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| **Grant No. – Sub. Name:** | **MT039 - City of Avon Park**  |
| **Project Title:** | **Drinking Water Infrastructure Project** |
| **Funding Awarded:** | ***$670,623.00*** |
| **Agreement Period:** | ***01/10/2021 – 01/09/2025*** |
| **Primary Points of Contact Information:** | *April Cluess* *FDEO* | *Melody Sauerhafer**863-452-4410**msauerhafer@avonpark.city* |
| Activity Reporting Period: **Ferburary 2023** |
| *An update of this report shall be submitted to DEO ten (10) calendar days after the end of each month.* |
| **Section One – Financial Data:**  |
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|  | Amount | Funds used this period | Funds used to date | Balance Remaining |
| Leverage Funds (A) | *0* | *0* | *0* | *0* |
| CDBG-MIT Funds (B) | *$670,623.00* | *0* | *0* | *$670,623.00* |
| TOTAL Project Funds (A+B) | *$670,623.00* | *0* | *0* | *$670,623.00* |
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| **Section Two – Accomplishments within the Past Month:** |
| Council voted to readvertise the CDBG admin services. The engineer contract proposal was submitted to FDEO for review. The engineer is working on a justification for a budget amendment to remove the jack and bore and move those funds to engineering.  |
| **Section Three – Issues or risks that have been faced with resolutions:** |
| None. |
| **Section Four – Projected activities to be completed within the following Month:** |
| Readvertise for CDBG admin services. Commence engineering. |
| **Section Five – Required Submissions:** |
| * **Attachment B - Project Budget**
	+ Has the Project Budget changed?
	+ *If answered “Yes”, please submit the* ***Revised Attachment B*** *for review and approval.*
 | Yes [ ]  | No [x]  |
| * **Attachment C - Activity Work Plan**
	+ Has the Activity Work Plan/Project Timeline changed?
	+ *If answered “Yes”, please submit the* ***Revised Attachment C*** *for review and approval.*
 | Yes [ ]  | No [x]  |
| * **Staffing Plan**
	+ Were there any Staffing changes?
	+ *If answered “Yes”, please submit the* ***Revised Staffing Plan*** *which will include the* ***Revised Org Chart*** *and* ***Updated names and Job descriptions.***
 | Yes [ ]  | No [x]  |
| * **Equipment Transfer/Disposal**
	+ Were there Equipment Transferred/Disposed?
	+ *If answered “Yes”, please request a copy of the Equipment Transfer/Disposal Form and disposition instructions from your grant Manager. Complete and submit the Equipment Transfer/Disposal form.*
 | Yes [ ]  | No [x]  |
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| *Melody Sauerhafer**863-452-4410**msauerhafer@avonpark.city* | **Signature and date:**  |