



## **PUBLIC HEARING**

**ITEM NO. 1**

**DATE OF MEETING:** May 2, 2016

**REQUESTED BY:** Michael G. Mack, Utilities Director

**SHORT TITLE:** Close-Out Public Hearing to Receive Citizen Comments on a \$750,000 CDBG-ED Grant Pender County Received to Spend Towards the Current RTD Construction \$12,003,669 Contract on the Pender Commerce Park Wastewater Treatment Plant.

**BACKGROUND:** Pender County received a \$750,000 grant from CDBG-ED to apply towards the construction of the 500,000 gallon per day Pender Commerce Park Wastewater Treatment Plant that when completed will serve the Pender Commerce Park tenants and more specifically Acme Smoked Fish d/b/a RC Creations, LLC.

RC Creations, LLC. proposed to create 89 new jobs as a result of the project of which 60% of the positions would be filled by persons having low/moderate incomes prior to employment. They have now met their hiring commitment with a 69% low/moderate hiring benefit and CDBG-ED is ready to close out the project.

**SPECIFIC ACTION REQUESTED:** Conduct Public Hearing to receive citizen comments on the \$750,000 CDBG-ED grant used to assist in the construction of the Pender Commerce Park Wastewater Treatment Plant and authorize the Chairman to sign the Certificate of Completion Form.

## CERTIFICATE OF COMPLETION

1. Grantee: Pender County

2. Grant Number: 13-E-2617

3. Project Name: Post Office Box 5, Burgaw, NC 28425

4. Project Number: E-1

5. Final Statement of Costs				
Program Activity Categories (a)	To Be Completed by Recipient		Total Costs (Col. b + c) (d)	To Be Completed by DOC
	Paid Costs (b)	Unpaid Costs (c)		Approved Total Costs (e)
a. Acquisition				
b. Disposition				
c. Public facilities and improvements				
(1) Senior and handicapped centers				
(2) Parks, playgrounds and recreation facilities				
(3) Neighborhood facilities				
(4) Solid waste disposal facilities				
(5) Fire protection facilities and equipment				
(6) Parking facilities				
(7) Public utilities, other than water and sewer				
(8) Water and sewer improvements				
(9) Street improvements				
(10) Flood and drainage improvements				
(11) Pedestrian improvements				
(12) Other public facilities				
(13) Sewer improvements	750000.00		750000.00	
(14) Water improvements				
d. Clearance activities				
e. Public services				
f. Relocation assistance				
g. Construction, rehab. and preservation activities				
(1) Construction or rehab. of com. & indust. bldgs.				
(2) Rehabilitation of privately owned buildings				
(3) Rehabilitation of publicly owned buildings				
(4) Code enforcement				
(5) Historic preservation				
h. Development financing				
(1) Working capital				
(2) Machinery and equipment				
i. Removal of architectural barriers				
j. Other activities				
<b>k. Subtotal</b>	\$ 750,000.00		750000.00	
l. Planning				
m. Administration				
<b>n. Total</b>	\$ 750,000.00		750000.00	
o. Less: Program Income Applied to Program Costs				
<b>p. Equal: Grant Amount Applied to Program Costs</b>	\$ 750,000.00		750000.00	

6. Computation of Grant Balance		
Description (a)	To Be Completed By Recipient	To Be Completed By DOC
	Amount (b)	Approved Amount (c)
(1) Grant Amount Applied To Program Costs (From Line p)	\$ 750,000.00	
(2) Estimated Amount For Unsettled Third - Party Claims	\$ -	
(3) Subtotal	\$ 750,000.00	
(4) Grant Amount Per Grant Agreement	\$ 750,000.00	
(5) Unutilized Grant To Be Canceled (Line 4 Minus Line 3)		
(6) Grant Funds Received	\$ 750,000.00	
(7) Balance of Grant Payable (Line 3 Minus Line 6)*		

\* If Line 6 exceeds Line 3, enter the amount of the excess on Line 7 as a negative amount. This amount shall be repaid to DOC by check, unless DOC has previously approved use of these funds.

7. Program Income	
a) Amount of existing program income:	<u>None</u>
b) Amount of anticipated program income:	<u>None</u>

c) If program income exists or is anticipated, describe the proposed application(s):

Not applicable.

**8. Unpaid Costs and Unsettled Third Party Claims**

Are there any unpaid costs or unsettled third party claims against the recipient's grant. Type "yes" or "no"  
If yes, describe the circumstances and amounts involved.

N/A

**9. Remarks (For DOC Use Only)**

**10. Certification of Recipient**

It is hereby certified that all activities undertaken by the Recipient with funds provided under the grant agreement identified on page 1 hereof, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provisions have been made by the Recipient for the payment of all unpaid costs and unsettled third party claims identified on page 1 hereof; that the State of North Carolina is under no obligation to make any further payment to the Recipient under the grant agreement in excess of the amount identified on Line 7 hereof; and that every other statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Date  <u>April 7, 2016</u>	Typed Name and Title of Recipient's Authorized Representative  <u>George Brown</u> <small>(Name)</small>  <u>Chairman</u> <small>(Title)</small>	Signature of Recipient's Authorized Representative  √ _____
----------------------------------	--	---

**11. DOC Approval**

This Certification of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$ \_\_\_\_\_, less \$ \_\_\_\_\_ previously authorized for cancellation (from Section 6, line 6, page 1).

Date  _____	Typed Name and Title of DOC Authorized Representative  <u>Dr. Patricia Mitchell</u> <u>Assistant Secretary</u>	Signature of DOC's Authorized Representative  √ _____
-------------------	---	---