COUNTY OF GLENN
AGENDA ITEM TRANSMITTAL

MEETING DATE: July 17, 2012
Submiting Department(s):
Human Resource Agency
Planning and Public Works Agency
Contact: Christine Zoppi/prepared by Suzi Kochems
Phone: 934-1458

BRIEF SUBJECT/ISSUE DESCRIPTION:
Hold a Public Hearing in support of the Community Development Block Grant (CDBG) Program and the CDBG Grantee Performance Reports (GPR's) for grant #09-STAR-6385 and the Program Income Revolving Loan Fund.

AGENDA PLACEMENT
APPOINTMENT – Appearances by: (Specify Name & Title)
Scott Gruendl, HRA
John Linhart, PPWA

Required 15 Minutes

☐ Business – No ☐ Consent
☐ Correspondence ☐ Reports & Notices

LEGAL/PERSONNEL/FISCAL
☐ County Counsel
☐ Personnel
☐ Finance
☐ County Administrative Office

CLERK INSTRUCTIONS
☐ Return Minute Order to Pat Auser
☐ Return Copies Of:
☐ Other:

☐ Receive Concurrence

ATTACHMENTS
☐ Board Report
☐ Letter
☐ Minute Order
☐ Contract
☐ Transfer
☐ Grant App.
☐ Resolution
☐ Ordinance
☐ Proclamation
☐ Policy Update
☐ Code Update
☐ Other
GPR’s

PUBLIC HEARINGS & COMMITTEE VACANCIES
Public Hearings:
☐ Published
☐ Affidavit on File w/Clerk
☐ Affected Parties Notified

Committees:
☐ Vacancy Posted
☐ Application Attached

☐ State
☐ Federal

LEGISLATION
Bill#: ______
☐ Latest Version of Bill
☐ Draft Letter Attached
☐ List of Supporters/Opposers
☐ Statement of Relevance to County Interests
☐ Description Attached

FUNDING SOURCE/IMPACT
☐ General Fund Impact
☐ Other: CDBG
☐ Budgeted
☐ Transfer Attached
☐ 4/5ths Vote Required
☐ Contingency Request

CONTRACTS, LEASES & AGREEMENTS
☐ New
☐ Renewal
☐ Amendment
☐ Insurance Certificate
☐ Contract Report

Date of Original Contract:
Contract No.:
Fiscal Year:

RECOMMENDED ACTION/MOTION:
1. Hold Public Hearing to discuss GPR’s and future CDBG funding opportunities.
2. Review and accept the Close Out GPR for CDBG grant #09-STAR-6385 and the CDBG Program Income Grantee Performance Report.
3. Authorize the HRA Director and the Planning and Public Works Agency Director, or designees, to sign and submit the approved Grantee Performance Reports to the State Department of Housing and Community Development.

Reviewed By (if applicable):

Scott Gruendl, Director

Personnel Director

Department of Finance

cc:
COUNTY OF GLENN
BOARD REPORT

Submitted by Glenn County Human Resource Agency
(Department)

EXECUTIVE SUMMARY

The State Department of Housing and Community Development (HCD) requires a Public Hearing to be held during the course of a CDBG contract term to disclose accomplishments under open grants and program income revolving loan funds. The attached Performance Reports illustrate the accomplishments of a closed out Public Works grant, as well as the CDBG Program Income Revolving Loan Account for the period July 1, 2011 through June 30, 2012.

Hold a public hearing for the Community Development Block Grant (CDBG) Performance Close Out/Final Grantee Performance Report for grant #09-STAR-6385 (Public Works Project utilizing CDBG funds made available through the American Recovery and Reinvestment Act), and a Grantee Performance Report for the Program Income Revolving Loan Funds (housing rehabilitation, business assistance, direct homeownership assistance and economic development).

Additionally, the State requires a public hearing in the program design phase to discuss future projects that the County may be interested in applying for when CDBG funding applications become available; this fiscal year applications will become available in January, 2013.

RECOMMENDATION(S):

1. Hold Public Hearing to discuss GPR’s and future CDBG funding opportunities.
2. Review and accept the Close Out GPR for CDBG grant #09-STAR-6385 and the CDBG Program Income Grantee Performance Report.
3. Authorize the HRA Director and the Planning and Public Works Agency Director, or designees, to sign and submit the approved Grantee Performance Reports to the State Department of Housing and Community Development.

HISTORY AND BACKGROUND:

Resolution #2008-27 authorized the PPWA Director to submit an application and enter into agreements with HCD for a Public Works project in Hamilton City and a Housing Rehabilitation Program throughout the jurisdiction. In 2008, the County of Glenn’s CDBG application was rated and ranked, but fell below the funding threshold. In 2009, the American Recovery and Reinvestment Act appropriated one billion dollars in CDBG funds to states and local governments to carry out, on an expedited basis, eligible activities under the CDBG Program, with an emphasis on funding in the most economically distressed areas; this program is known as the CDBG-R Program. In 2009, HCD considered CDBG eligible projects that fell below the funding threshold in the 2008/09 general allocation distribution process and which met the CDBG-R objectives. Upon providing additional information regarding the project, the County of Glenn was given notice of a conditional commitment of grant fund in the amount of $916,659. Soon after, the County of Glenn and the Department of Housing and Community Development entered into an Agreement for use of these funds.

Additionally, as required by HCD, local jurisdictions must report on the accomplishments of any open CDBG contract or revolving loan fund by way of a Grantee Performance Report; these
COUNTY OF GLENN
BOARD REPORT

reports are due to HCD by July 31st for the previous fiscal year and must be presented during a public hearing allowing citizens the opportunity to provide input.

The Grantee Performance Report (GPR) requests information required by the U.S. Department of Housing and Urban Development (HUD) to implement performance measurements as described in Federal Register notice 71 FR 4970 N 02 and other reporting requirements.

The GPR is designed to collect one year of information on each “activity” funded by a Standard Agreement or with Program Income. For the purposes of the GPR, a report period is defined as the fiscal year from July 1 to June 30th. The Department of Housing and Community Development (HCD) is required to report on each jurisdiction’s progress on each activity administered by the local jurisdiction via HUD’s Integrated Disbursement and Information System (IDIS). HUD will not allow the State to close an activity and provide a final payment when information is missing in IDIS. Grant #09-STAR-6385 is complete and the final reports and Performance Close-Out documents are due in order to close out the activity with HCD.

The State CDBG program will publish a combined Notice of Funding Availability (NOFA) in January of each year. Eligible jurisdictions may submit applications for funds under the NOFA up to an estimated $2,000,000. The County is required to conduct a public hearing in order to give citizens an opportunity to make their comments known regarding what types of eligible activities the County should apply for under the next year's NOFA.

FISCAL/PERSOONNEL IMPACT(S):

No County General Funds Required.

ANALYSIS/DISCUSSION

The attached Grantee Performance Reports illustrates the accomplishments of the recently funded Public Works grant, as well as Revolving Loan Funds for the period July 1, 2012 through June 30, 2013.

If the County is not awarded CDBG funding under the current round, which has not yet been announced, the County will apply for funding in the spring of 2013. At which time, the design phase public hearing information will be required.

All items transmitted by a County Department or Agency for inclusion in the agenda for Board of Supervisors action must include all background and analysis necessary for the Board to make an informed decision. Failure to provide adequate information, analysis, or backup could result in the matter not being added to the agenda and returned to the department for additional information.
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.

(01) Acquisition of Real Property
(02) Disposition
(03) Public Facilities & Improvements*
(03A) Senior Centers
(03B) Handicapped Centers
(03C) Homeless Facilities
(03D) Youth Centers
(03E) Neighborhood Facilities
(03F) Parks, Recreation Facilities
(03G) Parking Facilities
(03H) Solid Waste Disposal Imp.*
(03I) Flood Drainage Improvement*
(03J) Water/Sewer Improvements*
(03K) Street Improvements*
(03L) Sidewalk Improvements*
(03M) Child Care Centers
(03N) Tree Planting
(03O) Fire Station/Equipment
(03P) Health Facilities
(03Q) Abused and Neglected Children Facilities
(03R) Asbestos Removal
(03S) Facilities for Aids Patients
(03T) Operating Costs of Homeless/Aids
(04) Clearance and Demolition
(04A) Cleanup of Contaminated Sites
(05) Public Services - General
(05A) Senior Services
(05B) Handicapped Services
(05C) Legal Services
(05D) Youth Services

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

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 John Linhart

Date 6/28/2012
This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

☐ Public Facilities and Improvements (03) ☐ Parking Facilities (03G)
☐ Senior Centers (03A) ☐ Solid Waste Disposal Imp. (03H)*
☐ Handicapped Centers (03B) ☐ Flood Drainage Improvement (03I)*
☐ Homeless Facilities (03C) ☐ Water/Sewer Improvements (03J)*
☐ Youth Centers (03D) ☐ Street Improvements (03K)*
☐ Neighborhood Facilities (03E) ☐ Sidewalk Improvements (03L)*
☐ Parks, Recreation Facilities (03F) ☐ Child Care Centers (03M)
☐ Operating Costs of Homeless/Aids (03T)
☐ Non-Residential Historic Preservation (16B)
☐ Privately Owned Utilities (11)*

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - in Support of Housing.

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.
☐
☐
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.
☐
j. Multi-Unit Housing (2+ Units/structure).
☐
k. Rental Housing.
☐
l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
☐
m. A Subrecipient Agreement for this activity, complete Appendix D.
☐
n. The 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:

<table>
<thead>
<tr>
<th>Minority group members</th>
<th>Value of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women</th>
<th>$0</th>
</tr>
</thead>
</table>

| Other (Specify)        | $0                |

|                        |                  |

Page 1 of 8
TYPE OF ASSISTANCE
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 1 Loans ___________

3. Indicate the total number of grants and/or loans provided to date (entire contract term):
   Grants 1 Loans ___________

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:
   b. Deferred Payment:
   Forgiveness Loan:

DIRECT BENEFIT
This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

<table>
<thead>
<tr>
<th>Race &amp; Code</th>
<th>All</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (11):</td>
<td>766</td>
<td>443</td>
</tr>
<tr>
<td>Black/African American (12):</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Asian (13):</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>American Indian/Alaskan Native (14):</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Isl. (15):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian/Alaskan Native &amp; White (16):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian &amp; White (17):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black/African Am. &amp; White (18):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian/Alaskan &amp; Black/African (19):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Multi-Racial (20):</td>
<td>1133</td>
<td>1123</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>1974</td>
<td>1590</td>
</tr>
</tbody>
</table>

Number of Female Head of Households 121

INCOME LEVELS
Number of persons benefiting based on income:

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Persons</th>
<th>Total all years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Low (&lt;30%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Low (31%-50%)</td>
<td>1067</td>
<td>1067</td>
</tr>
<tr>
<td>Moderate (51%-80%)</td>
<td>671</td>
<td>671</td>
</tr>
<tr>
<td>Non-Low/Moderate Income (+80%)</td>
<td>236</td>
<td>236</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>1974</td>
<td>1974</td>
</tr>
</tbody>
</table>
Public Facilities and Improvements

1. Indicate the number of households assisted, according to the following:
   a. Total benefiting for the program year: 539
   b. Now have new access to this public facility (community facility) or public improvement (public works): 0
   c. Now have improved access to this type of public facility (community facility) or public improvement (public works): 0
   d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: 539

2. a. What number of homeless persons were given overnight shelter: 0
   b. Indicate the number of beds created in overnight shelter or other emergency housing: 0
Grantee Performance Report
Appendix A - One for One Replacement

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

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

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

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.

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

2. Nature and Location

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

____________________________________________________

____________________________________________________

Use Moderate Income if at a center with services, if not center based, use Low Income
ORGANIZATION CARRYING OUT ACTIVITY

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:

Department Of Housing and Community Development

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

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

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

Boundaries:


Percent of Deteriorated Buildings/Qualified Properties: ________%

Public Improvement/Type Condition:
Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year ________
Grantee Performance Report

Report Period (FY): 2011/2012
Jurisdiction Name: County of Glenn
Name of Contact: Bill Wathen
Address of Contact: 420 E. Laurel Street
Willows, CA 95988
Telephone Number: 530-934-1468
E-Mail Address: hwathen@hra.co.glen

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.

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(03) Public Facilities & Improvements*
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(03B) Handicapped Centers
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(03D) Youth Centers
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(03F) Parks, Recreation Facilities
(03G) Parking Facilities
(03H) Solid Waste Disposal Imp.
(03I) Flood Drainage Improvement*
(03J) Water/Sewer Improvements*
(03K) Street Improvements*
(03L) Sidewalk Improvements*
(03M) Child Care Centers
(03N) Tree Planting
(03O) Fire Station/Equipment
(03P) Health Facilities
(03Q) Abused and Neglected Children Facilities
(03R) Asbestos Removal
(03S) Facilities for Aids Patients
(03T) Operating Costs of Homeless/Aids
(04) Clearance and Demolition
(04A) Cleanup of Contaminated Sites
(05) Public Services - General
(05A) Senior Services
(05B) Handicapped Services
(05C) Legal Services
(05D) Youth Services

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

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

Date

01/10/2006
Grantee Performance Report

Homebuyer Assistance

Report Period: 2011/2012

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and one of the following activities. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

☐ Homeownership Assistance - not direct (05R)
☒ Direct Homeownership Assistance (13)

Program Description

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.

☐


☐

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.

☐

j. Multi-Unit Housing (2+ Units/structure).

☐

k. Rental Housing.

☐

l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.

☐

m. A Subrecipient Agreement for this activity, complete Appendix D.

☐

n. The 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.

Ministry 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


Page 1 of 8
TYPE OF ASSISTANCE

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 1

3. Indicate the total number of grants and/or loans provided to date (entire contract term): Grants 0 Loans 1

4. When assistance is provided in the form of loans, enter the terms of financing:

<table>
<thead>
<tr>
<th>Interest Rate (%)</th>
<th>Number of Months (#)</th>
<th>Loan Amounts ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amortized Loan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred Payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgiveness Loan</td>
<td>variable</td>
<td>360</td>
</tr>
</tbody>
</table>

DIRECT BENEFIT

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

HOUSING ACTIVITIES

<table>
<thead>
<tr>
<th>Race &amp; Code</th>
<th>Owner</th>
<th>Renter</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (11):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black/African American (12):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian (13):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>American Indian/Alaskan Native (14):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Isl. (15):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian/Alaskan Native &amp; White (16):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian &amp; White (17):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black/African Am. &amp; White (18):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian/Alaskan &amp; Black/African (19):</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Multi-Racial (20):</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Number of Female Head of Households 0 0

INCOME LEVELS

Number of households benefiting based on income:

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Owner</th>
<th>Renter</th>
<th>Total all years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Low (&lt;30%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Low (31%-50%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Moderate (51%-80%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-Low/Moderate Income (+80%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HOUSING - PUBLIC SERVICE

Indicate the number of persons/households assisted, according to the following:

1. a. Total being served for the program year:
2. b. Now have new access to this type of service or benefit:
3. c. Now have improved access to this type of service or benefit:
4. d. Now receive a service or benefit that is no longer substandard:
Direct Financial Assistance to Homebuyers

1. Enter the total number of homebuyer households: _____________________________

2. Of the total homebuyers assisted, specify the following:
   a. Number of first-time homebuyers: _____________________________
   b. Of those first-time homebuyers, specify the number receiving housing counseling: _____________________________

3. The number of homebuyers receiving down payment assistance/closing costs: _____________________________
Grantee Performance Report

Appendix A - One for One Replacement

Replacement Housing

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

Demolished/Converted Address

Indicate the number and type of bedroom units

<table>
<thead>
<tr>
<th>Bedroom Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/1 Zero or One bedroom unit</td>
<td></td>
</tr>
<tr>
<td>Two Bedroom Units</td>
<td></td>
</tr>
<tr>
<td>Three Bedroom Units</td>
<td></td>
</tr>
<tr>
<td>Four Bedroom Units</td>
<td></td>
</tr>
<tr>
<td>5+ Five or more Bedroom Units</td>
<td></td>
</tr>
</tbody>
</table>

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement Address

Number of bedroom units

<table>
<thead>
<tr>
<th>Bedroom Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/1 Zero or One bedroom unit</td>
<td></td>
</tr>
<tr>
<td>Two Bedroom Units</td>
<td></td>
</tr>
<tr>
<td>Three Bedroom Units</td>
<td></td>
</tr>
<tr>
<td>Four Bedroom Units</td>
<td></td>
</tr>
<tr>
<td>5+ Five or more Bedroom Units</td>
<td></td>
</tr>
</tbody>
</table>

Date units will be available:

Date of any exception agreement:
### Indicate the census tract of origin

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

### Indicate the census tract of those relocated

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

If there is more than one census tract, indicate the additional census tract and race distribution of those relocated.

Indicate the City
1. Presumed Benefit

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.

- Abused Children: Extreme Low Income
- Battered Spouses: Low Income
- Severely Disabled Adults (Per Census Definition): Low Income
- Illiterate Adults: Low Income
- Persons with Aids: Low Income
- Homeless Persons: Extreme Low Income
- Migrant Farm workers: Low Income
- Elderly Persons: Use Moderate Income if at a center with services, if not center based, use Low Income

2. Nature and Location

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
ORGANIZATION CARRYING OUT ACTIVITY

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

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

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

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: ________ %

Public Improvement/Type Condition:
Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year: ________