

CARES Act CDBG-CV
MANAGEMENT SYSTEM

LOCAL PROGRAM IMPLEMENTATION SCHEDULE

Grantee's Name: _____ CDBG-CV Project #: _____

Mayor/Chairperson Signature: _____ Date: _____

Mayor/Chairperson Name: _____

Grant Administrator: _____

If Extension Request, Give Reason: _____

ADECA Approval: _____ / _____ Date: _____
Program Supervisor Division Chief

| TASK | DATE |
|---|-------------|
| Receipt of Grant Agreement: | _____ |
| Release of Funds: | _____ |
| Notice of Start of Construction/Wage Decision: (within 10 days of executing construction contract) | _____ |
| Project Completion: | _____ |
| Closeout Submittal: | _____ |
| Final Audit Submittal: | _____ |