



Appendix 12-3 Completion Form Instructions

Using the Completion Report Form

This job aid explains how to complete the Completion Report Form to comply with the closeout requirements of the Community Development Block Grant (CDBG) program.

Grantees should consult their Standard Agreement for agreed-upon submission deadlines.

As part of the closeout process, Grantees must prepare a Completion Report Form that contains the aggregate of all accomplishments realized through the activity being reported as complete. This report must be completed and reviewed by your Grant Administrator or HCD Representative prior to initiating closeout in the Grants Network portal.

Information Needed to Complete the Completion Report Form

To complete the Completion Report Form, you will need:

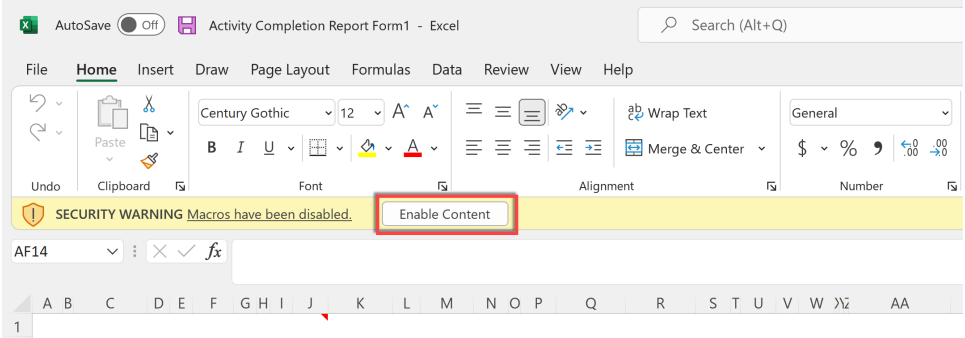
1. The application submitted by the Grantee which identifies the eligibility [matrix code](#) and [national objective](#) met by the activity to be reported as complete.
2. The Standard Agreement associated with the activity to be reported as complete.
3. The completion date of the activity.
4. The total number of accomplishments (units of housing rehabbed, number of jobs created, etc.) realized through this activity which may be gathered from the activity's Annual Performance Report (APR) Form (or forms if the activity took place over multiple program years).



Appendix 12-3 Completion Form Instructions

Completing the Completion Report Form

Exhibit 1, below, outlines the steps the Grantee should take to complete the Completion Report Form.

| Step | Grantee Action |
|------|---|
| 1 | <p>Once you have opened the Completion Report form, click the Enable Content button.</p>  |
| 2 | <p>When you are ready, click the light blue Activity Title field and enter the name of the activity you would like to report as complete.</p> <ul style="list-style-type: none"> If you have completed more than one activity, you will need to fill-out a Completion Report Form for each activity separately. <p>Activity Title: <input type="text"/></p> <p>Program Year: <input type="text"/> Funding Source: <input type="text"/></p> <p>Award/Contract#: <input type="text"/> Completion Date: <input type="text"/></p> |
| 3 | <p>Click the light blue Program Year field to enable the dropdown menu button.</p> <p>Activity Title: <input type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input type="text"/></p> <p>Award/Contract#: <input type="text"/></p> <p>Funding Source: <input type="text"/></p> <p>Completion Date: <input type="text"/></p> |
| 4 | <p>Click the Program Year dropdown menu button and select the funding year for the activity.</p> |



Appendix 12-3 Completion Form Instructions

| | |
|---|--|
| | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Activity Title: <input style="width: 90%;" type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input style="width: 20%;" type="text" value="2020-2021"/></p> <p>Award/Contract#: <input style="width: 20%;" type="text"/></p> <p>Grantee Name: <input style="width: 90%;" type="text"/></p> </div> <div style="width: 45%;"> <p style="text-align: center;">Dropdown menu button</p> <p>Funding Source: <input style="width: 20%;" type="text"/></p> <p>Completion Date: <input style="width: 20%;" type="text"/></p> </div> </div> |
| 5 | <p>Click the light blue Funding Source field to enable the dropdown menu button.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Activity Title: <input style="width: 90%;" type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input style="width: 20%;" type="text" value="2020-2021"/></p> <p>Award/Contract#: <input style="width: 20%;" type="text"/></p> </div> <div style="width: 45%;"> <p>Funding Source: <input style="width: 20%; border: 2px solid red;" type="text"/></p> <p>Completion Date: <input style="width: 20%;" type="text"/></p> </div> </div> |
| 6 | <p>Click the Funding Source dropdown menu button and select the applicable grant.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Activity Title: <input style="width: 90%;" type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input style="width: 20%;" type="text" value="2020-2021"/></p> <p>Award/Contract#: <input style="width: 20%;" type="text"/></p> </div> <div style="width: 45%;"> <p style="text-align: center;">Dropdown menu button</p> <p>Funding Source: <input style="width: 20%; border: 2px solid red;" type="text"/></p> <p>Completion Date: <input style="width: 20%; border: 2px solid red;" type="text" value="CDBG"/> <input style="width: 20%; border: 2px solid red;" type="text" value="CDBG-CV"/></p> </div> </div> |
| 7 | <p>Click the light blue Award/Contract # field and enter the contract number associated with this activity.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Activity Title: <input style="width: 90%;" type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input style="width: 20%;" type="text" value="2020-2021"/></p> <p>Award/Contract#: <input style="width: 20%; border: 2px solid red;" type="text"/></p> </div> <div style="width: 45%;"> <p>Funding Source: <input style="width: 20%;" type="text" value="CDBG"/></p> <p>Completion Date: <input style="width: 20%;" type="text"/></p> </div> </div> |
| 8 | <p>Click the light blue Completion Date field and enter the date using the following format: MM/DD/YYYY.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Activity Title: <input style="width: 90%;" type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input style="width: 20%;" type="text" value="2020-2021"/></p> <p>Award/Contract#: <input style="width: 20%;" type="text" value="CDBG-XX-XXXX"/></p> </div> <div style="width: 45%;"> <p>Funding Source: <input style="width: 20%;" type="text" value="CDBG"/></p> <p>Completion Date: <input style="width: 20%; border: 2px solid red;" type="text"/></p> </div> </div> |

| | |
|----|---|
| 9 | <p>Click the light blue Grantee Name field and enter your jurisdiction's name.</p> <p>Activity Title: <input type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input type="text" value="2020-2021"/> Funding Source: <input type="text" value="CDBG"/></p> <p>Award/Contract#: <input type="text" value="CDBG-XX-XXXX"/> Completion Date: <input type="text" value="6/30/2022"/></p> <p style="text-align: center;">Grantee Information</p> <p>Grantee Name: <input style="border: 2px solid red;" type="text"/></p> <p>Grantee Address: <input type="text"/></p> <p style="margin-left: 40px;"><i>(Number and Street)</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p style="margin-left: 40px;"><i>(City) (State) (Zip)</i></p> |
| 10 | <p>Click the light blue Grantee Address fields and enter your jurisdiction's mailing address including street, city, state, and zip code. If your jurisdiction uses a P.O. Box, use the <i>Number and Street</i> field.</p> <p>Activity Title: <input type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input type="text" value="2020-2021"/> Funding Source: <input type="text" value="CDBG"/></p> <p>Award/Contract#: <input type="text" value="CDBG-XX-XXXX"/> Completion Date: <input type="text" value="6/30/2022"/></p> <p style="text-align: center;">Grantee Information</p> <p>Grantee Name: <input type="text" value="Enter Grantee Name Here"/></p> <p>Grantee Address: <input style="border: 2px solid red;" type="text"/></p> <p style="margin-left: 40px;"><i>(Number and Street)</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p style="margin-left: 40px;"><i>(City) (State) (Zip)</i></p> |
| 11 | <p>Click the light blue National Objective field to enable the dropdown menu button.</p> <p>Activity Title: <input type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input type="text" value="2020-2021"/> Funding Source: <input type="text" value="CDBG"/></p> <p>Award/Contract#: <input type="text" value="CDBG-XX-XXXX"/> Completion Date: <input type="text" value="6/30/2022"/></p> <p style="text-align: center;">Grantee Information</p> <p>Grantee Name: <input type="text" value="Enter Grantee Name Here"/></p> <p>Grantee Address: <input type="text" value="123 Address Street"/></p> <p style="margin-left: 40px;"><i>(Number and Street)</i></p> <p><input type="text" value="City"/> <input type="text" value="CA"/> <input type="text" value="12345"/></p> <p style="margin-left: 40px;"><i>(City) (State) (Zip)</i></p> <p style="text-align: center;">Activity Information</p> <p>National Objective: <input style="border: 2px solid red;" type="text"/></p> <p>Matrix Code: <input type="text"/></p> |



Appendix 12-3 Completion Form Instructions

| | |
|----|---|
| 14 | <p>Click the Matrix Code dropdown menu button and select the eligibility matrix code that corresponds with the activity you are reporting as complete.</p> <ul style="list-style-type: none"> ■ To navigate through the options, click on the dropdown button and scroll through the options. <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Activity Title: <input style="width: 100%;" type="text" value="Enter Activity Title Here"/></p> <p>Program Year: <input style="width: 150px;" type="text" value="2020-2021"/> Funding Source: <input style="width: 150px;" type="text" value="CDBG"/></p> <p>Award/Contract#: <input style="width: 150px;" type="text" value="CDBG-XX-XXXX"/> Completion Date: <input style="width: 150px;" type="text" value="6/30/2022"/></p> <p style="text-align: center; background-color: #003366; color: white; padding: 2px;">Grantee Information</p> <p>Grantee Name: <input style="width: 100%;" type="text" value="Enter Grantee Name Here"/></p> <p>Grantee Address: <input style="width: 100%;" type="text" value="123 Address Street"/> <i>(Number and Street)</i></p> <p>"City" <input style="width: 150px;" type="text" value="CA"/> "12345" <i>(City) (State) (Zip)</i></p> <p style="text-align: center; background-color: #003366; color: white; padding: 2px;">Activity Information</p> <p>National Objective: <input style="width: 100%;" type="text" value="LMA - Low/mod area benefit"/> Dropdown menu button</p> <p>Matrix Code: <div style="border: 1px solid red; padding: 2px;"> <ul style="list-style-type: none"> 01 - Acquisition of Real Property 02 - Disposition of Real Property 03A - Senior Center 03B - Facilities for Persons with Disabilities 03C - Homeless Facilities (not operating costs) 03D - Youth Centers 03E - Neighborhood Facilities 03F - Parks, Recreational Facilities </div></p> </div> |
| 15 | <p>Confirm the National Objective and Matrix Code you selected are correct. Red text will appear immediately below the Matrix Code indicating which box you need to check based on your selections.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p style="text-align: center; background-color: #003366; color: white; padding: 2px;">Activity Information</p> <p>National Objective: <input style="width: 100%;" type="text" value="LMC - Low/mod limited clientele benefit"/></p> <p>Matrix Code: <input style="width: 100%;" type="text" value="18C - Economic Development: Micro-Enterprise Assistance"/></p> <p style="text-align: center; color: red; font-weight: bold; font-size: 18px;">Click Checkbox: LMC 11</p> <p> <input type="checkbox"/> LMA 1 <input type="checkbox"/> LMC 1 <input type="checkbox"/> LMH 1 <input type="checkbox"/> LMJ 1 <input type="checkbox"/> SB_URG 1 <input type="checkbox"/> Matrix Code 5 </p> </div> |
| | <p style="color: red; font-weight: bold;">If an error was made when choosing the National Objective or Matrix Code, revise your selections before clicking the Activity Checkbox.</p> |



Appendix 12-3 Completion Form Instructions

Once verified, click the **Activity Checkbox** that corresponds with the instructions that appear in red text. For example, if you implemented a microenterprise assistance activity that met the low- and moderate-income limited clientele, the instructions would guide you to click the **LMC 11** activity checkbox. Alternatively, if your jurisdiction carried out a health services activity that met the low- and moderate-income area national objective, you would be instructed to click the **Matrix Code 5** activity checkbox.

- If you select the wrong the Activity Checkbox, you will need to start over by closing the current Completion Report form and opening a new Completion Report form.

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Activity Information

National Objective: LMC - Low/mod limited clientele benefit

Matrix Code: 18C - Economic Development: Micro-Enterprise Assistance

Click Checkbox: LMC 11

| | | | | | |
|--------------------------------|--|---------------------------------|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> LMA 1 | <input type="checkbox"/> LMC 1 | <input type="checkbox"/> LMH 1 | <input type="checkbox"/> LMJ 1 | <input type="checkbox"/> SB_URG 1 | <input type="checkbox"/> Matrix Code 5 |
| <input type="checkbox"/> LMA 2 | <input type="checkbox"/> LMC 2 | <input type="checkbox"/> LMH 2 | <input type="checkbox"/> LMJ 2 | <input type="checkbox"/> SB_URG 2 | <input type="checkbox"/> Matrix Code 15 |
| <input type="checkbox"/> LMA 3 | <input type="checkbox"/> LMC 3 | <input type="checkbox"/> LMH 3 | <input type="checkbox"/> LMJ 3 | <input type="checkbox"/> SB_URG 3 | |
| <input type="checkbox"/> LMA 4 | <input type="checkbox"/> LMC 4 | <input type="checkbox"/> LMH 4 | <input type="checkbox"/> LMJ 4 | <input type="checkbox"/> SB_URG 4 | |
| <input type="checkbox"/> LMA 5 | <input type="checkbox"/> LMC 5 | <input type="checkbox"/> LMH 5 | | <input type="checkbox"/> SB_URG 5 | |
| <input type="checkbox"/> LMA 6 | <input type="checkbox"/> LMC 6 | <input type="checkbox"/> LMH 6 | | <input type="checkbox"/> SB_URG 6 | |
| <input type="checkbox"/> LMA 7 | <input type="checkbox"/> LMC 7 | <input type="checkbox"/> LMH 7 | | <input type="checkbox"/> SB_URG 7 | |
| | <input type="checkbox"/> LMC 8 | <input type="checkbox"/> LMH 8 | | <input type="checkbox"/> SB_URG 8 | |
| | <input type="checkbox"/> LMC 9 | <input type="checkbox"/> LMH 9 | | <input type="checkbox"/> SB_URG 9 | |
| | <input type="checkbox"/> LMC 10 | <input type="checkbox"/> LMH 10 | | <input type="checkbox"/> SB_URG 10 | |
| | <input checked="" type="checkbox"/> LMC 11 | <input type="checkbox"/> LMH 11 | | <input type="checkbox"/> SB_URG 11 | |
| | <input type="checkbox"/> LMC 12 | | | | |

Activity checkbox [] Title: []

Activity Information

National Objective: LMA - Low/mod area benefit

Matrix Code: 05M - Health Services

Click Checkbox: Matrix Code 05

| | | | | | |
|--------------------------------|---------------------------------|---------------------------------|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> LMA 1 | <input type="checkbox"/> LMC 1 | <input type="checkbox"/> LMH 1 | <input type="checkbox"/> LMJ 1 | <input type="checkbox"/> SB_URG 1 | <input checked="" type="checkbox"/> Matrix Code 5 |
| <input type="checkbox"/> LMA 2 | <input type="checkbox"/> LMC 2 | <input type="checkbox"/> LMH 2 | <input type="checkbox"/> LMJ 2 | <input type="checkbox"/> SB_URG 2 | <input type="checkbox"/> Matrix Code 15 |
| <input type="checkbox"/> LMA 3 | <input type="checkbox"/> LMC 3 | <input type="checkbox"/> LMH 3 | <input type="checkbox"/> LMJ 3 | <input type="checkbox"/> SB_URG 3 | |
| <input type="checkbox"/> LMA 4 | <input type="checkbox"/> LMC 4 | <input type="checkbox"/> LMH 4 | <input type="checkbox"/> LMJ 4 | <input type="checkbox"/> SB_URG 4 | |
| <input type="checkbox"/> LMA 5 | <input type="checkbox"/> LMC 5 | <input type="checkbox"/> LMH 5 | | <input type="checkbox"/> SB_URG 5 | |
| <input type="checkbox"/> LMA 6 | <input type="checkbox"/> LMC 6 | <input type="checkbox"/> LMH 6 | | <input type="checkbox"/> SB_URG 6 | |
| <input type="checkbox"/> LMA 7 | <input type="checkbox"/> LMC 7 | <input type="checkbox"/> LMH 7 | | <input type="checkbox"/> SB_URG 7 | |
| | <input type="checkbox"/> LMC 8 | <input type="checkbox"/> LMH 8 | | <input type="checkbox"/> SB_URG 8 | |
| | <input type="checkbox"/> LMC 9 | <input type="checkbox"/> LMH 9 | | <input type="checkbox"/> SB_URG 9 | |
| | <input type="checkbox"/> LMC 10 | <input type="checkbox"/> LMH 10 | | <input type="checkbox"/> SB_URG 10 | |
| | <input type="checkbox"/> LMC 11 | <input type="checkbox"/> LMH 11 | | <input type="checkbox"/> SB_URG 11 | |
| | <input type="checkbox"/> LMC 12 | | | | |

Activity checkbox []



Appendix 12-3 Completion Form Instructions

This will load the Activity Accomplishments tab. Complete all light blue fields. In the **Accomplishments Narrative** field, enter a brief summary of your project or program's accomplishments.

In the **Performance Measurement Types** field(s), enter the total accomplishments by type (number of businesses or people served, number of housing units, etc.) Scroll down the page to complete additional fields.

- Grantees are encouraged to review the data in their activity's Annual Performance Report (APR) Form to ensure the accomplishments reported are accurate and complete.

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| Accomplishment Narrative | | |
|---|--|--|
| | | |
| Accomplishment Information | | |
| Performance Measurement Type(s): | | |
| People: | <input type="text"/> | |
| Businesses: | <input type="text"/> | |
| Race/Ethnicity | Race | Hispanic / Latino |
| White | <input type="text"/> | <input type="text"/> |
| Black / African American | <input type="text"/> | <input type="text"/> |
| Asian | <input type="text"/> | <input type="text"/> |
| American Indian / Alaskan Native | <input type="text"/> | <input type="text"/> |
| Native Hawaiian / Other Pacific Islander | <input type="text"/> | <input type="text"/> |
| American Indian / Alaskan Native & White | <input type="text"/> | <input type="text"/> |
| Asian & White | <input type="text"/> | <input type="text"/> |
| Black / African American & White | <input type="text"/> | <input type="text"/> |
| American Indian / Alaskan Native & Black / African American | <input type="text"/> | <input type="text"/> |
| Other Multi-Racial | <input type="text"/> | <input type="text"/> |
| Total: | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Income Information | | |
| Extremely Low (0-30% AMI) | <input type="text"/> | |
| Low (31-50% AMI) | <input type="text"/> | |
| Moderate (51-80% AMI) | <input type="text"/> | |
| Total: | <input type="text" value="0"/> | |
| Actual FTE Jobs Created: | <input type="text"/> | Actual FTE Jobs Retained: <input type="text"/> |
| Created | Of Jobs Created, Number of Jobs With Employer Sponsored Health Care Benefits: <input type="text"/> | |
| | Of Jobs Created, Number of Persons Unemployed Prior to Taking Jobs Created Under This Activity: <input type="text"/> | |
| Retained | Of Jobs Retained, Number of Jobs With Employer Sponsored Health Care Benefits: <input type="text"/> | |



Appendix 12-3 Completion Form Instructions

| 18 | <p>If your activity resulted in relocation or displacement, click the Relocation and Displacement tab, and continue to the next step. If your activity did not result in relocation or displacement, advance to step 20.</p> <div style="text-align: center; margin-top: 10px;"> Activity Information Activity Accomplishments Relocation and Displacement + </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------|-------------|--------------------|--------------|-----------------|-------|--|-------------------------------|----------------------|-------------------------------|----------------------|---|---|----|-------|-----------------------|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|------|-----------|--|-------------|--|--------------|--|-------|-----------------|-------|-----------------|-------|-----------------|-------|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|-------|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---------------|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|
| 19 | <p>Identify where all displacement occurred (all addresses). Based on the most efficient way to capture all displacement locations, determine if you choose to report by Census Tracts or Cities. If displacement occurred in more than one Census Tract or City, duplicate and complete the Relocation and Displacement tab for each Census Tract / City in which displacement occurred. Each displacement should only be reported once. Fill in the light blue fields. The information entered should be an aggregate of all one-for-one replacements and displacements in the Census Tract / City.</p> <div style="text-align: center; margin-top: 20px;"> <h3>Relocation and Displacement</h3> <p style="background-color: #003366; color: white; padding: 2px; margin: 0;">One-for-One Replacement</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th rowspan="2">Unit Type</th> <th rowspan="2">Address</th> <th colspan="5">Number of Bedrooms</th> <th rowspan="2">Agreement Executed (mm/dd/yy)</th> <th rowspan="2">Available (mm/dd/yy)</th> </tr> <tr> <th>0/1</th> <th>2</th> <th>3</th> <th>4</th> <th>5+</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Demolished/ Converted</td> <td></td> <td></td><td></td><td></td><td></td><td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>Replacement</td> <td></td> <td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Description:</p> <div style="background-color: #e6f2ff; height: 30px; width: 100%;"></div> <p style="background-color: #003366; color: white; padding: 2px; margin: 10px 0;">CDBG Displacement</p> <p>City* <input style="width: 100px;" type="text"/> OR Census Tract* <input style="width: 100px;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Race</th> <th colspan="2">Displaced</th> <th colspan="2">Remained In</th> <th colspan="2">Relocated To</th> </tr> <tr> <th>Total</th> <th>Hispanic/Latino</th> <th>Total</th> <th>Hispanic/Latino</th> <th>Total</th> <th>Hispanic/Latino</th> </tr> </thead> <tbody> <tr><td>White</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Black/African American</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Asian</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>American Indian/ Alaskan Native</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Native Hawaiian/ Other Pacific Islander</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>American Indian/ Alaskan Native & White</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Asian & White</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Black/ African American & White</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>American Indian/ Alaskan Native & Black/ African American</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other/ Multi-Racial</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> </div> | Unit Type | Address | Number of Bedrooms | | | | | Agreement Executed (mm/dd/yy) | Available (mm/dd/yy) | 0/1 | 2 | 3 | 4 | 5+ | Total | Demolished/ Converted | | | | | | | | | Replacement | | | | | | | | | Race | Displaced | | Remained In | | Relocated To | | Total | Hispanic/Latino | Total | Hispanic/Latino | Total | Hispanic/Latino | 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 | | | | | | | American Indian/ Alaskan Native & Black/ African American | | | | | | | Other/ Multi-Racial | | | | | | |
| Unit Type | Address | | | Number of Bedrooms | | | | | | | Agreement Executed (mm/dd/yy) | Available (mm/dd/yy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0/1 | 2 | 3 | 4 | 5+ | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demolished/ Converted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | Displaced | | Remained In | | Relocated To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | Hispanic/Latino | Total | Hispanic/Latino | Total | Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian/ Alaskan Native & Black/ African American | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other/ Multi-Racial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Appendix 12-3 Completion Form Instructions

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| 20 | <p>Once all of the applicable tabs are complete, click on File followed by Save As and use the following naming convention: [Grantee Name]-[FY]-[Standard Agreement #]-Closeout</p> <ul style="list-style-type: none">■ If you have completed more than one activity, complete a Completion Report for each activity separately. |
| 21 | <p>When you are ready to submit your Completion Report Form(s), contact your Grant Administrator or HCD Representative.</p> <ul style="list-style-type: none">■ Grantees should not begin closeout in the Grants Network Portal until they have received notification from their Grant Administrator or HCD Representative that they can initiate closeout. |
| 22 | <p>The Completion Report Form has now been submitted. Thank you for completing your report.</p> |