



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## Building and Development Services

### Board Action

File #: 24-542

Commissioner Brown - Building & Development Services (Housing Rehab) - Closeout for the Community Development Block Grant - Neighborhood Revitalization (CDBG-NR)

#### STAFF CONTACT

Marc Bolick - Building Development Services Housing Rehab - 704-866-3559

#### BACKGROUND

This public hearing is to closeout the Community Development Block Grant Neighborhood Revitalization (CDBG-NR) grant as it was completed on October 1, 2024. In the FY18 grant, the County received \$750,000 in grant funds from the NC Department of Commerce. With these funds, the County provided housing rehabilitation to four low-and-moderate-income (LMI) households. Representatives with Withers Ravenel will review and assess the performance of the County's FY18 Community Development Block Grant (CDBG) Neighborhood Revitalization Program during this public hearing.

#### ATTACHMENTS

Closeout Accomplishments Package

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	CCloninger	AFraley	BHovis	KJohnson	TKeigher	RWorley	Vote
2024-382	11/12/2024	BH	KJ	A	A	AB	A	A	A	A	U

#### DISTRIBUTION:

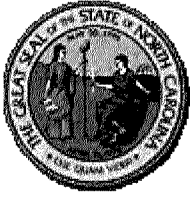
Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

# Cover Sheet

**Grantee Address:** 128 W. Main Street, Gastonia, NC 28053

Email Address: dgale@withersravenel.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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 X

What is the approximate date for exceeding \$25,000 in Program Income? N/A

Grantee	<u>Gaston County</u>	Activity Name	<u>Administration</u>	
Grant Number	<u>18-C-3073</u>	Project:	<u>Neighborhood Revitalization</u>	
Acct Number	<u>1060</u>		C1	<u>X</u>
Activity Code	<u>13</u>		L1	<u></u>
Budgeted	<u>\$75,000.00</u>	Expended	<u>\$67,125.00</u>	

	Proposed	Actual
Linear Feet		
Properties		
Units, Dwelling		
<b>Households by percentage of HUD Median Family Income Levels</b>		
Above Moderate Income Households > 80%		
Moderate Income Households 51-80%		
Low Income Households 30-50%		
Very Low Income Households <30%		
<b>Total Households</b>	<u>0</u>	<u>0</u>
<b>Persons by percentage of HUD Median Family Income Levels</b>		
Above Moderate Income Households > 80%		
Moderate Income Households 51-80%		
Low Income Households 30-50%		
Very Low Income Households <30%		
<b>Total Persons</b>	<u>0</u>	<u>0</u>
Jobs		
Micro Enterprise		
Female Head of Household		
<b>Hispanic</b>		
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaska Native & Black or African American		
Other Multi-Racial		
<b>Non-Hispanic</b>		
American Indian or Alaska native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaska Native & Black or African American		
Other Multi-Racial		

Grantee	Gaston County	Activity Name	Rehabilitation, Private
Grant Number	18-C-3073	Project:	Neighborhood Revitalization
Acct Number	1042		C1 X
Activity Code	9A		L1
Budgeted	\$675,000.00	Expended	\$606,296.41

	Proposed	Actual
Linear Feet		
Properties		
Units, Dwelling	16	4
<b>Households by percentage of HUD Median Family Income Levels</b>		
Above Moderate Income Households > 80%		
Moderate Income Households 51-80%		
Low Income Households 30-50%	4	1
Very Low Income Households <30%	12	3
<b>Total Households</b>	16	4
<b>Persons by percentage of HUD Median Family Income Levels</b>		
Above Moderate Income Households > 80%		
Moderate Income Households 51-80%		
Low Income Households 30-50%		
Very Low Income Households <30%		
<b>Total Persons</b>		
Jobs		
Micro Enterprise		
Female Head of Household		
<b>Hispanic</b>		
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White	1	0
American Indian or Alaska Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaska Native & Black or African American		
Other Multi-Racial		
<b>Non-Hispanic</b>		
American Indian or Alaska native		
Asian		
Black or African American	5	3
Native Hawaiian or Other Pacific Islander		
White	11	1
American Indian or Alaska Native & White		
Asian & White		
Black or African American & White		

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



# CERTIFICATE OF COMPLETION

1. Grantee: Gaston County

2. Grant Number: 18-C-3073

3. Project Name: Neighborhood Revitalization

4. Project Number: C-1

5. Final Statement of Costs				
Program Activity Categories (a)	To Be Completed by Recipient		Total Costs (Col. b + c) (d)	To Be Completed by DOC
	Paid Costs (b)	Unpaid Costs (c)		Approved Total Costs (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	
<b>k. Subtotal</b>	\$606,296.41		\$606,296.41	
l. Planning	\$0.00		\$0.00	
m. Administration	\$67,125.00		\$67,125.00	
<b>n. Total</b>	\$673,421.41		\$673,421.41	
o. Less: Program Income Applied to Program Costs			\$0.00	
<b>p. Equal: Grant Amount Applied to Program Costs</b>	\$673,421.41		\$673,421.41	

6. Computation of Grant Balance		
Description (a)	To Be Completed By Recipient	To Be Completed By DOC
	Amount (b)	Approved Amount (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	

(7) Balance of Grant Payable (Line 3 Minus Line 6)*			
<b>* If Line 6 exceeds Line 3, enter the amount of the excess on Line 7 as a negative amount. This amount shall be repaid to DOC by check, unless DOC has previously approved use of these funds.</b>			
<b>7. Program Income</b>			
a) Amount of existing program income:	\$0.00		
b) Amount of anticipated program income:	\$0.00		
c) If program income exists or is anticipated, describe the proposed application(s):			
N/A			

<b>8. Unpaid Costs and Unsettled Third Party Claims</b>	
Are there any unpaid costs or unsettled third party claims against the recipient's grant? Type "yes" or "no." <span style="float: right;">NO</span>	
If yes, in the box below describe the circumstances and amounts involved.	
<b>9. Remarks (For REDD Use Only)</b>	
<input type="checkbox"/>	Please note that all financial records, supporting documents and other records pertinent to the community development program must be retained for a minimum of five (5) years from the date of this letter.
<input type="checkbox"/>	This grant is closed pending receipt and approval of your final audit by the Rural Economic Development Division (REDD).
<input type="checkbox"/>	Town
<input type="checkbox"/>	City
<input type="checkbox"/>	County

<b>10. Certification of Recipient</b>		
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 Recipient's Authorized Representative	Signature of Recipient's Authorized Representative
November 12, 2024	Chad Brown <small>(Name)</small>  Chairman <small>(Title)</small>	✓ _____

<b>11. DOC Approval</b>	
This Certification of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$ _____, less \$ _____ previously authorized for cancellation (from Section 6, line 6, page 1).	

Date	Typed Name and Title of DOC Authorized Representative	Signature of DOC's Authorized Representative
<hr/>	<hr/>	√ <hr/>