

**FINAL PERFORMANCE REPORT**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS**  
[SFN 52344 \(05/15\)](#)

CDBG FINAL PERFORMANCE REPORT			
RECIPIENT		INSTRUMENT NUMBER	
BUDGET/PROJECT PERIOD		PERIOD COVERED BY REPORT	
FROM <i>(Month, Day, Year)</i>	TO <i>(Month, Day, Year)</i>	FROM <i>(Month, Day, Year)</i>	TO <i>(Month, Day, Year)</i>
REPORT PREPARED BY		PHONE NUMBER	
PROJECT DESCRIPTION (DESCRIPTION MUST INCLUDE ANY CHANGES TO THE ORIGINALLY APPROVED DESCRIPTION)			
DID DISPLACEMENT OCCUR ON THIS PROJECT? IF YES, COMPLETE THE CIVIL RIGHTS COMPLIANCE REPORT FOUND IN THIS SECTION			<input type="checkbox"/> YES <input type="checkbox"/> NO
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.			
TYPE NAME CHIEF ELECTED OFFICIAL		TITLE	
SIGNATURE		DATE	
<p><b><i>DCS USE ONLY</i></b></p> REVIEWED BY _____ DATE ____ <input type="checkbox"/> SECOND PUBLIC HEARING <input type="checkbox"/> MINUTES TO PUBLIC HEARING <input type="checkbox"/> 504 SELF EVALUATION <input type="checkbox"/> INCOME SURVEY FORMS <input type="checkbox"/> ADAAG FORM			