

State of California – CDBG Program

Set-up & Completion Report Instructions

These instructions may assist the user with familiarizing with ALL Set-up & completion Reports.

Each workbook is password protected and therefore the user is only allowed the use of unlocked cells to type information, to choose from dropdown options and to check boxes.

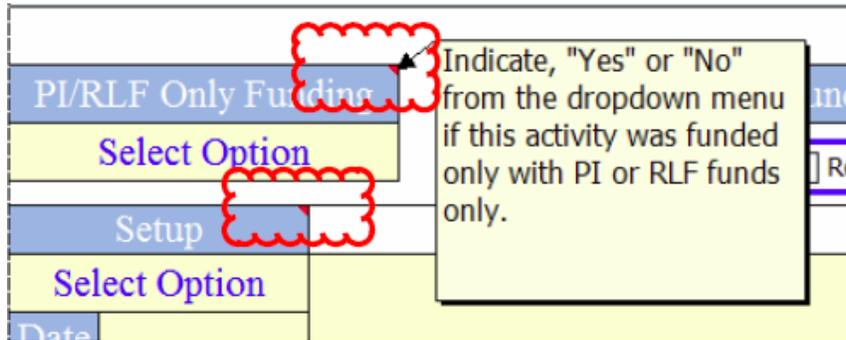
It is strongly recommended that the user read and understand these instructions before entering any information into the reports. Get familiar with the form(s), read all questions completely, pay attention to cell comments and **answer all that is related to your project or activity**.

The following is a concise description of what the user needs to know about the “Setup and Completion Reports”

1. The user will notice “REQUIRED” or “NOT REQUIRED” at the right corner of every section/part of these forms. These fields are driven and will change to required or not required based on the users chosen options for “National Objective”, “Activity & Matrix Code”, and “Accomplishment Type”. Please fill in **ALL** required information for your project or activity.

Part B PROJECT & ACTIVITY INFORMATION		REQUIRED
1a. Owner 1 Name	Last Name	First Name
1b. Owner 2 Name	Last Name	First Name
1c. Project Address		
2. National Objective LMH - Low/Mod Housing Benefit	3. Activity & Matrix Code Select Option	4. Activity Purpose (check all that apply)
5. Accomplishment Type	6. CDBG Project Amount (Incl AD)	<input type="checkbox"/> Help the Homeless
		<input type="checkbox"/> Help Those with HIV/AIDS
		<input type="checkbox"/> Help Prevent Homelessness
		<input type="checkbox"/> Help Persons with Disabilities

- Throughout the forms the user will notice many “Cell Comments” simply hover your cursor over these cells and the comments to guide you when answering questions, choosing from check boxes, and or drop-down menus.



- Throughout the form, the user will notice unlocked fields that require typed data. These fields are in yellow color and do not have drop-down menu options. Please fill in as much as possible in relation to your project or activity.

Part A JURISDICTION INFORMATION & PREPARER		REQUIRED
Jurisdiction Contact Information		Preparer Select Option
1a. Name (Contact Person)	2a. Preparer's Name	

- Throughout the form, the user will notice “check boxes”, please checked all that apply to your activity.

Subrecipient Information (Only)		REQUIRED if applicable
3a. Organization name	3b. Complete address	
3c. Organization is categorized as: Select Option	3d. DUNS number	3e. E-Mail
		3f. Phone/Direct Line
3g. Check all that applies to this organization:	<input type="checkbox"/> A Faith-Based Organization <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> An Institution of Higher Education	

- Throughout the form the user will notice “drop-down” menu options. Please select an option in relation to your activity.

3. Activity & Matrix Code

Profit Select Option

Select Option

- 13 - Direct Homeownership Assistance
- 14A - Rehab: Single-Unit Residential
- 14B - Rehab: Multi-Unit Residential

6. Throughout the form the user will notice locked cells in light blue color; these cells are automatically populated based by answers/criteria from other fields.

5. Accomplishment Type	6. CDBG Project Amount (Incl AD)

7. All forms include a comments box; please use this section to let us know any issues related to this form and or your activity.

Comments: explain any issues with this activity or clarification of information provided in this form.	

If the user of this form needs assistance or have any questions when completing these forms, please call your [CDBG](#) program representative for assistance or Alfredo Gutierrez @ 916-263-2729.