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**STAFF MEMORANDUM FOR CITY COUNCIL MEETING**

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**TO:** Honorable City Council

**FROM:** Catrina Andes, Finance and Human Resource Director/Risk Management

**SUBJECT:** Community Development Block Grant (CDBG) Grantee Performance Reports (GPR)

**DATE:** July 27, 2011

**Recommendation:**

Staff recommends that the City Council review attached Grantee Performance Reports annual status reports for Program Income Revolving Loan Accounts (RLA).

**Background/Discussion:**

The City of Nevada City has one RLA for business lending, the CDBG Economic Grant. Annually the City must complete a GPR for the loan program. Attached is the GPR for the report period of June 2010 – June 2011 for standard agreement number 08-EDEF-5787 and a GPR for the same report period for Program Income. These reports have been completed by the City's CDBG consultant David Nelson and reviewed by the City Finance Director.

CDBG requires that a public hearing be held to review the City's GPRs by July 31, 2011.

**Fiscal Impact:**

None

**Grantee Performance Report**  
**Report Period (FY)** Jun-11

Standard Agreement # 08-EDEF-5787

Please Check One  
 Annual GPR   
 Final GPR

Jurisdiction Name: City of Nevada City

Name of Contact: Catrina Andes  
 Address of Contact: 317 Broad Street  
Nevada City, CA 95959

Telephone Number: 530-265-2496 E-Mail Address: catrina.andes@co.ne

**SUMMARY OF ACTIVITIES**

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

- |                                                |                                 | In Support<br>of Housing<br>(LMH) |
|------------------------------------------------|---------------------------------|-----------------------------------|
| (01) Acquisition of Real Property              | <input type="checkbox"/> Page 1 |                                   |
| (02) Disposition                               | <input type="checkbox"/> Page 1 |                                   |
| (03) Public Facilities & Improvements*         | <input type="checkbox"/> Page 6 | <input type="checkbox"/> Page 3   |
| (03A) Senior Centers                           | <input type="checkbox"/> Page 6 |                                   |
| (03B) Handicapped Centers                      | <input type="checkbox"/> Page 6 |                                   |
| (03C) Homeless Facilities                      | <input type="checkbox"/> Page 6 |                                   |
| (03D) Youth Centers                            | <input type="checkbox"/> Page 6 |                                   |
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| (03J) Water/Sewer Improvements*                | <input type="checkbox"/> Page 6 | <input type="checkbox"/> Page 3   |
| (03K) Street Improvements*                     | <input type="checkbox"/> Page 6 | <input type="checkbox"/> Page 3   |
| (03L) Sidewalk Improvements*                   | <input type="checkbox"/> Page 6 | <input type="checkbox"/> Page 3   |
| (03M) Child Care Centers                       | <input type="checkbox"/> Page 6 |                                   |
| (03N) Tree Planting                            | <input type="checkbox"/> Page 6 | <input type="checkbox"/> Page 3   |
| (03O) Fire Station/Equipment                   | <input type="checkbox"/> Page 6 |                                   |
| (03P) Health Facilities                        | <input type="checkbox"/> Page 6 |                                   |
| (03Q) Abused and Neglected Children Facilities | <input type="checkbox"/> Page 6 |                                   |
| (03R) Asbestos Removal                         | <input type="checkbox"/> Page 6 |                                   |
| (03S) Facilities for Aids Patients             | <input type="checkbox"/> Page 6 |                                   |
| (03T) Operating Costs of Homeless/Aids         | <input type="checkbox"/> Page 6 |                                   |
| (04) Clearance and Demolition                  | <input type="checkbox"/> Page 1 |                                   |
| (04A) Cleanup of Contaminated Sites            | <input type="checkbox"/> Page 1 |                                   |
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| (05C) Legal Services                           | <input type="checkbox"/> Page 7 |                                   |
| (05D) Youth Services                           | <input type="checkbox"/> Page 7 |                                   |

(05E) Transportation Services	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)	
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7		
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7		
(05H) Employment Training	<input type="checkbox"/>	Page 7		
(05I) Crime Awareness	<input type="checkbox"/>	Page 7		
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7		
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7		
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(05M) Health Services	<input type="checkbox"/>	Page 7		
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(05O) Mental Health Services	<input type="checkbox"/>	Page 7		
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7		
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7		
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2		
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5		
(05T) Security Deposits	<input type="checkbox"/>	Page 5		
(05U) Housing Counseling	<input type="checkbox"/>	Page 7		
(06) Interim Assistance	<input type="checkbox"/>	Page 7		
(08) Relocation*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3	
(12) Construction Housing	<input type="checkbox"/>	Page 1		
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2		
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4		
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4		
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4		
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4		
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8		
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4		
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4		
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4		
(15) Code Enforcement	<input type="checkbox"/>	Page 7		
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4		
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6		
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8		
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8		
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8		
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8		
(18A) ED Direct Financial Assistance for For-Profits	<input checked="" type="checkbox"/>	Page 8		
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9		
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5	

**Certification:**

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative \_\_\_\_\_

Printed Name & Title Catrina Andes, Financial & HR Director

Date \_\_\_\_\_

6/10/2008

This section applies to Economic Development activities that facilitate the creation of business and jobs. Check off the activity you are reporting. If more than one activity is being reported, you will need to create a duplicate sheet. Do not use this page to report on Micro Enterprise activities, use page nine (9). Page 9

- Rehabilitation Publicly/Private Commercial Industry (14E)
- Commercial/Industrial Land Acquisition/Disposition (17A)
- Commercial Industrial Infrastructure Development (17B)
- Building Acquisition, Construction, Rehabilitation (17C)
- Other Commercial/Industrial Improvements (17D)
- ED Direct Financial Assistance for For-Profits (18A)
- Health Facilities - Jobs (03P)

**Program Description**

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity  Indicate the number of remediated acres: \_\_\_\_\_
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. A designation of Slum and Blight, complete Appendix E.

**Section 3**

**Economic Opportunities for Low & Very Low Income**

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

**Minority Contractor Information**

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members	_____	Value of Contract
Women	_____	
Other (Specify) _____	_____	

**TYPE OF ASSISTANCE**

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants  Loans   
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:  
 Grants 0 Loans 0
3. Indicate the total number of grants and/or loans provided for the entire contract term:  
 Grants 0 Loans 0
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	<u>          </u>	<u>          </u>	<u>          </u>
b. Deferred Payment/ Forgiveness Loan:	<u>          </u>	<u>          </u>	<u>          </u>

**DIRECT BENEFIT**

IDIS cdbg 8

This page allows you to report on race/ethnicity and income levels of employees for LMJ activities and people for an LMA service area :

Race & Code	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Bkck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 0

**INCOME LEVELS**

IDIS cdbg 13

The number of employees based on income levels:

	Employees	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
<b>Totals</b>	<b>0</b>	<b>0</b>

**Jobs**

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
<b>1 Proposed:</b>				
Expected to Create:	<u>8</u>	<u>4</u>	<u>0</u>	<u>0</u>
Expect to Retain:	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>
<b>2 Actual:</b>				
Created:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Retained:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

3 What number of jobs have employer sponsored health care benefits:  
 Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: 0

5 Indicate the type of jobs being created or retained:

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>0</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

**Business Assistance**

1 **Businesses assisted:**  
 Number of Existing: 0  
 Number of New: 0  
 Total: 0

IDIS cdbg 28

2 **Of the EXISTING Businesses assisted:**  
 Number expanding: 0  
 Number relocating: 0

3 The number of businesses assisted with commercial  
 façade treatment/business building rehab: 0

4 If the activity is serving a Low and Moderate Area, indicate the  
 number of businesses that provide goods or services to meet  
 the needs of a service area, neighborhood or community 0

5 Specify Duns number for each business assisted:  
 Duns Number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF JOBS**

If the activity has a matrix code from the 03 series (03A-03T) and creates jobs, than complete the following questions:

IDIS cdbg 17B

- 1. Indicate the number of households assisted, according to the following:
  - a. Total benefiting for the program year \_\_\_\_\_
  - b. Now have new access to this public facility (community facility) or infrastructure improvement (public works): \_\_\_\_\_
  - c. Now have improved access to this type of public facility (community facility) or infrastructure improvement (public works): \_\_\_\_\_
  - d. That are served by the public facility (community facility) or infrastructure improvement (public works) that is no longer substandard: \_\_\_\_\_
- 2. If the activity provides beds and shelter to the homeless,
  - a. What number of homeless persons were given overnight shelter: \_\_\_\_\_
  - b. Indicate the number of beds created in overnight shelter or other emergency housing: \_\_\_\_\_

**Grantee Performance Report**  
*Appendix A - One for One Replacement*

Report Period  
40695

Standard Agreement  
08-EDEF-5787

**Replacement Housing**

If multiple locations, please duplicate and make additional forms as necessary.  
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted  
Address \_\_\_\_\_  
\_\_\_\_\_

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit \_\_\_\_\_  
Two Bedroom Units \_\_\_\_\_  
Three Bedroom Units \_\_\_\_\_  
Four Bedroom Units \_\_\_\_\_  
5+ Five or more Bedroom Units \_\_\_\_\_

Grant or Loan Agreement Executed Date: \_\_\_\_\_

Demolition or Conversion Agreement Date: \_\_\_\_\_

Replacement  
Address \_\_\_\_\_  
\_\_\_\_\_

Number of bedroom units

0/1 Zero or One bedroom unit \_\_\_\_\_  
Two Bedroom Units \_\_\_\_\_  
Three Bedroom Units \_\_\_\_\_  
Four Bedroom Units \_\_\_\_\_  
5+ Five or more Bedroom Units \_\_\_\_\_

Date units will be available: \_\_\_\_\_

Date of any exception agreement: \_\_\_\_\_

**Grantee Performance Report**  
*Appendix B - Displacement*

Report Period  
40695

Standard Agreement  
08-EDEF-5787

IDS cdbg 15

Indicate the census tract of origin: \_\_\_\_\_  
 Indicate the City: \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat. Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. & White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am. Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated: \_\_\_\_\_  
 Indicate the City: \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat. Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. & White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am. Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract  
 and race distribution of those relocated. \_\_\_\_\_  
 Indicate the City \_\_\_\_\_

**1. Presumed Benefit**

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- Abused Children
- Battered Spouses
- Severely Disabled Adults (Per Census Definition)
- Illiterate Adults
- Persons with Aids
- Homeless Persons
- Migrant Farm workers
- Elderly Persons

Extreme Low Income

Low Income

Low Income

Low Income

Low Income

Extreme Low Income

Low Income

Use Moderate Income if at a center with services,  
if not center based, use Low Income

**2. Nature and Location**

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

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**ORGANIZATION CARRYING OUT ACTIVITY**

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

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Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

*Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.*

**Grantee Performance Report**  
*Appendix E - Slum & Blight Area*

Report Period  
40695

Standard Agreement  
08-EDEF-5787

IDIS cdbg 12

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

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Percent of Deteriorated Buildings/Qualified Properties: \_\_\_\_\_ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

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Slum/Blight Designation Year \_\_\_\_\_

**Grantee Performance Report**  
**Report Period (FY)** Jun-11

Standard Agreement # \_\_\_\_\_  
 Program Income \_\_\_\_\_

Please Check One  
 Annual GPR   
 Final GPR

Jurisdiction Name: City of Nevada City

Name of Contact: Catrina Andes  
 Address of Contact: 317 Broad Street  
Nevada City, CA 95959

Telephone Number: 530-265-2496 E-Mail Address: catrina.andes@co.ne

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(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4	
(15) Code Enforcement	<input type="checkbox"/>	Page 7	
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4	
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6	
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8	
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8	
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8	
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8	
(18A) ED Direct Financial Assistance for For-Profits	<input checked="" type="checkbox"/>	Page 8	
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9	
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5

In Support  
of Housing  
(LMH)

**Certification:**

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative \_\_\_\_\_

Printed Name & Title Catrina Andes, Financial & HR Director

Date \_\_\_\_\_

6/10/2008

**Grantee Performance Report**  
**ECONOMIC DEVELOPMENT**  
*Business Assistance & Infrastructure*

Report Period  
40695

Standard Agreement  
Program Income

This section applies to Economic Development activities that facilitate the creation of business and jobs. Check off the activity you are reporting. If more than one activity is being reported, you will need to create a duplicate sheet. Do not use this page to report on Micro Enterprise activities, use page nine (9). Page 9

- Rehabilitation Publicly/Private Commercial Industry (14E)
- Commercial/Industrial Land Acquisition/Disposition (17A)
- Commercial Industrial Infrastructure Development (17B)
- Building Acquisition, Construction, Rehabilitation (17C)
- Other Commercial/Industrial Improvements (17D)
- ED Direct Financial Assistance for For-Profits (18A)
- Health Facilities - Jobs (03P)

**Program Description**

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity  Indicate the number of remediated acres: \_\_\_\_\_
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. A designation of Slum and Blight, complete Appendix E.

**Section 3**

**Economic Opportunities for Low & Very Low Income**

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

**Minority Contractor Information**

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Minority group members \_\_\_\_\_

Women \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Value of Contract

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF ASSISTANCE**

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants  Loans   
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:  
 Grants 0 Loans 0
3. Indicate the total number of grants and/or loans provided for the entire contract term:  
 Grants 0 Loans 0
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	<u>          </u>	<u>          </u>	<u>          </u>
b. Deferred Payment/ Forgiveness Loan:	<u>          </u>	<u>          </u>	<u>          </u>

**DIRECT BENEFIT**

IDIS cdbg 8

This page allows you to report on race/ethnicity and income levels of employees for LMJ activities and people for an LMA service area :

Race & Code	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Black/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 0

**INCOME LEVELS**

IDIS cdbg 13

The number of employees based on income levels:

	Employees	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
<b>Totals</b>	<b>0</b>	<b>0</b>

**Jobs**

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
<b>1 Proposed:</b>				
Expected to Create:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expect to Retain:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>2 Actual:</b>				
Created:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Retained:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

3 What number of jobs have employer sponsored health care benefits:  
 Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: 0

5 Indicate the type of jobs being created or retained:

	<b>Type of Jobs Created:</b>	<b>Jobs Retained:</b>
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>0</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

**Business Assistance**

1 **Businesses assisted:**  
 Number of Existing: 0  
 Number of New: 0  
 Total: 0

IDIS cdbg 28

2 **Of the EXISTING Businesses assisted:**  
 Number expanding: 0  
 Number relocating: 0

3 The number of businesses assisted with commercial  
 façade treatment/business building rehab: 0

4 If the activity is serving a Low and Moderate Area, indicate the  
 number of businesses that provide goods or services to meet  
 the needs of a service area, neighborhood or community 0

5 Specify Duns number for each business assisted:  
 Duns Number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF JOBS**

If the activity has a matrix code from the 03 series (03A-03T) and creates jobs, than complete the following questions:

IDIS cdbg 17B

- 1. Indicate the number of households assisted, according to the following:
  - a. Total benefiting for the program year \_\_\_\_\_
  - b. Now have new access to this public facility (community facility) or infrastructure improvement (public works): \_\_\_\_\_
  - c. Now have improved access to this type of public facility (community facility) or infrastructure improvement (public works): \_\_\_\_\_
  - d. That are served by the public facility (community facility) or infrastructure improvement (public works) that is no longer substandard: \_\_\_\_\_
- 2. If the activity provides beds and shelter to the homeless,
  - a. What number of homeless persons were given overnight shelter: \_\_\_\_\_
  - b. Indicate the number of beds created in overnight shelter or other emergency housing: \_\_\_\_\_

**Grantee Performance Report**  
*Appendix A - One for One Replacement*

Report Period  
40695

Standard Agreement  
Program Income

**Replacement Housing**

If multiple locations, please duplicate and make additional forms as necessary.  
Indicate the address of the units to be demolished-converted:

IDIS cdbg 18

Demolished/Converted  
Address \_\_\_\_\_  
\_\_\_\_\_

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit \_\_\_\_\_  
Two Bedroom Units \_\_\_\_\_  
Three Bedroom Units \_\_\_\_\_  
Four Bedroom Units \_\_\_\_\_  
5+ Five or more Bedroom Units \_\_\_\_\_

Grant or Loan Agreement Executed Date: \_\_\_\_\_

Demolition or Conversion Agreement Date: \_\_\_\_\_

Replacement  
Address \_\_\_\_\_  
\_\_\_\_\_

Number of bedroom units

0/1 Zero or One bedroom unit \_\_\_\_\_  
Two Bedroom Units \_\_\_\_\_  
Three Bedroom Units \_\_\_\_\_  
Four Bedroom Units \_\_\_\_\_  
5+ Five or more Bedroom Units \_\_\_\_\_

Date units will be available: \_\_\_\_\_

Date of any exception agreement: \_\_\_\_\_

**Grantee Performance Report**  
*Appendix B - Displacement*

Report Period  
40695

Standard Agreement  
Program Income

IDIS cdbg 15

Indicate the census tract of origin: \_\_\_\_\_  
 Indicate the City: \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated: \_\_\_\_\_  
 Indicate the City: \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract  
 and race distribution of those relocated.  
 Indicate the City: \_\_\_\_\_

**1. Presumed Benefit**

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- Abused Children
- Battered Spouses
- Severely Disabled Adults (Per Census Definition)
- Illiterate Adults
- Persons with Aids
- Homeless Persons
- Migrant Farm workers
- Elderly Persons

- Extreme Low Income
- Low Income
- Low Income
- Low Income
- Low Income
- Extreme Low Income
- Low Income

Use Moderate Income if at a center with services,  
if not center based, use Low Income

**2. Nature and Location**

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

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**ORGANIZATION CARRYING OUT ACTIVITY**

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

\_\_\_\_\_

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

*Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.*

**Grantee Performance Report**  
*Appendix E - Slum & Blight Area*

Report Period  
40695

Standard Agreement  
Program Income

IDIS cdbg 12

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

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Percent of Deteriorated Buildings/Qualified Properties: \_\_\_\_\_ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

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Slum/Blight Designation Year \_\_\_\_\_