

COMMUNITY DEVELOPMENT

Dr. Robert L. Yeager Health Center
50 Sanatorium Road, Building A 6th Floor
Pomona, New York 10970
Phone: (845) 364-3939 Fax: (845) 364-3940

TO ENSURE PROMPT PAYMENT, PUBLIC FACILITY VOUCHERS MUST COMPLY WITH THE FOLLOWING PROCEDURE:

- Rockland County Office of Community Development CDBG Program Voucher should be completely filled out.
- The Payment Request Form must be attached to the voucher.
- Copies of paid invoices for any goods purchased must be included with proof of payment.
- Proof of payment, i.e., cancelled check, credit card statements, etc. for services provided, along with a copy of the paid invoice.
- Completed and signed Certified Payroll forms (by the Contractor) – certifying Davis Bacon, to be submitted, if applicable.
- Inspection Report signed off by the Building Inspector/Engineer, stating that project is complete, and standards are met.
- Pictures of project progress and completion must be submitted.
- Before submitting a voucher, please ensure that bid procedures and documents, insurance certificates, bonds, signed Contracts, etc. have been submitted to the Community Development Office. Reimbursement cannot be made without review of these documents.
- If this is a final voucher, it must be submitted with a completed and signed Project Completion Report.
- If the activity has generated Program Income, please email RCOCD@co.rockland.ny.us to request HUD required Program Income Reports.
- ALL VOUCHERS MUST BE SUBMITTED TO RCOCD_vouchers@co.rockland.ny.us

Quarterly Reports must be submitted whether or not work was completed during that quarter. Please ensure that your reports are filed timely each quarter. Failure to submit reports quarterly may result in recapture of project funds. No vouchers will be processed if quarterly reports are not up to date.

NO VOUCHER CAN BE PROCESSED WITHOUT ALL OF THE PROPER DOCUMENTATION ATTACHED. INCOMPLETE VOUCHERS WILL BE REJECTED AND RETURNED TO THE MUNICIPALITY.

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

CDBG PROGRAM VOUCHER
MUNICIPALITIES

DATE: _____

TAX ID: _____

INVOICE: _____

PAYEE: _____

PROGRAM YEAR: 20_____

REQUESTED AMOUNT: \$ _____

*IS PI GENERATED: Y or N

PROVIDE A BRIEF DESCRIPTION OF THE WORK THAT WAS COMPLETED FOR PAYMENT OF THIS VOUCHER: **PLEASE INCLUDE AMOUNT OF LINEAR FEET, MATERIALS USED, ETC., AND BE THOROUGH IN YOUR ACCOMPLISHMENTS.**

Signed: _____ Date: _____

Title: _____

IN ORDER TO BE PROCESSED FOR PAYMENT
VOUCHER MUST BE FILLED IN ENTIRELY WITH ALL NECESSARY DOCUMENTATON ATTACHED
IF PROJECT GENERATES PROGRAM INCOME, CONTACT RCOCD FOR ADDITIONAL FORMS

.....
CD OFFICE USE ONLY:

SERVICE CONTRACT# _____

IDIS# _____

AMOUNT	FUND	AGENCY	ORG	OBJECT	PROJECT #	CATEGORY
\$ _____	F	CD	9995	E4090	CD _____	OTHER

Signed: _____ Date: _____

Signed: _____ Date: _____

Payment Request

MUNICIPALITY: _____

PROJECT: _____

PROGRAM YEAR: _____

PREPARER'S NAME: _____ **Phone:** _____

Approved CDBG Budget	\$
CDBG Disbursements to Date	\$
Remaining CDBG Amount Available	\$

(This Request)

Budget Line Item	AMOUNT REQUESTED FOR CDBG REIMBURSEMENT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL REQUEST	\$
BALANCE AFTER THIS REQUEST	\$

I hereby certify that this Community Development Block Grant Project does not generate program income.

Signature of Authorized Municipal Official

Date

Signature of CD Staff Reviewer

Date

Signature of CD Staff Reviewer

Date

Signature of CD Staff Approval

Date

**ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT
CDBG PROGRAM
QUARTERLY PROGRESS REPORT**

SUBMIT REPORT TO: OFFICE OF COMMUNITY DEVELOPMENT
50 SANATORIUM ROAD, BUILDING A, 6TH FLOOR
POMONA, NEW YORK 10970
ATTN: RCOCD_vouchers@co.rockland.ny.us

MUNICIPALITY: _____

PROJECT/ACTIVITY NAME: _____ **FUND YEAR:** 20____
(Please complete a separate report for each open project. Thank you.)

NAME: _____ **DATE REPORT PREPARED*:** _____
(Of person most familiar with information in this report.) * Progress Reports are due by the 10th of each quarter

This report covers:

	<input type="checkbox"/> 1 st Quarter	<input type="checkbox"/> 2 nd Quarter	<input type="checkbox"/> 3 rd Quarter	<input type="checkbox"/> 4 th Quarter
Period	9/1 – 11/30	12/1 – 2/28	3/1 – 5/30	6/1 – 8/31
Due Date	December 10 th	March 10 th	June 10 th	September 10 th

TELEPHONE #: _____ **E-MAIL:** _____
(For Person Completing Reports) *(For Person Completing Reports)*

- 1. Budget-Expended This Quarter: \$ _____
- a. Total Project Budget (ALL FUNDS) \$ _____
- b. Total CDBG Budget: \$ _____
- c. Total Expended This Quarter/CDBG Funds: \$ _____
- d. Total Expended/Reported in Prior Progress Reports: \$ _____
- f. Remaining Balance to be Expended/CDBG: \$ _____

2. List below the anticipated milestones that were to have been achieved this quarter reference budget and timetable submitted with Subrecipient Agreement.

Important: Sections 1, 2 & 3 must be completed. Section 4 & 5 must be completed if applicable.

**ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT
CDBG PROGRAM
QUARTERLY PROGRESS REPORT
PAGE 2 OF 2**

3. List below the milestones that have been achieved, be specific:

4. Explain, in detail, any delay or impediments encountered that has prevented you from meeting the activity's projected goals (attached any documentation necessary), be specific:

5. If a delay has been encountered, explain what actions need to be taken, and by whom, to move forward. Specifically address how the delay affects the project timetable and attach a new proposed timetable that reflects these changes in terms of when project milestones are to be achieved.



SUBMIT REPORT TO: OFFICE OF COMMUNITY DEVELOPMENT
50 SANATORIUM ROAD, BUILDING A,
6TH FLOOR, POMONA, NEW YORK 10970
ATTN: RCOCD_vouchers@co.rockland.ny.us

PUBLIC FACILITY PROJECT COMPLETION REPORT

Subrecipient Name	Date Submitted
Project/Program Name	Program Year
Contact Person	Total Grant \$
Phone Number	
Email	

1. Project description and location:

2. Accomplishments

A. Describe **actual** accomplishments (i.e., specific linear feet, materials used, etc., and be thorough in your accomplishments)

B. How do these compare to the proposed accomplishments?

C. Describe the outcome of this project (who benefited and how):

D. Were goals met? If not, please explain. What were the impacts to the community?

E. Are there any remaining actions? If yes, please explain what remains to be done and supply the anticipated date of completion?

3. National Objective: Check which National objective was served:

- Benefit to low and/or moderate-income persons
- Prevention or elimination of slum/blight, or
- Urgent need

4. Were timelines met? If not, please explain:

Planned Start: _____ Planned Completion: _____
Actual Start Date: _____ Completion Date: _____

5. Geographic Data:

Specific Project Address: _____

Town/Village: _____

Census Tract: _____ Block Group: _____

Summary of Persons/Households Benefiting:	Total	Percentage (%)
Total number of persons/households benefiting:	_____	_____

6. Activity Budget:

Total CDBG Allocation:	\$ _____
Other funds allocated:	\$ _____
ACTIVITY TOTAL	\$ _____
Total expenditures made:	\$ _____
**Remaining Balance:	\$ _____

***Remaining Balances revert back to Rockland County and are not carried forward except as specified in written agreement.*

11. Please provide a description and the dollar amount of matching funds (including in-kind) expended to-date.

12. Please provide a description and the dollar amount of program income received to-date, this does not include grant reimbursements.

13. Please discuss your efforts to encourage fair housing, equal employment, and/or business opportunities through the expenditure of CDBG dollars as applicable.

14. Please attach photographs, press releases, news stories or other information pertaining to this project.

SUBRECIPIENT CERTIFICATIONS: As Subrecipient Designee, I certify that:

1. All project activities (including all related construction/rehabilitation activities) have been completed, except for certain required administrative activities;
2. The results/objectives specified in the Subrecipient Agreement have been achieved;
3. 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;
4. The information contained in this report is accurate to the best of my knowledge;
5. All records related to grant activities are available on request and will be available for five (5) years after project close-out; and,
6. CDBG funds were not used to reduce the level of local financial support for housing and community development activities.
7. This CDBG Project DOES NOT generate Program Income.

Signature of Person Completing Form

Date

8-2023