NORTH CAROLINA DEPARTMENT OF COMMERCE Rural Economic Development Division (REDD) SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

CLOSEOUT PERFORMANCE REPORT

Cover Sheet

Grantee Nan	Gaston County	Grant Number:	18-C-3073
Grantee Add	ress: 128	3 W. Main Street, Gastoni	a, NC 28053
REDD, in which a. b. c.	ch case they may be incorporated A copy of each written citizen on the grantee's community of The grantee's assessment of the A description of any action take by 4 NCAC 19L .1002. ee's authorized official represent To the best of his/her knowled The records described in 4 NC available upon request; and In accordance with Section 10 1974, the assistance made available with the section 10 1974, the assistance made available with section 10 1974, the assistance made available with section 10 1974, the assistance made available with section 10 10 1974, the assistance made available with section 10 10 10 10 10 10 10 10 10 10 10 10 10	I by reference.) comment, which was receivelevelopment performance use comment; and seen or to be taken in responsative must certify the following and belief, data in this reactive and belief and belief to start-up of the CDBG grant for to start-up of the CDBG grant and belief the comment.	se to the comment as required ving: report is true and correct; ntained and will be made Community Development Act of nt is not substantially reducing, grant reported here, the amount
	Chad Brown		Chairman
Typed Na	ame of Chief Elected Official/Authorized R	epresentative	Title
			November 12, 2024
Signatu	re of Chief Elected Official/Authorized Re	presentative	Date
Preparer lı	nformation		
Name: Da	avid Gale		
Address: 11	5 MacKenan Drive, Cary, NC	27511	
Telephone N	Number: <u>(919) 441-9095</u>		
Email Addre	ss: dgale@withersravene	el.com	



Rural Economic Development Division (REDD) CDBG Closeout Forms

Grantee	Gaston County
Grantee Address	128 W. Main Street, Gastonia, NC 28053
Grant Number	18-C-3073
Project Name	Neighborhood Revitalization
1st Project Number	
2nd Project Number	
3rd Project Number	
Period	
Authorized Representative	
Name	Chad Brown
Title	Chairman
Preparer of Information	
Name	David Gale (WithersRavenel)
Address	115 MacKenan Drive, Cary, NC 27511
Telephone Number	(919) 441-9095
Email Address	dgale@withersravenel.com
Property acquired with CDBG funds?	☐ Yes ☑ No

PROPERTY DISPOSITION REPORT

Grant Number: 18-C-3073

Property	(1) Description	(2) Date Acquired	(3) Acquisition Cost	(4) % CDBG Participation	(5) Current Use	(6) Proposed Use/Disposition
I. Real	N/A	N/A	N/A	N/A	N/A	N/A
II. Nonexpenda ble Personal	N/A	N/A	N/A	N/A	N/A	N/A
III. Expendable Personal	N/A	N/A	N/A	N/A	N/A	N/A

NORTH CAROLINA DEPARTMENT OF COMMERCE CDBG FINAL PERFORMANCE REPORT

GRANT NO. 18-C-3073 (Gaston County)

PROJECT NO. N/A **Period**: 12/20/2019 - 11/12/2024

USE OF PROGRAM INCOME PAGE

1 Anticipated Program Income	2 Actual Program Income Received	3 Program Income Expended	4 Expended On Activity Name	5 Expended On Activity Code
N/A	N/A	N/A	N/A	N/A

Will grantee exceed \$25,000 in Program Income during the next 12 months? YES _____ NO $_{\rm X}$ What is the approximate date for exceeding \$25,000 in Program Income? N/A #116-F (4/97)

Grantee	Gaston Coun	tv	Activity Name	Administratio	nn	
Grant Number	18-C-3073		Project:		d Revitalization	
Acct Number	1060		oject.	C1 X	- Tevitalization	
Activity Code	13			L1	_	
Budgeted	\$75,000.00	Expended	\$67,125.00		_	
	\$73,000.00		ψον,123.00	_	Duanasad	Antoni
Linear Feet					Proposed	Actual
Properties					_	
Units, Dwelling					_	
	, nercentage (of HIID Med	ian Family Income	a I avals		
	ate Income Ho			Levels	_	
	ome Househol		3070			
	louseholds 30-					
	me Household					
Total Hous					0	0
		JD Median	Family Income Le	vels		
	ate Income Ho				<u> </u>	
Moderate Inc	ome Househol	ds 51-80%				
Low Income F	louseholds 30-	50%				
Very Low Inco	me Household	ls <30%				
Total Perso					0	0
Jobs					_	
Micro Enterpris	е					
Female Head of						
Hispanic						
American Indi	an or Alaska N	ative				
Asian						
Black or Africa	an American					
Native Hawaii						
White						
	an or Alaska N	ative & Whi	te			
Asian & White						
	an American &					
		ative & Blac	k or African Ameri	can		
Other Multi-R	acial					
Non-Hispanic					<u> </u>	
	an or Alaska n	ative				
Asian Black or Africa	an Amorican					
	an American an or Other Pa	cific Islanda	ır			
White	an or Other Pa	icinc isidilde	:1			
	an or Alaska N	ative & Mhi	ito		_	
Asian & White		ative & Will			_	
	an American &	White				
			k or African Ameri	ran	_	
Other Multi-R		ative & bidt	A OI AIIICAII AIIICII	carr		
Other Multi-N	uciui					

Grantee	Gaston County	1	Activity Name	Rehabilit	ation, Private	
Grant Number	18-C-3073		Project:	Neighbor	hood Revitalization	
Acct Number	1042			C1 2	X	
Activity Code	9A			L1		
Budgeted	\$675,000.00	Expended	\$606,296.41			
					Proposed	Actual
Linear Feet						
Properties						
Units, Dwelling					16	4
Households by	percentage of	HUD Media	n Family Income	Levels		
Above Moder	ate Income Hou	seholds > 80	0%			
Moderate Inc	ome Households	s 51-80%				
Low Income H	louseholds 30-5	0%			4	1
•	ome Households	<30%			12	3
Total Hous	eholds				16	4
Persons by per	rcentage of HUI	O Median Fa	amily Income Lev	els		
Above Moder	ate Income Hou	seholds > 80	0%			
Moderate Inc	ome Households	s 51-80%				
Low Income H	louseholds 30-5	0%				
•	me Households	<30%				
Total Perso	ons					
Jobs						
Micro Enterpris						
Female Head of	f Household					
Hispanic						
American Indi	ian or Alaska Nat	tive				
Asian						
Black or Africa						
	ian or Other Paci	ific Islander				
White					1	0
	ian or Alaska Nat	tive & White	9			
Asian & White						
	an American & V					
		tive & Black	or African America	an		
Other Multi-R	tacial					
Non-Hispanic						
	ian or Alaska nat	ive				
Asian						
Black or Africa					5	3
	ian or Other Pac	ific Islander				
White						1
	ian or Alaska Nat	tive & White	9			
Asian & White		at a				
Black or Africa	an American & V	Vhite				

American Indian or Alaska Native & Black or African American	
Other Multi-Racial	

CERTIFICATE OF COMPLETION

1. Grantee:Gaston County2. Grant Number:18-C-30733. Project Name:Neighborhood Revitalization4. Project Number:C-1

5. Final Statement of Costs				
				To Be Completed by
	To Be Complet			DOC
	Paid Costs	Unpaid Costs	Total Costs	Approved
Program Activity Categories			(Col. b + c)	Total Costs
(a)	(b)	(c)	(d)	(e)
a. Acquisition	\$0.00		\$0.00	
b. Disposition	\$0.00		\$0.00	
c. Public facilities and improvements				
(1) Senior and handicapped centers	\$0.00		\$0.00	
(2) Parks, playgrounds and recreation facilities	\$0.00		\$0.00	
(3) Neighborhood facilities	\$0.00		\$0.00	
(4) Solid waste disposal facilities	\$0.00		\$0.00	
(5) Fire protection facilities and equipment	\$0.00		\$0.00	
(6) Parking facilities	\$0.00		\$0.00	
(7) Street improvements	\$0.00		\$0.00	
(8) Flood and drainage improvements	\$0.00		\$0.00	
(9) Pedestrian improvements	\$0.00		\$0.00	
(10) Other public facilities	\$0.00		\$0.00	
(11) Sewer improvements	\$0.00		\$0.00	
(12) Water improvements	\$0.00		\$0.00	
d. Clearance activities	\$0.00		\$0.00	
e. Public services	\$0.00		\$0.00	
f. Relocation assistance	\$0.00		\$0.00	
g. Construction, rehab. and preservation activities				
(1) Construction or rehab. of com. & indust. bldgs.	\$0.00		\$0.00	
(2) Rehabilitation of privately owned buildings	\$606,296.41		\$606,296.41	
(3) Rehabilitation of publicly owned buildings	\$0.00		\$0.00	
(4) Code enforcement	\$0.00		\$0.00	
(5) Historic preservation	\$0.00		\$0.00	
h. Development financing				
(1) Working capital	\$0.00		\$0.00	
(2) Machinery and equipment	\$0.00		\$0.00	
i. Removal of architectural barriers	\$0.00		\$0.00	
j. Other activities	\$0.00		\$0.00	
k. Subtotal	\$606,296.41		\$606,296.41	
1. Planning	\$0.00		\$0.00	
m. Administration	\$67,125.00		\$67,125.00	
n. Total	\$673,421.41		\$673,421.41	
o. Less: Program Income Applied to Program Costs			\$0.00	
p. Equal: Grant Amount Applied to Program Costs	\$673,421.41		\$673,421.41	

6. Computation of Grant Balance					
	To Be	То Ве			
	Completed By	Completed By			
Description	Recipient	DOC			
(a)	Amount	Approved Amount			
	(b)	(c)			
(1) Grant Amount Applied To Program Costs (From Line p)	\$673,421.41				
(2) Estimated Amount For Unsettled Third - Party Claims					
(3) Subtotal	\$673,421.41				
(4) Grant Amount Per Grant Agreement	\$750,000.00				
(5) Unutilized Grant To Be Canceled (Line 4 Minus Line 3)	\$ 76,578.59				
(6) Grant Funds Received	\$673,421.41				

	able (Line 3 Minus Line 6)*	 .	The second secon		
		ine 7 as a negat	tive amount. This amount shall be repaid to DOC b	Эy	
check, unless DOC has p	reviously approved use of these funds. 7. Pro	gram Income			
		g			
a) Amount of existing pro	ogram income:	\$0.	.00		
b) Amount of anticipated	program income:	\$0.	.00		
c) If program income exis	sts or is anticipated, describe the propose	d application(s)	:		
	8. Unpaid Costs and U		•		
	sts or unsettled third party claims again lescribe the circumstances and amount	_	nt's grant? Type "yes" or "no."		
	9. Remarks (1	For REDD Use	Only)		
	7. Remarks (1	roi REDD Osc	Omy)		
			g documents and other records pertinent to the ined for a minimum of five (5) years from the date	of	
	This grant is closed pending rece Development Division (REDD).	eipt and approv	val of your final audit by the Rural Economic		
	Town				
	City				
	County				
	10. Certific	cation of Recipi	ient		
It is hereby certified that all activities undertaken by the Recipient with funds provided under the grant agreement identified on page 1 hereof, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provisions have been made by the Recipient for the payment of all unpaid costs and unsettled third party claims identified on page 1 hereof; that the State of North Carolina is under no obligation to make any further payment to the Recipient under the grant agreement in excess of the amount identified on Line 7 hereof; and that every other statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.					
Date	Typed Name and Title of Reci	•	Signature of Recipient's		
	Authorized Representativ	ve	Authorized Representative		
November 12, 2024	Chad Brown (Name)				
	Chairman (Title)		√		
	11. De	OC Approval			
This Certification of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and					
related funds reservation	and obligation of \$		previously authorized for cancellation		
(from Section 6, line 6, p	age 1).				

Date	Typed Name and Title of DOC Authorized Representative	Signature of DOC's Authorized Representative	
		√	