

Date: February 8, 2010

**APPROVAL OF FISCAL YEAR 2005 CONTINUUM OF CARE (COC)
CLOSEOUT CERTIFICATION DOCUMENT**

WHEREAS, in response to a Super NOFA published in the Federal Register on March 21, 2005, to supplement funding for local homeless programs, the City's Housing Services Department prepared an application for \$2,485,522 in Continuum of Care (COC) funds, including \$745,488 for the Shelter Plus Care Program; and

WHEREAS, the application was developed from the City's Continuum of Care strategy, whereby COC funds would provide needed services to homeless persons in Des Moines and address high priority service gaps within the parameters of COC-eligible activities; and

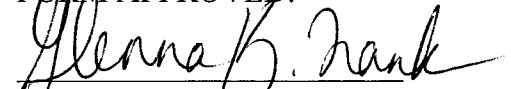
WHEREAS, on May 23, 2005, by Roll Call No. 05-1277, the City Council approved the above referenced Continuum of Care application and authorized and directed the City Manager to submit the application to the U.S. Department of Housing and Urban Development (HUD); and

WHEREAS, on May 8, 2006, by Roll Call No. 06-895, the City Council approved a Grant Agreement by and between HUD and the City of Des Moines whereby the City would receive a total of \$745,488 of Shelter Plus Care funds for implementation of the Anawim Housing Project for the period from May 10, 2006 to May 9, 2007; and

WHEREAS, HUD has now forwarded a Continuum of Care Grantee Closeout Certification for the Shelter Plus Care program on file with the City Clerk as Exhibit A, and by this reference made a part hereof.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa, that the Mayor is hereby authorized and directed to sign the above referenced Closeout Certification and the City Clerk to attest to his signature.

FORM APPROVED:


Glenna Frank, Assistant City Attorney

Moved by _____ to Adopt

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				
MOTION CARRIED			APPROVED	
_____ Mayor				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

_____ City Clerk



Diane's Copy
30B

U.S. Department of Housing and Urban Development
Omaha Field Office
Edward Zorinsky Federal Building
1616 Capitol Avenue, Suite 329
Omaha, Nebraska 68102-4908

**Continuum of Care Grantee Closeout Certification
for Grants Expiring On or After December 15, 2000**

Grantee Name: City of Des Moines
Grant Number: IA26C502010 (Shelter Plus Care)

The Grantee hereby certifies that: (1) the grant as described in the approved application has been performed in accordance with the terms and conditions of the executed Grant Agreement and applicable Grant award statute and that there are no known outstanding programmatic or financial issues; and (2) all data provided below fairly reflect costs and sources of funds of the referenced project grant(s) and are taken from HUD-approved reports and other project-related documents.

1. Grant amount authorized.	<u>\$745,488.00</u>
2. Cumulative grant funds disbursed.	<u>\$694,260.75</u>
<small>(Grantee should draw down amounts for any subsequent final audit costs or unsettled third party claims. Any such amounts not subsequently disbursed must be immediately reimbursed to HUD.)</small>	
3. Grant funds already recaptured/deobligated.	<u>0.00</u>
4. Balance of grant funds remaining.	<u>\$51,227.25</u>
<small>(These funds will be recaptured by the Fort Worth Accounting Center in order that they can be used in future homeless assistance funding rounds.)</small>	

(Note: Grantees which spent funds for acquisition, rehabilitation, or new construction through the Supportive Housing Demonstration Program (SHDP) or the Supportive Housing Program (SHP) are required by law to continue to use the assisted facilities for the benefit of homeless persons for up to 20 years following the date of initial assistance. Therefore, notwithstanding this Grantee Closeout Certification, grantees failing to comply with this requirement shall be required to repay all or a portion of the grant amount, as stipulated in the appropriate regulation.)

Grantee Authorized Representative Signature and Date



CPD Division Signature and Date

Typed Name of Signatory

Patricia M. McCauley

Typed Name of Signatory

Title

Director, Community Planning and Development Division

Title

The above signature by HUD signifies approval of grant closeout.