

CITY OF CRETE, NEBRASKA  
CITY COUNCIL REGULAR MEETING

March 17, 2020

Notice of the meeting was given by posting and publishing in The Crete News, the appointed method for giving notice as shown by the Proof of Publication attached to the minutes. Advance notice of the meeting was also given to the Mayor and City Council. Pursuant to Section 84-1412(8) of the Nebraska Open Meetings Act, the City has posted a current copy of the Open Meetings Act, Laws of the State of Nebraska in the back of the Council Chambers. Additional copies are available to read. The City may consider items listed on the agenda in random order. All proceedings shown were taken while the meeting was open to the attendance of the public.

Those in attendance pledged allegiance to the flag.

1. Open Meeting

Committee Chair Ryan Hinz called the meeting to order at 4:48pm.

2. Roll Call

Kyle Frans: Present  
Ryan Hinz: Present  
Jack  
Oelschlager: Present

Present: 3.

Also present: City Administrator Tom Ourada, City Clerk Judi Meyer, Finance Director Jerry Wilcox, City Attorney Kyle Manley, Building Inspector Brad Bailey, Chief Hensel, Chief Allen, Mayor Dave Bauer, other City Council Members, members of the public.

3. Items of Business

A. Review and discuss the Keno financials for October through February.

Request City staff contact Hastings Keno regarding the City's interest in approving additional keno outlets. Carried with a motion by Jack Oelschlager and a second by Kyle Frans.

Kyle Frans: Aye, Ryan Hinz: Aye, Jack Oelschlager: Aye  
Aye: 3, No: 0

B. Review and discuss the final closeout report that will be submitted to DED for the DTR project.

Accept the final closeout report for the DTR project. Carried with a motion by Ryan Hinz and a second by Jack Oelschlager.

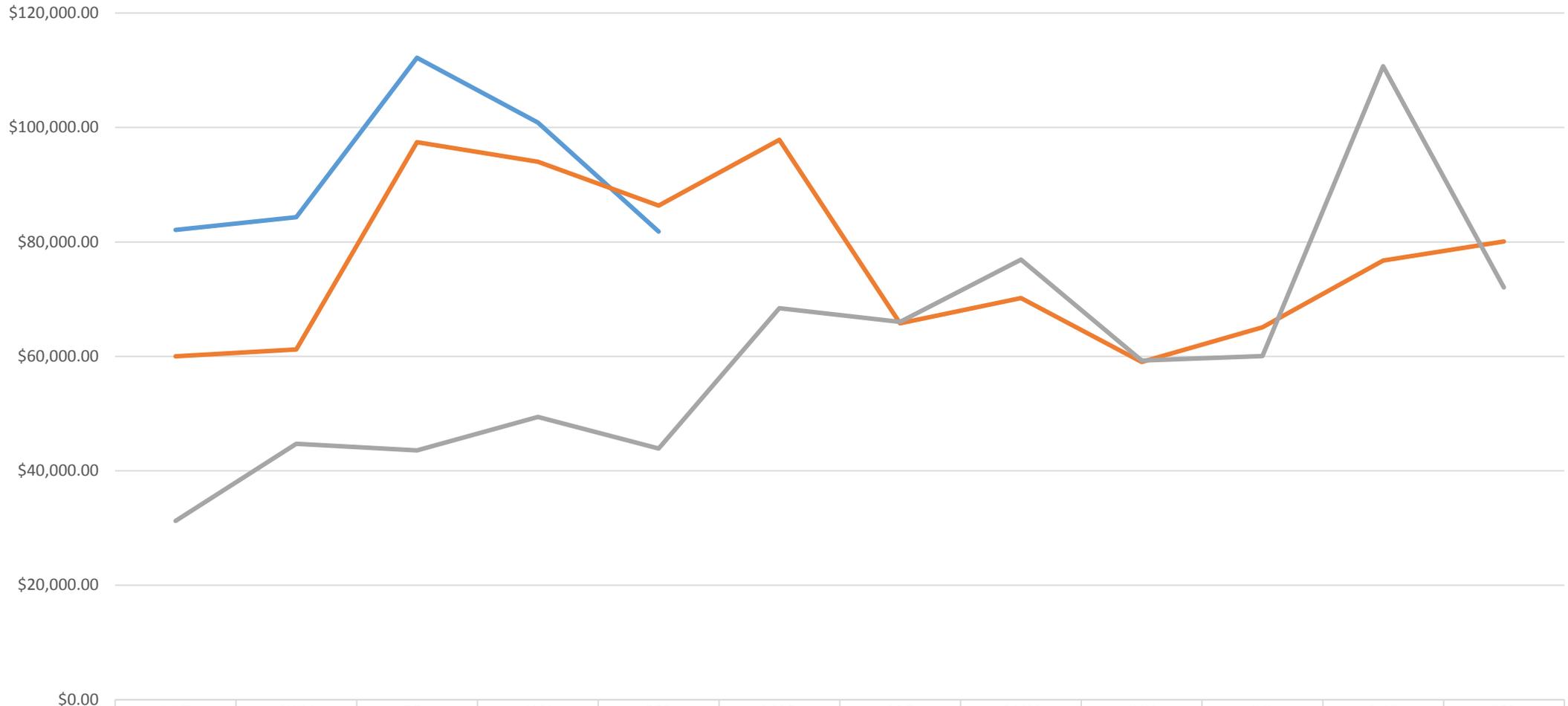
Kyle Frans: Aye, Ryan Hinz: Aye, Jack Oelschlager: Aye  
Aye: 3, No: 0

4. Officers' Reports

5. Adjournment

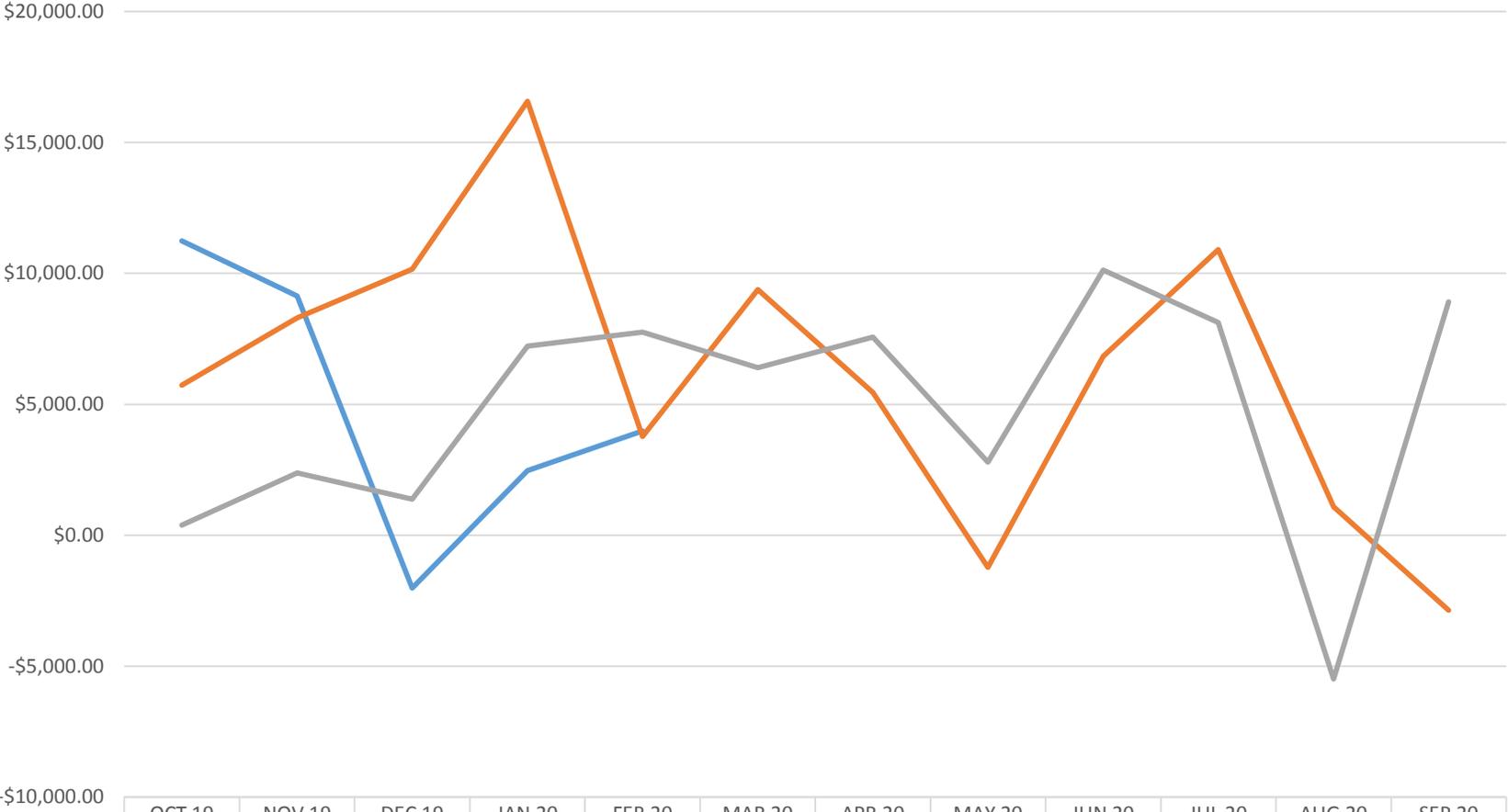
The meeting was adjourned at 5:00pm.

# GROSS SALES



	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Gross Sales 2020	\$82,114.30	\$84,347.94	\$112,176.69	\$100,852.12	\$81,801.89							
Gross Sales 2019	\$59,991.95	\$61,227.28	\$97,417.83	\$94,018.74	\$86,348.05	\$97,838.40	\$65,777.09	\$70,189.21	\$59,030.14	\$65,098.75	\$76,753.34	\$80,089.25
Gross Sales 2018	\$31,226.24	\$44,714.38	\$43,562.15	\$49,418.69	\$43,895.80	\$68,412.12	\$66,012.04	\$76,924.49	\$59,273.32	\$60,046.47	\$110,715.19	\$72,048.19

# COMMUNITY BETTERMENT



— Total City Funds 2020	\$11,237.38	\$9,134.08	-\$2,014.43	\$2,467.68	\$3,979.20							
— Total City Funds 2019	\$5,730.09	\$8,304.33	\$10,162.96	\$16,570.83	\$3,767.88	\$9,380.63	\$5,450.19	-\$1,225.00	\$6,834.28	\$10,900.84	\$1,086.03	-\$2,862.16
— Total City Funds 2018	\$389.22	\$2,384.90	\$1,372.93	\$7,221.83	\$7,751.03	\$6,399.65	\$7,570.17	\$2,790.58	\$10,124.41	\$8,122.03	-\$5,487.61	\$8,909.78

**NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**FINAL FINANCIAL REPORT**

Grantee City of Crete Grant Number 15-DTR-102 DUNS# 072903628

Part I – PROGRAM COSTS <i>*Please refer to the instructions for additional guidance.</i>							
1	2	3	4	5	6	7	8
CODE	ACTIVITY	TOTAL ACTIVITY COSTS (ACTUAL/ PAYABLE)	LESS PROGRAM INCOME SPENT	LESS LOCAL SHARE (SPENT)	CDBG GRANT SHARE (SPENT)	TOTAL APPROVED CDBG GRANT AMOUNT	UNSPENT BALANCE OF CDBG GRANT
590	Comm. Rehab	495,990.56	0.00	188,990.56	307,000.00	307,000.00	
380	Const. Mgmt	8,000.00	0.00	0.00	8,000.00	8,000.00	
181	Admin	35,000.00	0.00	0.00	35,000.00	32,515.37	2,484.63
9	<b>TOTALS</b>	<b>538,990.56</b>		<b>188,990.56</b>	<b>350,000.00</b>	<b>347,515.37</b>	<b>2,484.63</b>

PART II – GRANT BALANCE		
	Amount	(DED Use Only)
1. Grant Amount Applied to Program Costs (Total of Part I ~ Column 6)	\$ 350,000.00	
2. Estimated Amount of Unpaid/Unsettled Claims to be Paid with Grant Funds (Describe in Part III or IV)	\$ 0.00	
3. Subtotal	\$ 350,000.00	
4. Grant Amount per Grant Contract (Total of Part I ~ Column 7)	\$ 350,000.00	
5. Unspent Grant Amount to Cancel (Line 4 minus Line 3)	\$	
6. Grant Funds Received	\$ 347,515.37	
7. Balance of Grant Payable: Unspent Grant Amount <i>Not</i> to be Canceled (Line 3 minus Line 6) *	\$ 2,484.63	

\* If line 6 exceeds Line 3, enter the negative amount on Line 7. DO NOT return this unutilized balance until receiving instructions from DED.

**PART III – UNPAID COSTS** (Total costs-including General Administration-reported in Part I and the anticipated date of payment)

**Final Admin drawdown (\$2,484.63) submitted for DED approval.**

**PART IV – UNSETTLED CLAIMS** (List all unsettled obligations and claims against the grant shown in Part II, Line 2)

**PART V – CERTIFICATION**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). I also certificate that the provision has been made for the payment of all unpaid costs shown in Part III or this report and that all unsettled claims/ obligations shown in Part IV of this report shall be resolved and paid in a timely manner.

David A Bauer, Mayor

Typed Name and Title of  
Chief Elected Official

Signature of Chief Elected Official

Date

**PART VI – Preparer Information**

Trey Ertmer

Typed Name

SEND

Typed Organization

tertmer@sendd.org

Typed email

402-475-2560

Typed Phone

**PART VII – ACCEPTANCE (DED Use Only)**

The Nebraska Department of Economic Development accepts this report as the final financial status for the grant pending completion of any required audits.

Signature of DED Official

Date

Based on this report the following action is taken:

Cancellation of the unutilized grant in the amount of \$ \_\_\_\_\_

Request for refund to the Department of Economic Development the grant balance on hand in the amount of \$ \_\_\_\_\_

## **Performance Review – Risk Analysis Compliance Checklist**

The Performance Review – Risk Analysis Compliance Checklist for the Community Development Block Grant (CDBG) Program consists of three sections. The Grantee is required to complete all sections of this form, provide the additional required documentation, and once completed, the Certified Grant Administrator and the Chief Elected Official's signature are required to certify this information as indicated on the form. Mail the completed checklist to the Nebraska Department of Economic Development within thirty (30) days of receipt of these instructions.

Specific sections within this document are also identified and requested for submission along with the CDBG Semi-Annual Project Status and Compliance Report, *Section 21-B Performance Review – Risk Analysis Compliance Checklist*. The local government CDBG grantee in partnership with the designated CDBG Certified Administrator submits the requested Sections of this Performance Review – Risk Analysis Compliance Checklist along with the Semi-Annual Project Status and Compliance Report.

Below you will find a brief outline of the entire Checklist process.

### **Section 1**

Requires the grantee to complete a check-off form to certify that the grantee files contain all required documentation and that the grantee followed regulatory processes.

### **Section 2**

Provide information by answering the direct questions in detail, filling in data as requested, and submitting the supporting documentation as described.

### **Section 3**

This section includes the formal self-certification form that must be signed by the Chief Elected Official and the CDBG Certified Grant Administrator responsible to the local unit of government awarded CDBG grant funds.

The Grantee completes the following information:

- Grantee
- CDBG Grant Number
- Program Representative
- Person Completing Form, Phone Number, and Email
- Date Report Completed
- Local Unit of Government Contact/Clerk Name and Email
- Fair Housing Representative Name and Email
- CDBG Certified Grant Administrator Name and Email
- Chief Elected Official Name and Email

Make sure all questions are answered and data has been transcribed in the first two sections of this document before the CEO and Certified Grant Administrator sign in the Certification Form. The signature(s) validates that the information is complete, correct and all information to the Nebraska Department of Economic Development is on time, as well as, the originals are on file and available for review.

## Performance Review – Risk Analysis Compliance Checklist

Grantee:	City of Crete	CDBG Grant #:	16-DTR-102
Contact Person:	Tom Ourada	DED Program Rep:	Jenny Mason
CDBG Certified Admin.:	Trey Ertmer	Monitor Date:	
CA Email:	tertmer@sendedd.org	Monitored by:	Jenny Mason
DUNS #:	072903628	EIN/Fed. ID #:	47-6006154

SAM Validation Date:	7/1/2017	Contract Start Date:	12/22/16
Notice of Approval Date:	12/22/16	Contract End Date:	12/22/19
Release of Funds Date:	3/2/2017	Current Project Status:	Complete
Location of Project:	Crete NE	Extensions:	1
Total CDBG Budget:	\$ 350,000	Amendments:	0
Total Other Budget:	\$ 87,500	CDBG Amount Drawn:	\$347,515.37
Total Project Budget:	\$ 437,500	CDBG Draw % / #:	99.3 % # 8

Final Report Submission Dates			
Compliance Report	3/20/2020	<input type="checkbox"/> Electronic File sent (if applicable)	
Risk Analysis Conducted	3/11/2020	Reviewed:	
	<input checked="" type="checkbox"/> Final Financial Report:	3/20/2020	
	<input checked="" type="checkbox"/> Final Status Report:	3/20/2020	
	<input checked="" type="checkbox"/> Final Wage Report:	3/20/2020	
	<input type="checkbox"/> Final Jobs Report:		
	<input type="checkbox"/> Final Product		

Project Status Notes:

Complete

# Performance Review – Risk Analysis Compliance Checklist

## Section 1: Instructions

Verify that all documents are on file by placing an X in the boxes provided— provide dates where needed, and answer all questions pertaining to the CDBG awarded to the Local Unit of Government you represent.

### Section 1-A GENERAL FILES MUST INCLUDE:

<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> The CDBG Grant Application</li><li><input checked="" type="checkbox"/> Current Grantee Information Sheet</li><li><input checked="" type="checkbox"/> Citizen Participation Plan, date: 6/14/2014</li><li><input checked="" type="checkbox"/> Residential Anti-displacement Plan, date: 6/17/14</li><li><input type="checkbox"/> LMI Survey Records (where available)</li><li><input checked="" type="checkbox"/> FFATA Form, date: 7/5/16</li><li><input checked="" type="checkbox"/> System for Award Management (SAM) database record, validation date: 6/28/16</li><li><input checked="" type="checkbox"/> Four Factor Analysis/LEP documentation, review date: 2/22/16</li><li><input checked="" type="checkbox"/> Procurement Procedures &amp; Code of Conduct, date: 4/4/17</li><li><input checked="" type="checkbox"/> Excessive Force Certification, date: 2/21/17</li><li><input checked="" type="checkbox"/> Implementation Schedule, contract begin date: 12/22/16 contract end date: 12/22/2018</li><li><input checked="" type="checkbox"/> Grant Contract and Associated Amendments/Extensions</li><li><input checked="" type="checkbox"/> Fair Housing Actions Proposed as provided within Special Conditions: Fair Housing event in cooperation with Blue valley Community Action for LMI residents</li></ul>
<p><b>1st Public Hearing, date conducted:</b> 5/17/2016</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Citizen comments/complaints, and general responses</li></ul> <p><i>If there are outstanding complaints provide the details &amp; nature of the issue (attach additional pages if needed).</i></p>
<p><b>2<sup>nd</sup> Public Hearing, date conducted:</b> 8/6/2019</p> <p><i>Submit the following documentation:</i></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Copy of Hearing Notice, date: 7/31/2019</li><li><input checked="" type="checkbox"/> Copy public notice publication, publication date: 7/31/2020</li><li><input type="checkbox"/> Copy of attendance sheet, comments, and other notes</li></ul>

### Section 1-B ENVIRONMENTAL REVIEW SECTION HOLDS:

<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Complete Environmental Review Record <u><b>/SUBMIT ATTACHMENT 1-B (page 3)</b></u></li><li><input checked="" type="checkbox"/> Determination of the Level of Review, date: 2/21/17</li><li><input checked="" type="checkbox"/> Tier II review documentation (where applicable) commercial <input checked="" type="checkbox"/> housing <input type="checkbox"/></li></ul>
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### Section 1-C FINANCIAL FILES INCLUDE:

<p><b>Financial Management</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Authorization to Request Funds</li><li><input checked="" type="checkbox"/> Financial Management Certification</li></ul>
<p>X Notification of Single Audit for each Fiscal Year during the grant period. Identify Year(s) 2018, 2019</p>
<ul style="list-style-type: none"><li><input type="checkbox"/> Copies of Single Grant Audit(s) when required with any correspondence regarding audit findings. Provide the date and specify the grant year(s)</li></ul>

## Performance Review – Risk Analysis Compliance Checklist

### ATTACHMENT 1-B

Level of Review	
<input type="checkbox"/> Exempt (24CFR58.34)	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> Finding of Exempt Activity <input type="checkbox"/> 58.6 Form <input type="checkbox"/> CEST Converts to Exempt [24CFR58.34(a)(12)]
<input type="checkbox"/> CENST (24CFR58.35(b))	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> Finding of CENST <input type="checkbox"/> 58.6 Form <input type="checkbox"/> Supporting Documentation
<input checked="" type="checkbox"/> CEST (24CFR58.35(a))	<input checked="" type="checkbox"/> Cover Sheet <input checked="" type="checkbox"/> Determination Level of Review <input checked="" type="checkbox"/> Statutory Checklist <input checked="" type="checkbox"/> 58.6 Form <input checked="" type="checkbox"/> Supporting Documentation <input type="checkbox"/> CEST Converts to Exempt [24CFR58.34(a)(12)] <input checked="" type="checkbox"/> NOI/RROF Publication <input checked="" type="checkbox"/> RROF/Certification
<input type="checkbox"/> Environmental Assessment (24CFR58.36)	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> HUD Environmental Assessment <input type="checkbox"/> 58.6 Form <input type="checkbox"/> Supporting Documentation / Action Date <input type="checkbox"/> FONSI and NOI/RROF Publication <input type="checkbox"/> RROF/Certification
Agency Letters	<input type="checkbox"/> Air Quality <input type="checkbox"/> Airport Hazards <input type="checkbox"/> Coastal Zone Management <input type="checkbox"/> Contamination & Toxic Substances <input type="checkbox"/> Endangered Species <input type="checkbox"/> Environmental Justice <input type="checkbox"/> Explosive & Flammable Operations <input type="checkbox"/> Farmland Protection <input type="checkbox"/> Floodplain Management <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Noise Control <input type="checkbox"/> Water Quality (Sole Source Aquifers) <input type="checkbox"/> Wetland Protection <input type="checkbox"/> Wild & Scenic Rivers
Mitigation <i>(Identify mitigation comments that were received)</i>	
Date Statutory Checklist Signed	3/17/17
Date Environmental Assessment Signed	3/17/17
8 Step Process: Early Notice Publish Date	
8 Step Process: Notice of Explanation Publication Date	
FONSI & NOI/RROF Posted/Published Date	3/22/17
FONSI & NOI/RROF Posted +18 Days / Published + 15 Days	5/13/17
RROF Certification Signed	4/4/17
DED Received RROF Certification	4/17/17
DED RROF Certification + 15 Days	
Release of Funds / Environmental Review Clearance	5/13/17
<input type="checkbox"/> Phase I Study	<input checked="" type="checkbox"/> Tier II Review: Commercial
<input type="checkbox"/> Phase II Study	<input type="checkbox"/> Tier II Review: Housing

# Performance Review – Risk Analysis Compliance Checklist

## Section 2: Instructions

Answer all questions and submit the requested documents.

### Section 2-A Financial Management

Internal Control, Management System & Processes

List the person(s) responsible and the systems used to review, approve, and file all billings for payment under the grant.

Grant administrator reviews invoices and submits drawdown information to clerk for council approval. Council approves payments to vendors. Approved invoices and signed drawdown request forms are forward to NEDED by the grant administrator. Payments may be made to vendors prior to grant funds being distributed to the City, with grants funds then reimbursing the City.

Drawdowns were submitted as reimbursement.

Are accounts with CDBG funds interest-bearing?

No

Yes; explain: The City of Crete Public Fund Interest Account is an interest-bearing account.

Has there been any time the balance in the account exceeded \$1,000 for more than 5 business days?

No

Yes; List amounts and number of days for each occurrence:

Drawdown 2 - 6 days

Drawdown 3&4 - 18 days

Drawdown 7 - 72 days

For drawdowns meeting thresholds, submit all documentation that can support all CDBG and matching fund expenditures. (Reference: CDBG Policy Memo 15-01)

Bank Statements

Invoices

Ledger showing project expenditures

Cancelled Checks (If available)

Does the accounting system properly account for the local matching funds and CDBG award percentages paid out to-date?

Yes

No

Local government provided general administrative services.

For administrative cost submit documentation of administrative expenses:

Timesheets

\_\_\_\_\_ (other documentation)

## Performance Review – Risk Analysis Compliance Checklist

### Section 2-B Procurement & Professional Services

Describe the methods of procurement (competitive negotiation, competitive sealed bids, small purchase, or non-competitive negotiation) used on all procurements (e.g. engineer, architecture, housing rehab management, planner, administrator, etc.) and identify the individuals or firm that prepared the Request for Proposal. In addition, identify the Grantee's rationale for the procurement method (if method was non-competitive negotiation, the grantee must provide documentation that indicates only one source could provide the service or item **and/or** that the competition was determined inadequate).

City is a member of SENDD and directly negotiated for Admin services.

Bid Packets were sent out to procure for a contractor which included the work-write-up for each project.

Admin / Professional (list type in narrative)

- /  Direct Negotiation (documentation attached)
- /  Competitive Negotiation (documentation attached)
- /  Non-Competitive Negotiation (documentation attached)
- /  Small Purchase (documentation attached)

Grantee procured multiple services (must be consistent with CDBG program policy on multiple-services).

Describe the process used to evaluate proposals based on the criteria shown in the Request for Proposals. If a numerical system used; provide the scoring for each proposal.

The lowest bid for construction was awarded.

Indicate the reason for selection and basis for the selection of contract type.

Lowest Bid.

What efforts were made to obtain goods and services from small, minority-owned, female-owned, or local businesses?

Bid packets were sent to local business owners and were distributed to as many contractors as possible.

## Performance Review – Risk Analysis Compliance Checklist

### Section 2-B PROCUREMENT DOCUMENTATION:

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*Please be sure to include the following required items where appropriate (check all that apply).*

- Copies of Request for Proposals/Qualifications.
- Documentation of public advertisement of RFP/RFQ
- List of firms who received the RFP directly.
- List of proposals received. If not three or more, provide an explanatory narrative.
- A copy of the written evaluation criteria including criteria for judging responsiveness of proposals, reasonable cost and the determination of responsible of firms.
- A copy of the written evaluation of each proposal or statement based on written criteria.
- The written statement explaining the basis for selection and basis for selection of contract type.
- If a numerical system used, the numerical calculation for each proposal received.
- Copies of all complete and fully executed professional services contracts.

## Performance Review – Risk Analysis Compliance Checklist

### Section 2-C Civil Rights

The grantee records must contain the following information to document their compliance with the civil rights requirements. If not known at report submission, complete on the final semi-annual project status and compliance report.

#### Program Beneficiaries

	Activity or Program Code: 590		Activity or Program Code: 181		Activity or Program Code: _____		Activity or Program Code: _____		Activity or Program Code: _____	
	Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
Male Beneficiaries										
Female Beneficiaries										
Beneficiaries with Disabilities										
1. White	4915		4915							
2. Black/African American	72		72							
3. Asian	174		174							
4. American Indian/Alaskan Native	34		34							
5. Native Hawaiian/Other Pacific Islander	7		7							
6. American Indian/Alaskan Native & White										
7. Asian & White										
8. Black/African American & White										
9. American Indian/Alaskan Native & Black/African American										
10. Asian & Black/African American										
11. Other Multi-Racial	1758		1758							
<b>Total</b>	6960		6960							

Female head of household 788 \_\_\_\_\_ % LMI  
 Head of Household with disability \_\_\_\_\_

Conclusion: Are there any indications that any person or group denied benefit on the grounds of race, color, national origin, religion, familial status, sex, sexual orientation, gender identity, or handicap?  Yes  No

## Performance Review – Risk Analysis Compliance Checklist

### Section 2-C Civil Rights

If you concluded that there were indications that any person or group was denied benefits on the grounds of race, color, national origin, religion, familial status, sex, sexual orientation, gender identity, or handicap; please explain.

None

### Section 2-D /Section 504

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs and activities conducted by HUD or that receive financial assistance from HUD. Further, Section 504 covers employment discrimination based on disability and requires HUD and HUD-assisted agencies to make reasonable accommodations for the known physical or mental limitations of an employee or qualified applicant.

**Instructions:** Answer the following questions and provide the dates where directed.

Have you conducted a self-evaluation to assess policies and practices?

Yes  No; List reasons: \_\_\_\_\_

Date of Self Evaluation:	8/6/2013
Date of Transition Plan:	8/6/2013

Grantee has 15 or more employees.

Name/title of 504 Coordinator:	Jerry Wilcox, City Clerk		
Email:	jwilcox@crete-ne.gov	Phone:	402-826-4313

Do you have grievance procedures?     Yes     No

Describe the procedures adopted and implemented to ensure that interested persons, including those with impaired vision, or hearing can obtain information concerning the existence and location of services, activities, and/or facilities.

Contact lists are maintained by the City to help provide initial contact with various service providers.

# Performance Review – Risk Analysis Compliance Checklist

## Section 2-E Fair Housing

The grantee records must document what meaningful action was taken to comply with Title VIII of the Civil Rights Act of 1968 concerning **affirmatively furthering fair housing**. List the *unique* activities undertaken by the grantee during the grant period to affirmatively further fair housing. For further guidance refer to the CDBG Administration Manual, Chapter 5 - Contract. Documentation must be provided.

The City hosted a Fair Housing event in partnership with Blue Valley Community Action (Blue River) for low-to-moderate income clients and residents of Crete. Handouts and brochures about Fair Housing were made available available at a booth/table, and a SENDD staff person was available to respond to questions at the Crete Public Library. The City documented this action through use and retention of a sign-in sheet and retaining copies of publications/posters/etc. marketing the event and packet/materials that were distributed.

X **Fair Housing documentation attached** (e.g. newspaper clipping, affidavit of publication, meeting and board minutes, contracts and agreements with workshop presenters, sign-in sheets, website screenshots and web addresses, video and audio files, etc. Please be sure to include impact estimates).

Do you have a written civil rights/fair housing complaints policy?

Yes

No; List reasons: \_\_\_\_\_

Have you ever received any civil rights/fair housing complaints?

Yes; date(s): \_\_\_\_\_

No

If yes; explain:

N/A

## Performance Review – Risk Analysis Compliance Checklist

### Section 2-F Limited English Proficiency (LEP)

Yes / No

Do you have a designated LEP contact person?

Name / Title:	Tom Ourada, City Administrator		
Email:	tourada@crete-ne.gov	Phone:	402-826-4312

Have you completed a Four Factor Analysis to determine whether there are LEP populations within its service area? Date of completion: 4/5/17 *If no, explain below.*

Do you have a Language Access Plan (LAP)? Date of Plan: 4/5/17  
*If no, explain below.*

Are you providing meaningful access to programs and activities? *If yes, please explain. (e.g. translation of Vital Documents, Use of Language Line, etc.)*

City staff are able to translate documents as needed for those speaking Spanish. City will recruit volunteers to assist with translating other languages as needed.

Have your LAP and meaningful access programs been reviewed by DED staff?

Are you maintaining records regarding local efforts to comply with Title VI LEP Obligations?  
*Please explain below.*

Log of LEP/LAP contacts is maintained at the City Offices.

## Performance Review – Risk Analysis Compliance Checklist

### Section 3: Instructions and Certification

Now that you have completed the first two sections you are ready to certify this information by attesting that all of the information is complete, correct, and maintained in your CDBG grant files. In order to certify this information, complete the Certification Form below and obtain the Chief Elected Official and the CDBG Certified Grant Administrator signatures.

Print out this entire Performance Review checklist and Certification form, double check all pages for completion and mail all of the required supporting documentation to: Nebraska Department of Economic Development, 301 Centennial Mall South, P.O. Box 94666, Lincoln, NE 68509-4666.

### Certification Form

<b>GRANTEE NAME</b>	City of Crete	<b>Person Completing Form:</b>	Trey Ertmer
<b>CDBG GRANT #</b>	15-DTR-102	<b>Phone Number:</b>	402-475-2560
<b>Program Representative:</b>	Jenny Mason	<b>Email Address:</b>	tertmer@sendedd.org
<b>Date Report Completed:</b>			3/11/2020

### PLEASE PROVIDE THE NAME OF AND EMAIL ADDRESS FOR THE FOLLOWING

Local Unit of Government Contact/Clerk Tom Ourada	Email tourada@crete-ne.gov
Fair Housing Representative Same as above	Email tourada@crete-ne.gov
CDBG Certified Grant Administrator Trey Ertmer	Email <a href="mailto:tertmer@sendedd.org">tertmer@sendedd.org</a>
Chief Elected Official David A Bauer	Email Dave.bauer@crete.ne.gov

### Reminder: Submit all final reports upon completion of the CDBG grant:

- Final Financial Report
- Final Project Status Report
- Final Wage Report
- Final Jobs Report
- Final Planning Product, two printed copies or one printed copy and one electronic copy
- Other Reports

I hereby certify that all of the information provided to the Nebraska Department of Economic Development described within the completed Risk Analysis & Compliance Review Checklist as required is accurate, complete, and will be maintained in our CDBG grant files for 10 years after the grant closeout date and that these files will be available for review upon request.

	Title	Date
	CDBG Certified Administrator	3/11/2020

# FINAL WAGE COMPLIANCE REPORT

## Community Development Block Grant (CDBG) Nebraska Department of Economic Development

Grantee: <u>City of Crete</u>	Project Completion Date: <u>12/22/2019</u>
CDBG Grant: <u>#15-DTR-102</u>	U.S. DOL Wage Rate Determination No: <u>NE170081 Mod 6</u> <u>NE180081 Mod 0-5</u> <u>NE190081 Mod 0-5</u>
Program Rep: <u>Jenny Mason</u>	

1 While you or your representative were reviewing the contractor's weekly payrolls, were any laborers or mechanics paid less than the minimum wage rate plus fringe benefits as specified in the Secretary of Labor's Wage Determination No. above that applied to this project?  No  Yes

2 If yes, provide the following information:

a. Total Amount of Restitution Paid (difference between what was first paid and what was required to be paid): \$ \_\_\_\_\_

b. Method of Restitution: \_\_\_\_\_ Paid by Contractor  
\_\_\_\_\_ Paid by City with Funds Withheld From Payment to Contractor

c. Contractor or Subcontractor Name	Name of Affected Employees	Amount of Restitution Paid to Employee	Nature of Violation Leading to Restitution
_____	_____	_____	_____

\_\_\_\_\_  
Signed Title Date

