

Recipient	Instrument Number		
Address	City	State	ZIP Code

Budget/Project Period		Period Covered by Report	
From (Month, Day, Year)	To (Month, Day, Year)	From (Month, Day, Year)	To (Month, Day, Year)
Report Prepared By		Telephone Number	
Project Description (include any changes to the originally approved description)			
Did displacement occur on this project? If yes, complete the Civil Rights Compliance Report <input type="checkbox"/> Yes <input type="checkbox"/> No			
Chief Elected Official (please print)		Title	
Signature		Date	

**FOR NDHFA USE ONLY**

Reviewed By	Date
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Financial Status Report as of	Date Submitted	Signed by
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**RECIPIENT DATA**

Instrument Number	Project Name	Recipient		
Address		City	State	ZIP Code
Contact	Telephone Number			

**FINANCIAL STATUS**

Total Reward	HOME Receipts (+)	Program Income (-)	HOME Disbursements (-)
EQUALS Cash Balance (=)	Funds Available to Draw (total award – receipts)	Total IDIS Setup	Total Units

**COMPLIANCE DATA**

Report Number	Project Begin Date	Project End Date	Extension Date	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Final
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**ACTIVITY BUDGET STATUS**

Activity	Total Home Budget	TOTAL DISBURSED TO DATE				Remaining Budget Balance	Total Outstanding Obligations	Total Unobligated HOME Funds
		HOME	Local	Other	Total			
Administration								
TOTAL								

Source of Other Funds
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Public Reporting Burden for this collection of information is estimated to average .50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

Executive Order 12421 dated July 14, 1983, directs the Minority Business Development Plans shall be developed by each Federal Agency and that these annual plans shall establish minority business development objectives. The information is used by HUD to monitor and evaluate MBE activities against the total program activity and the designated minority business enterprise (MBE) goals. The Department requires the information to provide guidance and oversight for programs for the development of minority business enterprise concerning Minority Business Development. If the information is not collected HUD would not be able to establish meaningful MBE goals nor evaluate MBE performance against these goals. While no assurances of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.

**Privacy Act Notice** - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. It will not be disclosed or released outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by law.

1. Grantee/Project Owner/Developer/Sponsor/Builder/Agency

Check if:  
PHA ☐  
IHA ☐

2. Location (City, State, ZIP Code)

3a. Name of Contact Person

3b. Phone Number (Including Area Code)

4. Reporting Period  
☐ Oct. 1 - Sept. 30 (Annual-FY)

5. Program Code (Not applicable for CPD programs.)  
See explanation of codes at bottom of page.  
Use a separate sheet for each program code.

6. Date Submitted to Field Office

Grant/Project Number or HUD Case Number or other identification of property, subdivision, dwelling unit, etc.  7a.	Amount of Contract or Subcontract  7b.	Type of Trade Code (See below) 7c.	Contractor or Subcontractor Business Racial/Ethnic Code (See below) 7d.	Woman Owned Business (Yes or No) 7e.	Prime Contractor Identification (ID) Number 7f.	Sec. 3 7g.	Subcontractor Identification (ID) Number 7h.	Sec. 3 7i.	Contractor/Subcontractor Name and Address 7j.				
									Name	Street	City	State	Zip Code

**CPD:**  
1 = New Construction  
2 = Education/Training  
3 = Other

**7c: Type of Trade Codes:**  
**Housing/Public Housing:**  
1 = New Construction  
2 = Substantial Rehab.  
3 = Repair  
4 = Service  
5 = Project Mangt.

6 = Professional  
7 = Tenant Services  
8 = Education/Training  
9 = Arch./Engrg. Appraisal  
0 = Other

**7d: Racial/Ethnic Codes:**  
1 = White Americans  
2 = Black Americans  
3 = Native Americans  
4 = Hispanic Americans  
5 = Asian/Pacific Americans  
6 = Hasidic Jews

**5: Program Codes** (Complete for Housing and Public and Indian Housing programs only):  
1 = All insured, including Section 8  
2 = Flexible Subsidy  
3 = Section 8 Noninsured, Non-HFDA  
4 = Insured (Management)  
5 = Section 202  
6 = HUD-Held (Management)  
7 = Public/Indian Housing

This report is to be completed by grantees, developers, sponsors, builders, agencies, and/or project owners for reporting contract and subcontract activities of \$10,000 or more under the following programs: Community Development Block Grants (entitlement and small cities); Urban Development Action Grants; Housing Development Grants; Multifamily Insured and Noninsured; Public and Indian Housing Authorities; and contracts entered into by recipients of CDBG rehabilitation assistance.

Contracts/subcontracts of less than \$10,000 need be reported only if such contracts represent a significant portion of your total contracting activity. Include only contracts executed during this reporting period.

This form has been modified to capture Section 3 contract data in columns 7g and 7i. Section 3 requires that the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low- and very low-income persons, particularly those who are recipients of government assistance for housing. Recipients using this form to report Section 3 contract data must also use Part I of form HUD-60002 to report employment and training opportunities data. Form HUD-2516 is to be

completed for public and Indian housing and most community development programs. Form HUD-60002 is to be completed by all other HUD programs including State administered community development programs covered under Section 3.

A Section 3 contractor/subcontractor is a business concern that provides economic opportunities to low- and very low-income residents of the metropolitan area (or nonmetropolitan county), including a business concern that is 51 percent or more owned by low- or very low-income residents; employs a substantial number of low- or very low-income residents; or provides subcontracting or business development opportunities to businesses owned by low- or very low-income residents. Low- and very low-income residents include participants in Youthbuild programs established under Subtitle D of Title IV of the Cranston-Gonzalez National Affordable Housing Act.

The terms “low-income persons” and “very low-income persons” have the same meanings given the terms in section 3(b)(2) of the United States Housing Act of 1937. Low-income persons mean families (including single persons) whose incomes do not exceed 80 per centum of the median income for the area, as determined by the Secretary, with adjustments for smaller and larger families, except that the Secretary

may establish income ceilings higher or lower than 80 per centum of the median for the area on the basis of the Secretary’s findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low-income families. Very low-income persons means low-income families (including single persons) whose incomes do not exceed 50 per centum of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 50 per centum of the median for the area on the basis of the Secretary’s findings that such variations are necessary because of unusually high or low family incomes.

Submit two (2) copies of this report to your local HUD Office within ten (10) days after the end of the reporting period you checked in item 4 on the front.

Complete item 7h. only once for each contractor/subcontractor on each semi-annual report.

Enter the prime contractor's ID in item 7f. for all contracts and subcontracts. Include only contracts executed during this reporting period. PHAs/IHAs are to report all contracts/subcontracts.

Community Development Programs

- 1. **Grantee:** Enter the name of the unit of government submitting this report.
- 3. **Contact Person:** Enter name and phone of person responsible for maintaining and submitting contract/subcontract data.
- 7a. **Grant Number:** Enter the HUD Community Development Block Grant Identification Number (with dashes). For example: B-32-MC-25-0034. For Entitlement Programs and Small City multi-year comprehensive programs, enter the latest approved grant number.
- 7b. **Amount of Contract/Subcontract:** Enter the dollar amount rounded to the nearest dollar. If subcontractor ID number is provided in 7f, the dollar figure would be for the subcontract only and not for the prime contract.
- 7c. **Type of Trade:** Enter the numeric codes which best indicates the contractor's/ subcontractor's service. If subcontractor ID number is provided in 7f., the type of trade code would be for the subcontractor only and not for the prime contractor. The "other" category includes supply, professional services and all other activities except construction and education/training activities.
- 7d. **Business Racial/Ethnic/Gender Code:** Enter the numeric code which indicates the racial/ethnic /gender character of the owner(s) and controller(s) of 51% of the business. When 51% or more is not owned and controlled by any single racial/ethnic/ gender category, enter the code which seems most appropriate. If the subcontractor ID number is provided, the code would apply to the subcontractor and not to the prime contractor.
- 7e. **Woman Owned Business:** Enter Yes or No.
- 7f. **Contractor Identification (ID) Number:** Enter the Employer (IRS) Number of the Prime Contractor as the unique identifier for prime recipient of HUD funds. Note that the Employer (IRS) Number must be provided for each contract/subcontract awarded.
- 7g. **Section 3 Contractor:** Enter Yes or No.
- 7h. **Subcontractor Identification (ID) Number:** Enter the Employer (IRS) Number of the subcontractor as the unique identifier for each subcontract awarded from HUD funds. When the subcontractor ID Number is provided, the respective Prime Contractor ID Number must also be provided.
- 7i. **Section 3 Contractor:** Enter Yes or No.
- 7j. **Contractor/Subcontractor Name and Address:** Enter this information for each

Previous editions are obsolete.

firm receiving contract/subcontract activity only one time on each report for each firm.

Multifamily Housing Programs

- 1. **Grantee/Project Owner:** Enter the name of the unit of government, agency or mortgagor entity submitting this report.
- 3. **Contact Person:** Same as item 3 under CPD Programs.
- 4. **Reporting Period:** Check only one period.
- 5. **Program Code:** Enter the appropriate program code.
- 7a. **Grant/Project Number:** Enter the HUD Project Number or Housing Development Grant or number assigned.
- 7b. **Amount of Contract/Subcontract:** Same as item 7b. under CPD Programs.
- 7c. **Type of Trade:** Same as item 7c. under CPD Programs.
- 7d. **Business Racial/Ethnic/Gender Code:** Same as item 7d. under CPD Programs.
- 7e. **Woman Owned Business:** Enter Yes or No.
- 7f. **Contractor Identification (ID) Number:** Same as item 7f. under CPD Programs.
- 7g. **Section 3 Contractor:** Enter Yes or No.
- 7h. **Subcontractor Identification (ID) Number:** Same as item 7h. under CPD Programs.
- 7i. **Section 3 Contractor:** Enter Yes or No.
- 7j. **Contractor/Subcontractor Name and Address:** Same as item 7j. under CPD Programs.

Public Housing and Indian Housing Programs

PHAs/IHAs are to report all contracts/subcontracts. Include only contracts executed during this reporting period.

- 1. **Project Owner:** Enter the name of the unit of government, agency or mortgagor entity submitting this report. Check box as appropriate.
- 3. **Contact Person:** Same as item 3 under CPD Programs.
- 4. **Reporting Period:** Check only one period.
- 5. **Program Code:** Enter the appropriate program code.
- 7a. **Grant/Project Number:** Enter the HUD Project Number or Housing Development Grant or number assigned.
- 7b. **Amount of Contract/Subcontract:** Same as item 7b. under CPD Programs.
- 7c. **Type of Trade:** Same as item 7c. under CPD Programs.
- 7d. **Business Racial/Ethnic/Gender Code:** Same as item 7d. under CPD Programs.
- 7e. **Woman Owned Business:** Enter Yes or No.
- 7f. **Contractor Identification (ID) Number:** Same as item 7f. under CPD Programs.
- 7g. **Section 3 Contractor:** Enter Yes or No.
- 7h. **Subcontractor Identification (ID) Number:** Same as item 7h. under CPD Programs.
- 7i. **Section 3 Contractor:** Enter Yes or No.
- 7j. **Contractor/Subcontractor Name and Address:** Same as item 7j. under CPD Programs.

## **DISPLACEMENT OF LOW- AND MODERATE-INCOME HOUSEHOLDS INSTRUCTIONS**

1. Recipient.
2. Instrument Number. State Assigned Number
3. Narrative. Describe actions to assist displaced persons to remain in neighborhood when they prefer, and to mitigate adverse effects resulting from displacement.
4. Community or Project Area. Indicate if activity is city-wide or is in a designated target area. If in a target area, indicate location.
5. Low- and Moderate-Income Households Displaced. Enter amount for each category in the total number column. Enter amount for each category with Hispanic origin in total Hispanic column.
6. Low- and Moderate-Income Households Relocated. Enter the number of displaced households relocating out of the community or project area for each category in total number column and enter the amount for each category with Hispanic origin in total Hispanic column. Enter the number of displaced households remaining in the community or project area for each category. In the total number column and enter the amount for each category with Hispanic origin in the total Hispanic column.

Attach narrative description of actions taken to mitigate adverse effects

Recipient	Instrument Number
Community or Project Area (indicate if activity is city-wide or is in a designated target area. If a target area, indicate location)	

Low-and-moderate income households displaced during the program	Total Number	Total Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/ African American		
Other Multi-Racial		
Totals		

Displaced Households Relocating Out of the Community or Project Area	Total Number	Total Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/ African American		
Other Multi-Racial		
Totals		

<b>Displaced Households Remaining in the Community or Project Area</b>	<b>Total Number</b>	<b>Total Hispanic</b>
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/ African American		
Other Multi-Racial		
Totals		

## **EQUIPMENT VERIFICATION INSTRUCTIONS**

For a project that involves the use of HOME funds to purchase equipment, the recipient is responsible for verifying the purchase. At a minimum, verification procedures must include one on-site visit to determine that the purchase of equipment was made in accordance with the Financial Award and loan agreements. In addition, the recipient must develop and maintain (for three years following grant close-out) equipment inventory records identifying the equipment purchased with HOME funds.

This form is to be submitted to North Dakota Housing Finance Agency with the Final Report. The following information is to be documented on the inventory form:

- Equipment Description
- Manufacturers
- Model Number
- Serial Number
- Date of Purchase
- Purchase Price
- Location
- Initials of Person Verifying Equipment Location



Company			
Address	City	State	ZIP Code

Equipment Description	Manufacturer	Model Number	Serial Number	Date of Purchase	Purchase Price	Location	Verification Date

I certify that I have physically inspected and verified that the above stated equipment is on site at the above company.

Signature	Date
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