

RESOLUTION NO. 4082

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLEDAD
ACCEPTING THE CLOSEOUT REPORT FOR CDBG GRANT NO. 04-EDBG-0628
"BUSINESS REVOLVING LOAN PROGRAM" AND AUTHORIZING THE FILING OF
SAID REPORT WITH THE STATE HOUSING AND COMMUNITY DEVELOPMENT
DEPARTMENT, COMMUNITY DEVELOPMENT BLOCK GRANT – ECONOMIC
ENTERPRISE FUND COMPONENT**

WHEREAS, the City received Community Development Block Grant (CDBG) funds of \$300,000 in 2005 from the Economic Enterprise Fund Component for a Business Revolving Loan Program; and

WHEREAS, the City's efforts to market the program to smaller business were unsuccessful, the Department of Housing and Community Development (HCD) recommended that the City disencumber the grant loan funds so that the City will not be penalized in future grant applications; and

WHEREAS, on May 16, 2007, Resolution No. 4005 was approved by the City Council; disencumbering the grant funds; and

WHEREAS, in order to complete the closeout requirements of the Department of Housing and Community Development CDBG Program, the Closeout Report must be presented for public review and for City Council acceptance; and

WHEREAS, acceptance of the Closeout Documents by the City Council will be sent along with a Close-out Letter to the State Housing and Community Development Department, Community Development Block Grant Division for review and approval.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the City Council of the City of Soledad that the City Council hereby accepts the Closeout Report of the CDBG Business Revolving Loan Program Contract No. 04-EDBG-0628 and authorizes the City Manager to submit such report to the Department of Housing and Community Development - CDBG Program.

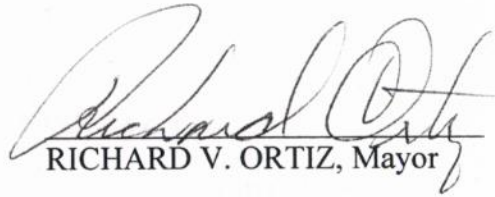
PASSED AND ADOPTED by the City Council of the City of Soledad at a regular meeting on the 19th day of September, 2007 by the following vote:

AYES, and in favor thereof, Councilmembers: Martha Camacho, Juan Saavedra, Patricia Stephens, Mayor Pro Tem Christopher Bourke, Mayor Richard Ortiz

NOES, Councilmembers: None

ABSTAIN, Councilmembers: None

ABSENT, Councilmembers: None



RICHARD V. ORTIZ, Mayor

ATTEST:

NOELIA F. CHAPA, City Clerk

State of California, Dept. of Housing &
Community Development

Jim Miwa, Economic Development Rep
CDBG Representative
Department of Housing
and Community Development
Attn: CDBG Program,
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, CA 95833

RE: CLOSEOUT CERTIFICATION of CDBG Grant No. 04-EDBG-0628

It is hereby certified that all activities undertaken by the Grantee with funds provided under the above grant agreement have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Grantee for the payment of all costs and claims; that the State of California is under no obligation to make further payment to the Grantee under the grant agreement; and that every statement and amounts set forth in the **attached** final CDBG Financial and Accomplishment Report is, to the best of my knowledge, true and correct.

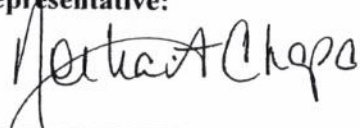
Any property acquired in whole or in part with CDBG funds or CDBG Program Income shall be accounted for in accordance with the provisions of Section 7118 and 7104 of the State CDBG regulations pertaining to property management and program income. Please list any property acquired in whole or in part with grant funds or program income expended for the grant or, if applicable, state "none" acquired. Please see Chapter 19, Property Management, in the Grants Management Manual for more detailed instructions.

Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations. Please see CFR 24 Sec. 570.505 Use of real property for instructions.

| | |
|---------|----|
| 1. none | 3. |
| 2. | 4. |

The Grantee shall continue to comply with the State CDBG program income reporting requirements.

All costs incurred subsequent to the most recent annual audit period will be audited at the time the Grantee's next annual audit is conducted in accordance with OMB Circular A-133. The Grantee will resolve any audit findings relating to both the program and financial aspects of the grant. In the event there are any costs which are disallowed by this audit or any subsequent audits which cover CDBG expenditures, and which are sustained by the Department of Housing and Community Development, the amount of such costs shall be returned to HCD.

| | | |
|-------------------------|---|--|
| Date: 9/27/07 | Typed Name and Title of Authorized Grantee Representative: Name: Noelia F. Chapa Title: City Manager | Signature of Authorized Grantee Representative:  |
|-------------------------|---|--|

State Community Development Block Grant Program
GRANTEE PERFORMANCE REPORT
 For period 7/1/2006 to 6/30/2007

Coversheet/Certification

Jurisdiction Name: City of Soledad

General Information: Please check one: Annual GPR
 Final GPR (Grant GPR Only)

Is this GPR being completed to report on: Program Income, or a Grant?
 If Grant, No: 04-EDBG-0628, and check type, below:

General Economic Development Colonias Native American

Address of Jurisdiction: 248 Main Street
Soledad CA 93960

Preparer Information:
 Name: Kenyeih Vandt
 Title: Grant Administrative Assistant
 Phone: 559-449-0400
 Email address: admin-rm-assoc@att.net

Checklist of Contents: (include all parts applicable to your Grant or PI-RLAs)

| Contents | Activity 1 | | Activity 2 | | Activity 3 | | Activity 4 | |
|---|------------|-----|------------|-----|------------|-----|------------|-----|
| | Inc. | N/A | Inc. | N/A | Inc. | N/A | Inc. | N/A |
| Part 1. Common Demographics | x | | | | | | | |
| Part 2. Housing Activities | | x | | | | | | |
| Part 3. Public Works Activities | | x | | | | | | |
| Part 4. Public Services and Community Facilities Activities | | x | | | | | | |
| Part 5. Economic Development Activities | x | | | | | | | |
| Part 6. Displacement/Replacement Information | | x | | | | | | |

Certification:

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review

Noelia F. Chapa
 Signature of Authorized Representative

NOELIA F. CHAPA, CITY MANAGER
 Printed Name and Title

Sept. 27, 07
 Date

Jurisdiction: City of Soledad

Grant No. or Program Income: 04-EDBG-0628

Part 1. Common Demographics (List all activities under this grant, or Program Income RLAs, as applicable, and their associated accomplishments during this period)

| Contract or RLA Activity | HUD Matrix Code | Accomplishment Type (choose one for each activity reported on) | | | | Number of Beneficiaries This Period | Number of TIG Beneficiaries This Period | FINAL GPR ONLY (Grants Only) | |
|--------------------------|-----------------|---|----------------------|-------------------|----------------------|-------------------------------------|---|---|---|
| | | Households ¹ | Persons ² | Jobs ³ | Clients ⁴ | | | Total Beneficiaries During Entire Grant | Total TIG Beneficiaries During Entire Grant |
| 1. Business Loans | (18A) | | | 0 | 0 | 0 | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

CONTRACTOR INFORMATION: (Provide the total value of contract(s) between the grantee and contractors)

| Firm Owned Wholly or in Substantial Part By: | Value of Contract(s) |
|--|----------------------|
| Minority Group Members | \$ none |
| Women | \$ none |
| Other | \$ none |

Fair Housing Activities: (Final GPRs Only)

Please briefly describe any fair housing activities your jurisdiction undertook during the term of the grant including the amount of CDBG funds spent on fair housing activities, and the numbers and racial/ethnic and gender characteristics: _____

Citizen Participation Activities: (Final GPRs Only)

Please briefly describe your jurisdiction's efforts during the term of the grant to encourage the participation of minorities, female-headed households, and people with disabilities in your CDBG Citizen Participation process: _____

¹ Choose households if the activity is Housing Rehabilitation, Housing New Construction, Housing Acquisition, or Public Works.

² Choose persons if the activity is Community Facilities or Public Services.

³ Choose jobs if the activity is Economic Development.

⁴ Choose clients if the activity is Microenterprise Assistance.

⁵ Do not list contracts between beneficiaries and contractors (i.e., housing rehabilitation).

Jurisdiction: City of Soledad

Grant No. or Program Income: 04-EDBG-0628

Part 5. Economic Development Activities

Number of Jobs Created/Retained (During this report period):

| | Total Job Count | | | |
|------------------|-----------------|--------------------|-----------------------------|---------------------------------|
| | Full-Time Jobs | Full-Time TIG Jobs | Part-Time Jobs ⁶ | Part-Time TIG Jobs ⁷ |
| a. Jobs Created | 0 | 0 | 0 | 0 |
| b. Jobs Retained | 0 | 0 | 0 | 0 |

Number of Businesses Assisted: (During this report period)

New Businesses: 0

Existing Businesses: 0

Number of Clients Assisted (Micro-enterprise Assistance Only): 0

Number of Jobs Created/Retained (During the Grant term – Final GPR Only):

| | Total Job Count | | | |
|------------------|-----------------|--------------------|-----------------------------|---------------------------------|
| | Full-Time Jobs | Full-Time TIG Jobs | Part-Time Jobs ⁸ | Part-Time TIG Jobs ⁹ |
| a. Jobs Created | | | | |
| b. Jobs Retained | | | | |

Number of Businesses Assisted: (During the Grant Term – Final GPR only)

New Businesses: _____

Existing Businesses: _____

Number of Clients Assisted (Micro-enterprise Assistance Only): _____

⁶ Provides at least 875 work hours.

⁷ Provides at least 875 work hours to TIG individuals.

⁸ Provides at least 875 work hours.

⁹ Provides at least 875 work hours to TIG individuals.

Jurisdiction: City of Soledad

Grant No. or Program Income: 04-EDBG-0628

Part 5. Economic Development Activities (Continued)

| Beneficiaries by Race and Ethnicity: | During This Reporting Period | | During Entire Grant Term | |
|---|------------------------------|-------------------------------|--------------------------|-------------------------------|
| | Race | Ethnicity | Race | Ethnicity |
| Race Categories | Number of Persons | Number that are also Hispanic | Number of Persons | Number that are also Hispanic |
| American Indian or Alaska Native | 0 | 0 | | |
| Asian | 0 | 0 | | |
| African American or Black | 0 | 0 | | |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | | |
| White | 0 | 0 | | |
| American Indian or Alaska Native <i>and</i> White | 0 | 0 | | |
| Asian <i>and</i> White | 0 | 0 | | |
| African American or Black <i>and</i> White | 0 | 0 | | |
| American Indian or Alaska Native <i>and</i> African American or Black | 0 | 0 | | |
| Other Multi-Racial | | | | |
| TOTALS: | 0 | 0 | | |

Number of Handicapped Beneficiaries: 0

Number of Homeless Beneficiaries: 0 Individuals 0 Families

Jurisdiction: City of Soledad

Grant No. or Program Income: 04-EDBG-0628

Part 5. Economic Development Activities (Continued)

If the activity does not meet the National Objective for TIG benefit, does the National Objective meet the Slum Blight Area's Objective¹⁰?
Yes No

If yes, please provide the following information:

Percent of deteriorated buildings _____% SBA designator year

Total Number of Beneficiaries _____

Public Improvement Type/Condition:

Boundaries:

¹⁰ Pertains only to Program Income and Economic Development activities.

CDBG Financial & Accomplishment Report (FAR)

(Due Semi-Annual and at Closeout)

Grantee: City of Soledad
 Address: P.O. Box 156
Soledad, CA 93960
 Phone: (831) 678-3963

Preparer: Kenyeih Vandt
 Title: Grant Assistant
 Organization: RM Associates
 Phone: (559) 449-0400
 E-Mail Address: admin-rm-assoc@att.net

Grant No.: 04-EDBG-0628
 Grant Amend. No.: N/A
 Execution Date: 12/12/05
 Expiration Date: 07/01/07
 CDBG Program Rep: Susan Kessler

| | |
|---|--|
| <input checked="" type="checkbox"/> Final FAR | <input type="checkbox"/> Closeout Report |
|---|--|

Section I - Fund Status

| | | Section I Part A - Requested Fund Information | | | | | | |
|---------------------------|----------|---|-------------------------|---------------------------|-----------------------------------|----------------------------|----------------------------------|--|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | |
| | | Budgeted Amount | Total Requested To Date | Total CDBG Funds Received | CDBG Funds Requested Not Received | Total CDBG Funds Disbursed | CDBG Funds-on-Hand* (Col. 5 - 7) | |
| Contract Activities | HUD Code | | | | | | | |
| 1- General Administration | 21AG | \$ 22,500.00 | \$ 5,606.00 | \$ 5,606.00 | \$ 262.50 | \$ 5,606.00 | | |
| 2- Activity Delivery | 18AD | \$ 27,750.00 | | | | | | |
| 3- Business Loans | 18A | \$ 249,750.00 | | | | | | |
| 4- | | | | | | | | |
| 5- | | | | | | | | |
| 6- | | | | | | | | |
| 7- | | | | | | | | |
| Total | | \$ 300,000.00 | \$ 5,606.00 | \$ 5,606.00 | \$ 262.50 | \$ 5,606.00 | \$ | |

*Note: If Funds-on-Hand exceeds 5,000, please explain why in Section VI - Comments.

Section I Part B - Accrued Expenditures & Milestones

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|---------------------------|----------|----------------------|---------------------|--------------------------|----------------------------|----------------------|----------------------|
| | | Budgeted Amount | Previously Reported | Expenditures This Period | Total Accrued Expenditures | Balance (Col. 3 - 6) | Percent (Col. 6 / 3) |
| Contract Activities | HUD Code | | | | | | |
| 1- General Administration | 21AG | \$ 22,500.00 | \$ 5,325.00 | \$ 544.00 | \$ 5,869.00 | \$ 16,631.00 | 26% |
| 2- Activity Delivery | 18AD | \$ 27,750.00 | | | | \$ 27,750.00 | 0% |
| 3- Business Loans | 18A | \$ 249,750.00 | | | | \$ 249,750.00 | 0% |
| 4- | | | | | | | |
| 5- | | | | | | | |
| 6- | | | | | | | |
| 7- | | | | | | | |
| Total | | \$ 300,000.00 | \$ 5,325.00 | \$ 544.00 | \$ 5,869.00 | \$ 294,131.00 | 2% |

Section II - Expenditure of Match, Leverage & State / Federal Sources

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|---------------------------|----------------|--------------|---------------------|-----------------------|-----------------------------------|-------------------------------|
| | | Total Budget | Previously Reported | Expended This Quarter | Expenditures To Date (Col. 4 + 5) | Percent Expended (Col. 6 / 3) |
| Contract Activities | Funding Source | | | | | |
| 1- General Administration | | | | | | |
| 2- Activity Delivery | | | | | | |
| 3- Business Loans | | | | | | |
| 4- | | | | | | |
| 5- | | | | | | |
| 6- | | | | | | |
| 7- | | | | | | |
| Total | | \$ - | \$ - | \$ - | \$ - | |

Financial & Accomplishment Report (FAR)

Section III - Residential Rehabilitation Loan Account (if applicable)

Report Period: From: 01/01/07 To: 06/30/07

Report the funds received on an advance basis for the Residential Rehabilitation Activity: \$ -
 Report the actual amount paid to contractors for rehabilitation services: \$ -
 Balance remaining for the Residential Rehabilitation Activity: \$ -

Is the remaining balance in a rehabilitation loan account? Yes ___ No ___ No. If no explain in Comments

Section IV - Interest Revenue Earned on Advances (if applicable)

Report Period: From: 01/01/07 To: 06/30/07

Report the total amount of interest revenue earned on CDBG advances: \$ -
 Report the total amount of interest revenue returned to the Department: \$ -

Note: Do not return interest from lump sum draw down. However, DO include the interest from escrow accounts required for Residential Rehabilitation Activities.

Section V - Lump Sum Report (if applicable)

Report Period: From: 01/01/07 To: 06/30/07

- Part A - Lump Sum draw down agreement information
- Date Agreement Approved by HCD:
 - Date Agreement Executed:
 - Term of Agreement (not to exceed 2 yrs.)
 - Date of deposit into financial institution:
 - Date 45 days past date in line 4:
 - Date 1st loan approved:
 - Date 180 days past date in line 4:
 - Percent disbursed by 180th day:

- Part B - Fund Reconciliation
- Lump Sum Deposit:
 - Repayment of P & I:
 - Interest from Deposit:
 - Total (1+2+3) \$ -
 - Total Loaned:
 - Total Available (4-5) \$ -

- Part C - Financial Institution Contribution
- | | |
|-------------------|--|
| BMIR | |
| Admin. Services | |
| Bank Contribution | |
| Amt: | |
- Provide narrative of progress to date in Section VI - Comments

Section VI - Comments:

CDBG Financial & Accomplishment Report (FAR)

Grantee: City of Soledad

Grant No.: 04-EDBG-0628

Report Period: _____

From: 01/01/07

To: 06/30/07

Section VII - ACCOMPLISHMENT NARRATIVE (Significant Changes; Problems Encountered; Milestones Met. Please refer to instructions.)

First Quarter of the Semi-annual Report Period. From: _____ To: _____

| Contract Activities | HUD Code | Narrative Accomplishments |
|---------------------|----------|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Second Quarter of the Semi-annual Report Period. From: _____ To: _____

| Contract Activities | HUD Code | Narrative Accomplishments |
|---------------------|----------|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Grantee Certification:

I certify to the best of my knowledge that this report is true in all respects, that the reported amounts agree with the official accounting records, and that all disbursements have been made for the purposes and conditions of this grant.

Name: _____ Noelia F. Chapa

Title: _____ City Manager

Signature: Noelia F. Chapa

Date: Sept 27, 07

FOR HCD USE ONLY

CDBG Rep: _____

Approval Date: _____

CDBG Funds Request

(May submit once a month; required at least once a quarter even if Zero Funds requested)

| | | | |
|---|--|--|---|
| Grantee: City of Soledad Address: P.O. Box 156 Soledad, CA 93960 Phone: (831) 678-3963 | Preparer: James Espinoza Title: Grant Assistant Organization: RM Associates Phone: (559) 449-0400 E-Mail Address: admin-rm-assoc@att.net | Grant No.: 04-EDBG-0628 Grant Amend. No.: N/A Execution Date: 12/12/05 Expiration Date: 07/01/07 CDBG Program Rep: Janet Myles | TYPE OF FUNDS REQUEST: Advance <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Final Request <input checked="" type="checkbox"/> |
|---|--|--|---|

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
|--|----------|-----------------|-------------------------------|---------------------------|-------------------------------|----------------------------|----------------------------------|-------------|
| Funds Request (Due at least Quarterly) | | | | | | | | |
| | HUD Code | Budgeted Amount | Total Funds Requested To Date | Total CDBG Funds Received | CDBG Funds Requested Not Rcvd | Total CDBG Funds Disbursed | CDBG Funds-on-Hand* (Col. 5 - 7) | FOR HCD USE |
| 1-General Administration | 21A | \$ 22,500.00 | \$ 5,606.00 | \$ 5,606.00 | \$ - | \$ 5,606.00 | \$ - | \$263.00 |
| 2-Activity Delivery | 18AD | \$ 27,750.00 | | | | | | |
| 3-Business Loans | 18A | \$ 249,750.00 | | | | | | |
| 5- | | | | | | | \$ - | |
| 6- | | | | | | | \$ - | |
| Total | | \$ 300,000.00 | \$ 5,606.00 | \$ 5,606.00 | \$ - | \$ 5,606.00 | \$ - | \$263.00 |

*Note: If Funds-on-Hand exceeds \$5,000, please explain why in Comments Section

| PLANNING AND TECHNICAL ASSISTANCE GRANTS ONLY - EXPENDITURE OF MATCH FUNDS | | | |
|--|--------------------------|-----------------------------|--|
| (1) | (2) | (3) | (4) |
| Allocation | Activity | Budgeted Amount | Previously Reported |
| Econ Develop | Planning for ED PTA | | \$ - |
| General | Planning for General PTA | | \$ - |
| | | Expended This Period | Total Expenditures (Col. 4 + 5) |
| | | | (6) |

| EXPENDITURE OF PROGRAM INCOME ON ACTIVITIES ASSOCIATED WITH THIS GRANT | | | |
|--|----------|-----------------------------|--|
| (1) | (2) | (3) | (4) |
| Activity Name | HUD Code | Budgeted Amount | Previously Reported |
| | | \$ - | \$ - |
| | | \$ - | \$ - |
| | | \$ - | \$ - |
| | | Expended This Period | Total Expenditures (Col. 4 + 5) |
| | | | (6) |

Comments:

Grantee Certification:
 I certify to the best of my knowledge that this report is true in all respects, that the reported amounts agree with the official accounting records, and that all disbursements have been made for the purposes and conditions of this grant.

| | | |
|-----------------------|---------------------|-------------------------|
| Name: Nbelia F. Chapa | Title: City Manager | FOR HCD USE ONLY |
| Signature: | Date: Sept. 27, 07 | Voucher #: _____ |
| | | Date: _____ |
| | | Fiscal Rep: _____ |