

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

PROCEDURE FOR PAYMENT OF PUBLIC SERVICE PROGRAM VOUCHERS:

- Rockland County Office of Community Development CDBG Program Voucher should be completely filled out and signed by authorized agency official.
- The Payment Request Form must be attached to the voucher. This form must be completely filled out and signed.
- 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 must be attached.
- If your program budget includes wages, payroll taxes and/or benefits, please submit documentation showing these expenses and proof of payment.
- Public Services are required to submit vouchers Monthly.
- A completed Monthly Progress Report must be submitted with each Payment Request.
- A Race/Ethnicity Report must be completed and submitted with each Payment Request.
- If this is a final voucher, it must be submitted with a completed and signed Project Completion Report.
- ALL VOUCHERS MUST BE SUBMITTED TO RCOCD_vouchers@co.rockland.ny.us

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

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

CDBG PROGRAM VOUCHER
PUBLIC SERVICE PROJECTS

DATE: _____

TAX ID: _____

INVOICE #: _____

PAYEE: _____

PROGRAM YEAR: 20

REQUESTED AMOUNT: \$ _____

(Circle One)
*IS PI GENERATED: Y or N

PROVIDE A BRIEF DESCRIPTION OF THE WORK THAT WAS COMPLETED FOR PAYMENT OF THIS VOUCHER: **PLEASE INCLUDE ALL APPROVED BUDGET LINE ITEMS 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 DOCUMENTATION ATTACHED
IF PROJECT GENERATES PROGRAM INCOME, CONTACT [RCOCD vouchers@co.rockand.ny.us](mailto:RCOCD_vouchers@co.rockand.ny.us) 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

AGENCY: _____

PROJECT: _____

MONTH/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	\$

Signature of Authorized Agency 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
MONTHLY PROGRESS REPORT
REQUIRED FOR PUBLIC SERVICE PROJECTS**

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

ORGANIZATION: _____

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 for each month of program

REPORTING PERIOD:

JANUARY 20__	FEBRUARY 20__	MARCH 20__	APRIL 20__	MAY 20__
JUNE 20__	JULY 20__	AUGUST 20__	SEPTEMBER 20__	OCTOBER 20__
NOVEMBER 20__	DECEMBER 20__			

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

- 1. Budget-Expended This Month: \$ _____
- a. Total Project Budget: \$ _____
- b. Total Expended/Reported in Prior Progress Reports: \$ _____
- c. Remaining Balance to be Expended/CDBG: \$ _____

2. List below the anticipated milestones that were to have been achieved this month. 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
MONTHLY PROGRESS REPORT
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REQUIRED FOR PUBLIC SERVICE PROJECTS

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.

THIS FORM MUST BE COMPLETED AND ATTACHED TO EACH VOUCHER. PUBLIC SERVICES MUST VOUCHER MONTHLY FOR THEIR PROJECT. THE SUBRECIPIENT AGREEMENT IS FOR A 12 MONTH PERIOD ONLY.

**RACE AND ETHNIC DATA REPORTING FORM
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT**

ORGANIZATION: _____

PROJECT NAME: _____

Monthly Reporting Period _____

A. General Instructions:

This form is intended to be used by organizations who receive HUD Federal financial assistance and are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.

Racial Categories	Total Number of Race	Total Number of Hispanic or Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Other Multi-Racial:		
Other Multi-Racial:		
Other Multi-Racial:		
Balance of individuals reporting more than one race		
Total:		

**RACE AND ETHNIC DATA REPORTING FORM
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT**

Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as “Haitian” can be used in addition to “Black” or “African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Organizations using this form should collect the individual responses from the community of individuals you are serving. After the individual collections are gathered, you should report via this form the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

Total Number of Racial Responses: Indicate the total number of responses collected in the blocks next to the applicable categories.

Total Number of Hispanic or Latino Responses: Indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a “yes” or “no” response.

Other Multiple Race Combinations: Indicate all racial categories (if any) identified that do not fit one of the five single race or four double race combinations above, and which have a total count that exceeds one percent of the total population reported.

Balance of individuals reporting more than one race: This block is intended to capture the balance of any racial categories that are not included in the list of nine above and are not included under Other multiple race combinations greater than one percent. Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

Total: On the last row of the form, you should indicate the aggregate totals of all the information you gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.

The Rockland County Office of Community Development modified form HUD-27061 meeting the needs of the organizations while capturing the data requirements in the IDIS System. This modification includes the standards as required by the Office and Management and Budget.

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50 SANATORIUM ROAD, BUILDING A,
6TH FLOOR, POMONA, NEW YORK 10970
ATTN: RCOCD_vouchers@co.rockland.ny.us

PUBLIC SERVICE 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 budget line items, materials used, type of activities carried out by program, beneficiaries assisted, 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. Income Categories:

Summary of Persons Benefiting:	Total	Percentage (%)
Total number of persons/households benefiting:	_____	_____
Extremely low-income (0-30%):	_____	_____
Low-income (31- 50%):	_____	_____
Moderate-income (51-80%):	_____	_____

5. Race/Ethnicity: Summary of benefits to minority persons (indicate the number of beneficiaries in each group).

Summary of Persons Benefiting:	Total	Hispanic
Total number of persons/households benefiting:	_____	_____
American Indian or Alaska Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____
White	_____	_____
American Indian or Alaska Native <i>and</i> White	_____	_____
Asian <i>and</i> White	_____	_____
Black or African American <i>and</i> White	_____	_____
American Indian or Alaska Native <i>and</i> Black or African American	_____	_____
Other Multi-Racial	_____	_____
Other Multi-Racial:	_____	_____
Other Multi-Racial:	_____	_____
Other Multi-Racial:	_____	_____

6. Gender

Summary of Persons Benefiting:	Total	Percentage (%)
Total number of persons benefiting:	_____	_____
Male:	_____	_____
Female:	_____	_____
Other/Transgender:	_____	_____
Total Persons Benefiting:	_____	_____

7. Other Data

Summary of Persons/Households Benefiting:	Total	Percentage (%)
Total number of persons benefiting:	_____	_____
Homeless:	_____	_____
Chronically Homeless:	_____	_____
Female-Headed Households:	_____	_____
Elderly:	_____	_____
Frail Elderly:	_____	_____
Persons with Severe Mental Illness:	_____	_____
Persons with Developmental Disabilities:	_____	_____
Persons with Physical Disabilities:	_____	_____
Victims of Domestic Violence:	_____	_____
Abused and Neglected Children:	_____	_____
Injured Soldiers and Veterans:	_____	_____
Persons with Alcohol and Drug Abuse:	_____	_____
Persons living with HIV/AIDS:	_____	_____
Large Families (5 or more members):	_____	_____

8. 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.*

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

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

10. 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.
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