL CONSTRUCTION REPORT**

Date construction completed: \_\_\_\_\_

1

Provide a narrative report below on the outcome of the Project and any issues encountered

2 Provide the dates that the following activities were completed:

	Final Inspection by local code/building department
	Notice of Completion filed
	Certificate of Occupancy issued (housing)

4. a.

For projects qualified under Limited Clientele, please list number of persons served:

*Add additional rows as needed*

*Do not enter data in shaded cells*

Persons

Households\*

0-30% AMI	31%-50% AMI	51%-80% AMI	> 80% AMI

*\*Use "Households" for housing projects. Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. 24 CFR 570.3*

	0	0	0	0	0
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*Total must equal total below*

Of the total served, provide race and ethnicity data. Note that ethnicity is in addition to race

**# Hispanic**

White					
Black/African American					
Asian					
American Indian/Alaskan Native					
Native Hawaiian/Other Pacific Islander					
American Indian/Alaskan Native & white					
Asian & White					
Black/African American & White					

	0	0	0	0	0
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4.b. For projects qualified under Area Benefit, the census data collected at the start of the project will be used to document beneficiary data.

Report prepared by: \_\_\_\_\_

*I have reviewed the information on this form and attest to its accuracy to the best of my knowledge. I will report any change or anticipated change in the ownership or lease term of the facility to the County.*

Signed

\_\_\_\_\_  
Executive Director (non-profit) or Division Manager (government)

**SECTION IV: ANNUAL REPORT** (not applicable to County-owned infrastructure projects)

Complete the first annual report along with the Final Construction Report, and then annually thereafter for five years.

Reporting Period \_\_\_\_\_ through \_\_\_\_\_ Today's Date \_\_\_\_\_

- 1 Is the facility owned or leased?
- a. If owned, has the facility transferred ownership in the past year?   
(Provide new owner information to HCD)

b. If leased, when does the lease term expire?

- 5 Please describe the use of the building. Is it being used for the same or different purpose than when the CDBG-funded project was completed? Describe how the facility is serving low income persons.

*I have reviewed the information on this form and attest to its accuracy to the best of my knowledge. I will report any change or anticipated change in the ownership or lease term of the facility to the County.*

Signed

\_\_\_\_\_  
Executive Director (non-profit) or Division Manager (government)