

GRANT CLOSE-OUT TRANSMITTAL FORM

Grantee's Name and Address: <u>The City of Arkansas City</u> <u>118 W. Central Ave.</u> <u>Arkansas City, KS 67005</u>	Grant Agreement No.: <u>22-HR-001</u> Commencement Date: <u>3/15/2022</u> Completion Date: <u>8/14/2024</u>
---	---

Please complete this form and items 1 through 6 for all grant types (7 is for applicable grants containing construction), including the Performance Hearing Affidavit to conclude this grant project. If this is a business finance or infrastructure grant, complete 9 through 11 in addition. If this is a housing grant, complete Form 12.

1. Grantee's Release Form *
2. Final Independent Auditor's Report
3. Final Quarterly Progress Report (Section 2)
4. Certificate of Completion *
5. ~~Property Management Report~~
6. Explanation of Refund Check (if applicable)
7. ~~Notice of Completion/Final Inspection—Final Wage Compliance Report*~~
8. Performance Hearing Affidavit
9. ~~Economic Development Report, and~~
Copy of Final Payroll and Employee Certification Report (from final monitoring)
10. ~~Legal Review and Closeout Report (Economic Development)~~
11. Program Income Assignment Agreement (Economic Development)
12. Housing Rehabilitation and demo data
13. ~~Section 3 Close-out Report~~

No costs have been incurred after the Completion Date of the above contract. All necessary documents and procedures have been followed, thereby finalizing the above referenced contract.

<u>Megan Unruh</u>	
Preparer's Name	
<u>Grant Administrator, SCKEDD</u>	<u>316-440-3472</u>
Title	Telephone Number
<u>11/05/2024</u>	
Date	

GRANTEE’S RELEASE FORM

1 Pursuant to the terms on Grant Agreement Number 22-HR-001 and in consideration of
2 one hundred seventy three thousand, nine
3 the sum of hundred and twenty one dollars and fifty cents (\$ 173,921.50) which has been
4 or is to be paid under the said contract to The City of Arkansas City,
5 grantee upon payment of the said sum by the State of Kansas, Department of Commerce, hereinafter
6 called the grantor, does remise, release, and discharge the grantor, its officers, agents and employees
7 of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the
8 said contract.

8 IN WITNESS WHEREOF, this release has been executed this _____ day of
9 _____, _____.

10 Signature of Authorized Elected Official: _____

11 Typed Name and Title: _____

ATTEST AND SEAL

12 _____

13 _____

(Rev. 2-2018)

FINAL INDEPENDENT AUDITOR'S REPORT

If the grantee expends \$750,000 or more from all Federal sources in any fiscal year in which the grant is open, a 2 CFR Part 200 audit is required from the grantee. If you expend or expect to expend this amount in the current fiscal year, please indicate below. If required, a copy of the entire audit report must be submitted to Commerce in the required time period.

- A. 2 CFR Part 200 audit is not required.
- B. Audit is complete and one copy is enclosed.
- C. Audit is in progress or not yet begun.

Auditor's Name: Sean Gordon, Gordon CPA
Address: 4205 W 4th St Ste C
Lawrence, KS 66049
Telephone: (785) 371-4847
Contact person with firm: Sean Gordon
Date audit to begin: not yet scheduled, typically February
How the audit will be paid for: Check-General Fund
Date audit to be completed: May, 2025

QUARTERLY PROGRESS REPORT - PAGE 1
KANSAS DEPARTMENT OF COMMERCE
SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Grantee: City of Arkansas City Report #: Final (11)
 Grant #: 22-HR-001 Quarter Ending: 11/05/24
 Address: 118 West Central, PO Box 778, Arkansas City, KS 67005 Contract Award End Date: 8/14/2024
 Company Name (ED Projects): _____ Date Prepared: 10/25/2024
 Current Chief Elected Official: Jay Warren, Mayor
 Name and telephone number of person who prepared this report: Megan Unruh 316-440-3472
 Name Telephone Number

Financial Status:

Total Grant: \$300,000.00 Total Local Injection \$29,056.00
 Drawdowns received to date: \$173,921.50 Local spent to date \$14,228.00
 Drawdowns requested and not yet received: _____ Initial Monitoring Conducted
 \$126,078.50 (Return of Funds Ltr.
 Total Grant available Attached) Final Monitoring Conducted

Contracts Awarded This Quarter With All Monies: *

Name & Address, DUNS#	Total Contract Amount	Local	CDBG	Activity		Contractor Data				
				No.	Title	Type of Procurement	Section 3	** MBE	** WBE	Davis- Bacon
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

* Attach additional pages if needed.

** Categories are: 1-White, 2-Black/African American, 3-Asian, 4-American Indian/Alaskan Native, 5-Native Hawaiian/Other Pacific Islander, 6-American Indian/Alaskan Native & White, 7-Asian & White, 8-Black/African American & White, 9-American Indian/Alaskan Native & Black/African American, 10-Other Multi Racial, 11-Hispanic, 12-Non-Hispanic

Describe project accomplishments this quarter:

Discrepancy of \$8,837.50 was found during the preparation of the closeout packet. This amount was discovered to be an overage of funds requested from Commerce, due to the landlord contributions on two projects being unaccounted for. Check for return of funds sent to Commerce. Preparation of Closeout Packet, and Public Hearing.

Planned activities next quarter:

Receive official closeout approval from Commerce, begin process of applying for the next round of housing rehab.

Technical assistance needs:

Review of Closeout Packet

QUARTERLY PROGRESS REPORT - PAGE 2

You must complete this page if you have a:

1. Community Improvement, Urgent Need or KAN STEP grant and this is your **first** or **final** report
2. Economic Development grant
3. Attach housing log for housing projects

Complete for all circumstances listed above:

		Number of Beneficiaries	Number of LMI Beneficiaries
1.	Target	30	30
2.	Total to Date	8	8

	*	White	BAA	BAA/W	AI/AN	NH/PI	A	A/W	AI/AN/BAA	AI/AN/W	Other
1.	Total Beneficiaries	8									
2.	Hispanic Beneficiaries										

*BAA-Black African American; BAA/W-Black African American & White; AI/AN-American Indian or Alaskan Native; NH/PI-Native Hawaiian or Pacific Islander; A-Asian; A/W-Asian & White; AI/AN/BAA-American Indian or Alaskan Native & Black African American; AI/AN/W-American Indian or Alaskan Native & White

- | | |
|--|---|
| 3. Total Number of Households Benefiting to Date | 6 |
| 4. Total Number of Female Heads of Households Benefiting | 4 |
| 5. Total Number of Disabled Persons Benefiting | 4 |

NOTE: Beneficiaries are to be reported cumulatively as they occur

Economic Development Grants only:

Proposed (FTE - Jobs Count)

	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8
1. Total Jobs Retained								
2. Total LMI Jobs Retained								
3. Total Jobs Created								
4. Total LMI Jobs Created								
5. Total Jobs to be generated								

Accomplishments

	a. Planned this Quarter	b. Completed this Quarter	c. Completed to Date
6. Number of Jobs Retained			
7. Number of LMI Jobs Retained			
8. Number of Jobs Created			
9. Number of LMI Jobs Created			

10. Explain any variances from planned number of jobs:

HOUSING REHABILITATION PROJECT LOG

CITY OF: Arkansas City GRANT NO: 22-HR-001

Head/Household Name and Address	Application #	Race & Ethnicity**	Age	Sex	Disabled	Female Head of Household	Income			Activity							Contractor	H&S/Liv/Emerg/HA/Demo	CDBG Rehab \$	Local Rehab \$	LSWP & Cleaning	Total Cost	Completion Date
							No. Persons in Household	No. of Children under 6	Rental Units	Date of Application(*)	LMI 30% / 50% / 80%	ADA Y/N	Date of Inspection	Bid Date	Contract Date	Notice to Proceed							
Michelle Gott 1422 W. Oklahoma Arkansas City, KS 67005	1	1, 12	51	F	N	Y	1	0	Y	6/7/22	80%	N	10/06/22	02/23/23	3/30/23	5/1/23	NWFA	Liv	\$17,812.5	\$5,937.50	\$2300	\$26,050	8/22/23
Janet Crane 1507 N 10 th Arkansas City, KS 67005	2	1, 12	66	F	Y	Y	1	0	N	6/11/22	30%	N	10/07/22	02/23/23	3/30/23	4/24/23	Arambula	Liv	\$21,441		No Lead	\$21,441	6/14/23
Mary Gillette 1417 N. 10 th Arkansas City, KS 67005	3	1, 12	75	F	N	Y	1	0	N	6/11/22	50%	N	10/08/22	02/23/23	3/30/23	5/1/23	NWFA	Liv	\$25,000		No Lead	\$25,000	8/22/23
Joanie Kormos 1209 W. Oklahoma Arkansas City, KS 67005	4	1, 12	58	F	Y	Y	1	0	N	7/15/22	50%	N	10/09/22	02/23/23	3/30/23	5/1/23	NWFA	Liv	\$25,000	\$11,400	\$3,600	\$40,000	8/22/23
Chris Kreidler 1328 W. Oklahoma Arkansas City, KS 67005	5	1, 12	62	M	Y	N	1	0	N	6/13/22	30%	N	10/10/22	02/23/23	3/30/23	4/24/23	Arambula	Liv	\$19,118		\$1,600	\$20,718	6/16/23
Trence Robinson 1304 W Kansas	6			M	N	N	1	0	N	10/07/22			Denial										
Harold Rhodes 1114 W Kansas Ave Arkansas City, KS 67005	7	1, 12	75	M	Y	N	3	0	N	01/25/23	30%	Y	2/27/24	4/3/24	5/15/24	6/24/24	NWFA	Liv	\$24,900	\$3,500	\$2,500	\$30,900	7/25/24
Deborah Hartley 1125 N 10 th Arkansas City, KS 67005	8	1, 12	74	F	N	Y	1	0	N	10/2/23	30%		Out of Target Area										

** Categories are: 1-White, 2-Black/African American, 3-Asian, 4-American Indian/Alaskan Native, 5-Native Hawaiian/Other Pacific Islander, 6-American Indian/Alaskan Native & White, 7-Asian & White, 8-Black/African American & White, 9-American Indian/Alaskan Native & White, 10-Other Multi Racial, 11-Hispanic, 12-Non-Hispanic

CERTIFICATE OF COMPLETION

A. Name of Grant Recipient The City of Arkansas City	B. Grant Agreement Number 22-HR-001
--	---

C. Final Statement of Cost

Program Activity Categories	To Be Completed By The Recipient			To Be Completed By CDBG
	Paid Costs (a)	Local Unpaid Costs (b)	Total Costs (c)	Approved Total Costs
1. Housing Rehab	\$145,271.50		\$145,271.50	
2. Lead-Paint Activities	\$17,750.00		\$17,750.00	
3. Relocation				
4. Housing Inspections	\$5,550.00		\$5,550.00	
5. Admin	\$19,350.00		\$19,350.00	
6. Legal	\$228.00		\$228.00	
7.				
8.				
9. Total Program Costs	\$188,149.50		\$188,149.50	
10. Less Other Funds Applied	\$14,228.00		\$14,228.00	
11. CDBG Grant Amount Applied	\$173,921.50		\$173,921.50	

D. Computation of Grant Balance

	To Be Completed By The Recipient	To Be Completed By CDBG
12. Total Amount Applied (Line 11a)	\$173,921.50	
13. Estimated for Unsettled Third-Party Claims		
14. Subtotal (Line 11c)	\$173,921.50	
15. Grant Amount Per Agreement (from contract)	\$300,000.00	
16. Unutilized Grant to be Canceled (Line 15 less Line 14)	\$126,078.50	
17. Grant Funds Received	\$300,000.00	
18. Balance of Grant Payable (Refundable) (Line 14 less Line 17)*	-\$126,078.50	

* If Line 17 exceeds Line 14, enter excess as a negative amount. This amount shall be repaid to the Department by check.

CERTIFICATE OF COMPLETION - PAGE 2

E. Unpaid Costs and Unsettled Third-Party Claims (Local Only)

List amounts and describe circumstances

Check if continued on additional sheet and attach

F. Remarks

An overage of funds check was returned to Commerce on 10/04/2024 for \$8,837.50, for landlord contributions that were mistakenly unaccounted for. All figures in this packet reflect that return of excess funds. Additionally, this return of funds has been accounted for in the final drawdown cash disbursement sheet for Cash Request #8.

Check if continued on additional sheet and attach

G. Certification of Recipient

It is hereby certified that all activities undertaken by the recipient with funds provided under the Grant Agreement identified as Item B above have, to the best of my knowledge, been carried out in accordance with the Grant Agreement; that proper provision had been made by the recipient for payment of all unpaid costs and unsettled third-party claims identified in Item E above; that the Department, the State of Kansas, and the United States of America are under no obligation to make any further payment to the recipient under the Grant Agreement in excess of the amount identified on Line 18 above; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Date	Signature of Chief Elected Official	Typed Name and Title
------	-------------------------------------	----------------------

H. Department Approval

This Certificate of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract agreement and related funds reservation and obligations _____ (line 16 above).

Date	Signature for CDBG Program	Typed Name
------	----------------------------	------------

EXPLANATION OF REFUND CHECK

Name of Grantee: The City of Arkansas City
Grant Agreement No: 22-HR-001
Grant Award Total: \$300,000.00

A refund check in the amount of \$ 126,078.50 is enclosed or was returned on _____ (Date).

Explanation of Refund:

No physical check was returned due to the nature of the reimbursement grant. See Attached Letter.

SUBMIT ONLY IF APPLICABLE



CITY OF ARKANSAS CITY, KANSAS

City Hall 118 W. Central Avenue Arkansas City, Kansas 67005-0778

November 5, 2024

Kansas Department of Commerce
Business and Community Development
Attn. Timothy Parks, CDBG Specialist
1000 S.W. Jackson St., Suite 100
Topeka, KS 66612-1354

Subject: Grant number 22-HR-001

To Whom It May Concern,

This letter confirms that the City of Arkansas City is returning \$126,078.50 to the Kansas Department of Commerce from grant number 22-HR-002, initially allocated for Housing Rehabilitation in Arkansas City, Kansas.

The City is returning these Community Development Block Grant Housing Rehabilitation funds due to a lack of applications from eligible homeowners and landlords in the target area. Despite multiple outreach efforts, the City received little to no response, leaving no choice but to return the funds intended for this purpose.

Additionally, an overage of \$8,837.50 has been returned to the Kansas Department of Commerce, check number 190930, dated 10/4/2024. This overage was identified due to an oversight in landlord contribution calculations on Cash Requests #5 and #6. The return of these funds was completed prior to the grant's public hearing, and all figures in the closeout packet reflect this adjustment.

Sincerely,

Jay Warren, Mayor
City of Arkansas City, Kansas

Cowley Courier Traveler
200 East Fifth Avenue
(620) 442-4200

I, David Allen Seaton, of lawful age, being duly sworn upon oath, deposes and says that I am the Publisher of Cowley Courier Traveler, a publication that is a "legal newspaper" as that phrase is defined for the city of Arkansas City and City of Winfield, for the County of Cowley County, in the state of Kansas, that this affidavit is Page 1 of 1 with the full text of the sworn-to notice set forth on the pages that follow, and that the attachment hereto contains the correct copy of what was published in said legal newspaper in consecutive issues on the following dates:

PUBLICATION DATES:
Oct. 29, 2024

Notice ID: 9xJ6gNEi0SipG2hplDcS
Notice Name: PH Notice CDBG Close Out 22-HR-001

PUBLICATION FEE: \$32.12

David Allen Seaton

Publisher

VERIFICATION


STATE OF KANSAS
COUNTY OF COWLEY COUNTY

Signed or attested before me on this

29th day of October, A.D. 2024.

Kathryn M Harbert

Notary Public

 **KATHRYN M. HARBERT**
Notary Public - State of Kansas
My Appt. Expires 7/16/2025

(First published in the Cowley
Courier Traveler Tuesday, 10 29,
2024.)

**PERFORMANCE PUBLIC
HEARING NOTICE**
Project: City of Arkansas City
CDBG Housing Rehab

The City of Arkansas City will hold a public hearing on Tuesday, November 5th, 2024, at 5:30 PM, at Arkansas City, City Hall, 118 W Central Ave, Arkansas City, KS 67005 for the purpose of evaluating the performance of Grant No. 22-HR-001 for Housing Rehabilitation in the target area bounded by North 15th Street to the West, North 10th Street to the East, West Kansas Avenue to the South, and West Colorado Avenue to the North. Six (6) homes were rehabilitated under the program. This grant was funded, all or in part, from the Kansas Department of Commerce, Small Cities Community Development Block Grant (CDBG) funds. All aspects of the grant will be discussed, and oral and written comments will be recorded and become a part of the city of Arkansas City CDBG Citizen Participation Plan.

Reasonable accommodations will be made available to persons with disabilities. Requests for accommodations should be submitted to the City Clerk's Office by November 4, 2024.

10/29

NUMBERS for HOUSING CLOSEOUT	HOUSING UNITS OR NUMBER OF ITEMS
TOTAL OWNER UNITS:	
Units Occupied by Elderly	3
Units moved from Substandard to Standard (HQA or Local Code)	6
Section 504 Accessible Units	0
Whole House Units Qualified as Energy Star	0
Units brought into Compliance with Lead Safety Rules (24 CFR Part 35)	4
LEAD PAINT:	
Housing Constructed before 1978	4
Exempt units: Constructed 1978 or later	2
Exempt costs: Hard costs under \$5,000	0
Otherwise Exempt:	0
LEAD HAZARD REMEDIATION ACTIONS: (rehabilitation only)	
Lead Safe Work Practiced-Hard cost under \$5,000 24 CFR 35.930(b)	0
Interim Controls or Standard Practices-Hard cost \$5,000 - \$25,000 24 CFR 35.930(c)	4
Abatement - Hard costs over \$25,000 24 CFR 35.930 (c)	0

DIRECT BENEFIT DATA BY HOUSEHOLD

RACE	OWNER		RENTER		TOTAL HOUSEHOLDS	
	TOTAL	Hispanic/ Latino	TOTAL	Hispanic/ Latino	TOTAL	Hispanic/ Latino
White	5		1		6	
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						
Other Multi-Racial						
TOTAL	5		1		6	

Female Head Of Household Total	4	# of Demo Units	0
---------------------------------------	---	------------------------	---

Income Level Total	
Extremely Low (30%)	3
Low (50%)	2
Moderate (80%)	1