

1. FEDERAL AGENCY AND ORGANIZATION ELEMENT TO WHICH REPORT IS SUBMITTED Department of Economic and Community Affairs State Planning Division, CDBG Section	2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER	3. OMB Approved No. 80-RO180	PAGE OF
4. EMPLOYER IDENTIFICATION NUMBER	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER	6. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	7. BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUA

9. PROJECT/GRANT PERIOD (See Instructions) FROM (Month, day, year) TO (Month, day, year)	PERIOD COVERED BY THIS REPORT FROM (Month, day, year) TO (Month, day, year)
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STATUS OF FUNDS				TOTAL (g)		
GRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	(d)	(e)	(f)
let outlays previously reported	\$		\$		\$	
total outlays this report period						
less: Program income credits						
let outlays this report period <i>(Line b minus c)</i>						
let outlays to date <i>(Line a plus line d)</i>						
less: Non-Federal share of outlays						
total Federal share of outlays <i>(Line e minus f)</i>						
total unliquidated obligations						
less: Non-Federal share unliquidated obligations shown on line h						
Federal share of unliquidated obligations						
total Federal share of outlays and unliquidated obligations						
total cumulative amount of Federal funds authorized						
Unobligated balance of Federal funds (g-1)						

13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
14. TYPE OF RATE (Place "X" in appropriate box) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area code, number and extension)