

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

The Annual Performance Report (APR) is the tool used to collect performance data from the Office of Community Renewal's Recipients. The data collected from the APR is required by the U.S. Department of Housing and Urban Development (HUD) and is submitted to HUD annually in New York State's Annual Performance Report.

Recipients must submit an APR for each project where a Final Performance Report has not been submitted to the Office of Community Renewal. The Report consists of seven sections: Recipient Information; Project Status Narrative; Beneficiary Data and Performance Measurements; Section 3 Summary Information, Program Income; Final Performance Report Documentation; and Certification. Recipients are required to submit a beneficiary data and performance measurement data for **each** activity funded excluding program delivery and administration. For those projects with more than one activity, for example a homeownership activity and housing rehabilitation activity, a Beneficiary Data/Performance Measurement subsection must be completed for each of the activities. Please refer to Schedule B which has been provided with the APR reminder letter for a listing of the project activities funded by the Office of Community Renewal. The entire APR must be returned, including forms that may not be applicable to a Recipient's grant.

ALL APR's SHOULD BE RETURNED TO OCRINFO@NYSHCR.ORG, PLEASE INCLUDE THE COMMUNITY NAME, CDBG PROJECT NUMBER AND 2015 APR IN THE SUBJECT LINE.

I. RECIPIENT INFORMATION:

Recipient Name: Provide the Name of the Recipient (i.e. Town/Village/City/County of Name of Community).

Report #: Enter the number of the report submitted.

Final: Recipients who have expended all CDBG project funds and who can report all beneficiary and accomplishment numbers are eligible to submit their Final Performance Report. If this report is the final report and final beneficiaries are being reported, check the box.

Project #: Enter the Office of Community Renewal assigned project number.

Reporting Period: 1/1/15 – 12/31/15.

II. PROJECT STATUS NARRATIVE:

A1 **Housing Activities**

Housing Rehabilitation

1. If the complete Environmental Review Record (ERR) has not been submitted **AND** Request for Release of Funds approved, what is the estimated date to complete this?
2. Has the grant /loan agreement been developed? If so, on what dates for each? If not, what are the anticipated dates for these milestones?
3. Status of applications received (include # of applications). Of these, # of projects that have been processed and # of projects that have been awarded.
4. Status of projects that are currently out to bid (include # of projects).
5. Status of projects that are under construction (include # of projects).
6. Status of projects that have been completed to date (include # of projects). Of these, # of projects that have been completed for this reporting period.
7. Status of households on the waiting list (include # of projects). This includes any comments on waiting list; # of households on wait list at beginning of year; how is the Recipient soliciting

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

applications?

8. Demonstrate how you are complying with LBP regulations. This includes # of projects completed that required lead based paint assessments and/or clearances.
9. Provide the percent completion of the project and the anticipated completion date.

Homeownership

1. If the complete Environmental Review Record (ERR) has not been submitted **AND** Request for Release of Funds approved, what is the estimated date to complete this?
2. Has the grant /loan agreement been developed? If so, on what dates for each? If not, what are the anticipated dates for these milestones?
3. Status of applications received (include # of applications). Of these, # of projects that have been processed and # of potential new homeowners that have been approved.
4. How many potential new homeowners have gone through counseling?
5. Status of projects that are currently in the market actively looking at homes (include # of projects).
6. Status of projects for which an offer on a home has been made and are waiting to close.
7. Status of projects that have closed to date (include # of projects). Of these, # of projects that have closed for this reporting period.
8. Status of households on the waiting list (include # of projects). This includes any comments on waiting list; # of households on wait list that have received counseling; how is the Recipient soliciting application?
9. If the program includes housing rehabilitation assistance, demonstrate how you are complying with LBP regulations. This includes # of projects completed that required lead based paint assessments and/or clearances.
10. Provide the percent completion of the project and the anticipated completion date.

B-C Provide the information requested.

III. PROJECT TEAM UPDATE:

Response to Project Team Update required, regardless of the source of funds. Failure to submit adequate information may delay the processing of the APR and future requests for funds.

1. **Municipal Information:** Provide the information as requested
2. **Chief Elected Official:** The Chief Elected Official (CEO) is responsible for signing all official documents, agreements, contracts, etc., with OCR.
3. **Local Grant Contact:** This must be a municipal employee, **other than the CEO**, who is familiar with the project and has the ability to respond to requests from OCR regarding this project.
4. **Municipal Clerk:** Identify the County/City/Town/Village Clerk
5. **Municipal Treasurer or Chief Financial Officer:** Identify the County/City/Town/Village Treasurer or CFO. This person is responsible for submitting the Federal Assistance Expenditure

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

(FAE) Report and handling audit questions. If the Recipient utilizes a bookkeeper, do not identify the individual as the Treasurer or Financial Officer.

6. **Municipal Attorney:** Identify the County/City/Town/Village Attorney
7. **Fair Housing Officer:** All Recipients of CDBG funds, regardless of the activity being undertaken, shall be subject to compliance with Fair Housing, and a Fair Housing Officer **must** be identified. It is recommended that this individual be appointed by Board resolution. A Subrecipient can in certain instances act as the Fair Housing Officer; it should not be a consultant.

Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Fair Housing.

8. **Section 3 Coordinator:** All Recipients of CDBG funds in excess of \$200,000 are subject to Section 3 compliance. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing. It is recommended that this individual be appointed by Board resolution.
9. **Subrecipient:** If a Subrecipient is being utilized, please provide requested information. Refer to the OCR Grant Administration Manual *Chapter 1-Getting Started* for further information regarding Subrecipients.
10. **Labor Standards Compliance Officer:** If this project is subject to Federal Davis-Bacon Prevailing Wages, this section must be completed. The individual identified must have an understanding of Davis-Bacon and should be the person reviewing all Certified Payroll and completing the Semi-Annual Labor Standards Enforcement Report.

Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Labor Standards and Davis-Bacon.

11. **Consultant:** If the Recipient has retained the professional services of a consultant to assist with the administration and program delivery services of a program, please provide the requested information.
12. **Engineer:** If the Recipient has retained the professional services of an engineer to provide engineering services, please provide the requested information. If the Engineer is a municipal employee, please indicate.
13. **Lead Based Paint Risk Assessor:** If the project is undertaking any activities that are subject to compliance with lead based paint at 24CFR Part 35 and/or 40CFR Part 745, this section must be completed.

IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS:

Beneficiary data represents the number of persons and/or households that benefit from the activity. The Beneficiary Data/Performance Measurements section is divided into subsections: Housing Rehabilitation Activities; Homeownership Activities; Housing Units with Leveraged HOME Funds; Building Information for Housing Units Assisted with CDBG Funds. Recipients who have been awarded funding for more than one activity must complete a subsection for each activity.

This section must be completed according to:

1. Single Family Housing Rehabilitation
2. Multi-Family Housing Rehabilitation 2-3 units in a single building
3. Multi-Family Housing Rehabilitation 4 or more units in a single building

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

Separate sheets have been provided according to the activity type. Each building with 4 or more units must be reported as separate activities.

A. Housing Rehabilitation Activities:

Recipients receiving funding for housing rehabilitation (single-unit or multi-unit), installation of private wells, septic systems, laterals, replacement of manufactured homes, or the conversion of non-residential into residential units, must complete this subsection. If a recipient is undertaking both multi-unit and single-unit rehabilitation activities; a separate form must be submitted for each activity.

Housing rehabilitation activities are deemed complete when the rehabilitation of the unit is complete, the release of liens is signed, final payments have been issued to all contractors and any rental or previously vacant units have been filled.

Activity Number: Provide the number assigned to the activity as identified on Schedule B of the grant agreement.

Activity Name: Enter the name of the activity.

Owner-Occupied Units:

Complete this section for units that are owner-occupied.

For this reporting period, the total number of: *(Total units and total persons must correspond for all sections.)*

Units Completed: Enter the total number of owner-occupied units that were rehabilitated during the reporting period.

Completed Units Occupied by LMI: Enter the total number of the owner-occupied units that were rehabilitated that are occupied by low- and moderate-income (LMI) persons.

Persons Benefiting: Enter the total number of persons residing in the owner-occupied units that were rehabilitated during the reporting period.

LMI Persons Benefiting: Enter the total number of LMI persons residing in the owner-occupied units that were rehabilitated.

Units Occupied by the Elderly: Enter the total number of elderly persons residing within the owner-occupied units that were rehabilitated.

Units moved from substandard to standard condition (HQS or Local Code): Enter the total number of rehabilitated units that are no longer substandard as defined by Housing Quality Standards or Local Code.

LEED Certified Energy Star Units: Enter the total number of rehabilitated units that now meet the Energy Star whole-house building and inspection standard. Refer to Exhibit 1 for HUD's Energy Star definition.

Units Made Accessible: Enter the total number of rehabilitated units where accessibility improvements were made (i.e. installation of grab bars, ramps, etc.)

**For the following questions, please refer to the
OCR Grant Administration Manual Chapter 5 for guidance.**

Of Units Completed That Were Constructed Before 1978: Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards and the units were constructed prior to 1978.

Of Units Completed That Were Constructed Post 1978: Enter the total number of rehabilitated units where rehabilitation activities were undertaken and the units were constructed post 1978.

Of Units Completed with Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken to control known lead hazards and the unit cost was ≤ \$5,000.

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

Of Units Completed that Were Exempt: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be exempt from lead based paint requirements.

Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs ≤\$5,000.

Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs \$5,000 to \$25,000: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs of \$5,000 to \$25,000.

Of Units Completed in Compliance With Abatement at 24CFR35.930(d): Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with abatement at 24CFR35.930(d).

Rental Units:

Complete this section for units that are renter-occupied. *(Total units and total persons must correspond for all sections.)*

For this reporting period, the total number of:

Units Completed: Enter the total number of renter-occupied units that were rehabilitated during the reporting period.

Completed Units Occupied by LMI: Enter the total number of renter-occupied units that were rehabilitated that are occupied by LMI persons.

Persons Benefiting: Enter the total number of persons residing in the renter-occupied units that were rehabilitated during the reporting period.

LMI Persons Benefiting: Enter the total number of LMI persons residing in the renter-occupied units that were rehabilitated.

Affordable Units: Enter the total number of rehabilitated units that have occupancy restrictions based on income or that are currently occupied by LMI persons.

Units moved from substandard to standard condition (HQS or Local Code): Enter the total number of rehabilitated units that are no longer substandard as defined by Housing Quality Standards or Local Code.

LEED Certified Energy Star Units: Enter the total number of rehabilitated units that now meet the Energy Star whole-house building and inspection standard. Refer to Exhibit 1 for HUD's Energy Star definition.

Section 504 Accessible Units: Enter the total number of rehabilitated units that meet the requirements of Section 504.

**For the following questions, please refer to the
OCR Grant Administration Manual Chapter 5 for guidance.**

Of Units Completed That Were Constructed Before 1978: Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards and the units were constructed prior to 1978.

Of Units Completed That Were Constructed Post 1978: Enter the total number of rehabilitated units where rehabilitation activities were undertaken and the units were constructed post 1978.

Of Units Completed with Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken to control known lead hazards and the unit cost was ≤ \$5,000.

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

Of Units Completed that Were Exempt: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be exempt from lead based paint requirements.

Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs ≤\$5,000.

Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs \$5,000 to \$25,000: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs of \$5,000 to \$25,000.

Of Units Completed in Compliance With Abatement at 24CFR35.930(d): Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with abatement at 24CFR35.930(d).

Units Created Through the Conversion of Non-Residential Buildings: Enter the total number of units that were created as a result of conversion of non-residential space.

Of the Affordable Units, the number of:

Units Occupied by the Elderly: Enter the total number of affordable units that are currently occupied by elderly persons.

Years of Affordability: Enter the average number of years that the units are required to be affordable.

Units Subsidized with Project Based Rental Assistance by Another Federal, State or Local Program: Enter the total number of affordable units that are provided **project-based** rental assistance. **DO NOT** include units subsidized by section 8 Voucher or HOME tenant-based rental assistance.

Of the Total Rental Units, the Number of:

Permanent Housing Units Designated for Homeless Persons and Families Including Units Receiving Assistance for Operations: Enter the total number of permanent rental units designated specifically for the homeless.

Of the Units for Homeless Person, the Number:

Specifically for the Chronically Homeless: Enter the total number of rental housing units designated for the homeless that are specifically designated for the chronically homeless, defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Racial/Ethnic Composition: This information must be provided for all households and persons occupying the owner-occupied and rental units that were rehabilitated during the reporting period.

The racial/ethnic categories represented are designated by HUD, which has designated “Hispanic” as an ethnic group not a racial category. For example, a household and/or a person can be identified as both a member of a racial category and ethnic group, but cannot be identified solely as an ethnic group.

Racial Category: Identify the racial category of each household (owner and renter) and person (owner and renter) benefiting from the housing rehabilitation activity for this reporting period. Enter the total number of households (both owner and renter) and persons (both owner and renter) in the cell that represents the racial category of the household and person and provide the total for each column. For households/persons who identify with more than one racial category, select one designation to represent the household. For households/persons that do not provide

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

racial category information, enter the number of households and persons (owner and renter) in the Other Multi-Racial cells.

Hispanic: For each household (owner and renter) and person (owner and renter) identified with a racial category, enter the total number of households (owner and renter) and persons (owner and renter) for this reporting period that also identify that they are of "Hispanic" ethnicity and provide the total for the column.

Beneficiary Income Data:

Median Income: For each household (owner and renter) and person (owner and renter) enter the total number of households and persons benefiting from the rehabilitation activities for each income range (0-30%, 31-50%, 51-80%, and 81% and Above). Provide the total numbers for each column.

Of the Total Benefiting, the Number of: Provide the total number of persons who are elderly, female head of household, and disabled.

B. Homeownership Activities:

Recipients receiving CDBG funding for homeownership assistance activities including down payment and closing cost assistance, principal reduction, and counseling activities must complete this subsection.

Homeownership activities are deemed complete when the mortgage closing has taken place. Homeownership counseling activities are deemed complete when the persons have completed all required counseling sessions.

For all projects that complete homeownership with housing rehabilitation, the appropriate housing rehabilitation activity detail, single family, multi-family (2-3 unit) or multi-family (4 or more unit) must be completed and submitted with this report.

Activity Number: Provide the number assigned to the activity as identified on Schedule B of the grant agreement.

Activity Name: Enter the name of the activity.

Homeownership Assistance: *(Total units and total persons must correspond for all sections.)*

For this reporting period, the total number of: Provide the information for the entire reporting period.

Receiving Homebuyer Assistance: Provide the total number of households and persons receiving direct financial assistance for the purchase of a home.

Of the Number Receiving Assistance, the Number:

Qualified as Low- and Moderate-Income: Enter the number of households and persons who meet the definition of low- and moderate-income (less than 80% of the median household income).

Receiving Counseling: Enter the number of households and persons who receive counseling (either one-on-one or classroom) in addition to the direct financial assistance.

Receiving Down Payment/Closing Cost Assistance: Enter the number of households and persons receiving assistance that is limited to down payment and closing cost assistance.

Who are first time buyers: Enter the number of households and persons receiving assistance who have not owned a home during the three-year period prior to the purchase of the current home; displaced homemakers and single parents who owned a home with their spouse, but no longer reside there; or individuals who owned and resided within a substandard house or in a dwelling that was not permanently affixed to a foundation prior to the purchase of their current residence.

Of the Number of First Time Buyers, the Number:

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

Receiving Counseling: Of the first time home buyers, enter the number who also received counseling.

Racial/Ethnic Composition: This information must be provided for all households and persons occupying the purchased units during the reporting period.

The racial/ethnic categories represented are designated by HUD. HUD has designated "Hispanic" as an ethnic group not a racial category. For example, a household and/or a person can be identified as both a member of a racial category and ethnic group, but cannot be identified solely as an ethnic group.

Racial Category: Identify the racial category of each household and person benefiting from the homeownership activity for this reporting period. Enter the total number of households and persons in the cell that represents the racial category of the household and person and provide the total for each column. For households/persons who identify with more than one racial category, select one designation to represent the household. For households/persons that do not provide the racial category information, enter the number of households and persons in the Other Multi-Racial cells.

Hispanic: For each household and person identified with a racial category, enter the total number of households and persons for this reporting period that also identify that they are of "Hispanic" ethnicity and provide the total for the column.

Beneficiary Income Data: *(Total units and total persons must correspond for all sections.)*

Median Income: For each household and person enter the total number of households and persons benefiting from the rehabilitation activities for each income range (0-30%, 31-50%, 51-80%, and 81% and Above). Provide the total numbers for each column.

Of the Total Benefiting, the Number of: Provide the total number of persons who are elderly, female head of household, and disabled.

C. Housing Units with Leveraged HOME Funds:

Recipients of CDBG funding involving rehabilitation, homeownership assistance, or new construction activities are required to report the addresses of those units that also received HOME dollars. For example, if HOME dollars are used for rehabilitation activities in a house that was purchased using CDBG funds during the same time period, the address would need to be recorded.

Addresses of Units Also Receiving HOME Dollars: Provide the address including street name and number, city, state and zip code for the units also receiving HOME dollars.

Amount of HOME Dollars Leveraged: Provide the amount of HOME dollars invested in the unit.

Housing Activity Types (HR, HO, HC): Identify whether the CDBG activity undertaken was for Housing Rehabilitation (HR), Homeownership (HO), or Housing New Construction (HC).

Single Unit (SU) or Multi Unit (MU): Identify whether the CDBG activity occurred in a single-unit structure (one unit) or a multi-unit structure (2 or more units).

D. Building Information for Housing Units Assisted with CDBG Funds *(Total units must correspond to total units reported in prior sections.)*

Recipients that received funding for housing activities must provide the information requested for each property address funded with NYS CDBG funding where the units/building activities have been completed during this reporting period. The building information provided on this form will be used to ensure the accuracy of the New York State Housing Report Card data.

Building Address: Provide the full street address of the property including street number, name, municipality and zip code.

Owner's Name: Provide the full name of the property owner.

Project Completion Date: Provide the date the project was completed.

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

Total Project Cost: Provide the total project cost from all sources, including any owner equity for each project completed, including any applicable program delivery and architectural or engineering costs.

Total CDBG funds: Of the total project cost, what was the total CDBG investment?

Total CDBG funds: Of the total project cost, provide the total of all other OCR funds, including HOME, AHC, UI, RARP, Main Street, etc.

Total # of Units: Provide the total # of units that were funded with NYS CDBG funds.

of New Units: Provide the total number of new units created with NYS CDBG funds.

of Rehabilitated Units: Provide the total number of units rehabilitated with NYS CDBG funds.

of Units Purchased: Provide the total number of units purchased with NYS CDBG funds.

of Units Converted (non-residential to residential): Provide the total number of units of new residential units that resulted from a conversion funded with NYS CDBG funds.

- V. PROGRAM INCOME:** Recipients who have generated over \$35,000 in program income from all projects must provide a listing of all program income generated in the previous program year. List all Office of Community Renewal funded projects that generated \$35,000 or more in program income (revenue) during the reporting year and provide the total amount generated. Recipients earning program income must have an approved program income implementation plan on file with the Office of Community Renewal. If an approved plan is not on file, please submit a plan with this Annual Performance Report. For additional information regarding Program Income, refer to the *Grant Administration Manual, Chapter 3 – Financial Management*.

CDBG Project Number: Provide the Office of Community Renewal project number for each program that earned any program income in the previous program year.

Amount of Program Income Generated: Provide the total amount of program income earned through each project identified in the Project Number column.

Amount of Program Income Reloaned: Of the total amount of program income generated, provide the sum of all program income reloaned.

Current Program Income Balance: This should be reported as total of all program income generated less the amount of program income reloaned.

Current Balance Committed: This should be reported as the balance of current program income balance that is currently committed to a project. Recipients should be prepared to identify the project and provide loan documentation on request from OCR.

Program Income Plans: CDBG Program regulations at 24CFR570.489(e) and 24CFR85.25 require the submission and approval of Program Income Plans. If the Recipient has program income but does not have an approved plan, this must be submitted to OCR for approval.

A Program Income Plan is not synonymous with a Revolving Loan Fund (RLF). When a Recipient states that program income is placed in an RLF, the Recipient must be able to demonstrate to OCR that program income is generated and reloaned on a regular basis. Program income that simply sits in an account and accrues interest is not an RLF

Certification of Program Income: Complete as instructed on the report.

VI. PROGRAM INCOME COMMITMENT

CDBG Project #: Provide the CDBG project number that generated the funds for this project.

Project: Provide the name of the business or entity that program income funds are committed to.

Start: Provide the date that program income funds were committed.

Completion: Provide the date that all accomplishments were met or are proposed to be met by.

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

Amount: Enter the amount of program income funds committed to the project. The total amount of all commitments must be equal to the Current Balance Committed as of December 31.

VII. FINAL PERFORMANCE REPORT:

Recipients who have expended all CDBG project funds and who have met all beneficiary and accomplishment numbers are eligible to submit their Final Performance Report. Recipients submitting their Final Performance Report must complete Section VI. Information must be provided for each activity funded.

Activity Number: Enter the Activity number.

Total Number of Grants: Enter the total number of grants issued directly to persons or businesses.

Total Number of Loans: Enter the total number of loans issued directly to persons or businesses.

CDBG Direct Loan: Provide the average interest rate, average amortization period (in months) and the total amount of CDBG funds used for direct loans.

CDBG Deferred Payment Loan: Provide the average interest rate, average amortization period (in months) and the total amount of CDBG funds used for deferred payment loans.

CDBG Grant: Provide the total amount of CDBG funds used for direct grants.

VIII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT:

Enter the requested information. The Chief Elected Official must not sign and date the form until after all information has been verified and the Report has been signed and dated by the preparer. An electronic signature is acceptable.

ANNUAL PERFORMANCE REPORT (FORM 3-1) HOUSING INSTRUCTIONS

EXHIBIT 1: Energy Star Sets Energy Performance Standards for Building

WHAT IS THE ENERGY STAR BUILDING PERFORMANCE STANDARD?

- For residential single and multifamily new construction up to 3 stories, it is a system for achieving *and* verifying a certain level of performance with respect to energy efficiency.
- Performance is certified by independent third-party contractors

The Energy Star standard is uniform throughout the United States, and a national infrastructure exists for implementation.

- ENERGY STAR is not a new building code, or specification. It does not replace existing energy codes or building codes. “Efficiency” means total purchased house energy consumption, not only heating, cooling and hot water. [New in ‘06]
- An Energy Star home is *at least* 30% more efficient than a comparable home built to meet the 1993 national Model Energy Code or 15% more efficient than state energy code, whichever is more rigorous. See www.energystar.gov for more information, including the new performance guidelines to be applied for most homes beginning July 1, 2006.
- An Energy Star Home/Building is defined as one which has been *certified* through inspection and *testing* as meeting the Energy Star Qualified New Homes Standard. To achieve this rating the building must score less than or equal to 80 in the North (≤ 85 South) on the Mortgage Industry Home Energy Rating Scale (HERS).
- HERS Scores give a numeric value between 0 and 100 indicating the relative energy efficiency of a given home as compared with the HERS Energy-Efficient Reference Home (EERH) as specified by the HERS Council Guidelines. The lower the score, the more efficient the home. A home with zero energy use (total energy consumption) scores 0.

ANNUAL PERFORMANCE REPORT (FORM 3-1)
HOUSING INSTRUCTIONS

EXHIBIT 1:
Energy Star Sets Energy Performance Standards for Building

WHAT DO HERS CONTRACTORS DO?

- Review builder's plans for Energy Star performance.
- Evaluate and rate energy efficiency of buildings.
- Provide independent 3rd Party inspections AND testing.

Inspection – The home energy rater inspects the home and, with software, measures its energy characteristics, such as insulation levels, window efficiency, wall-to-window ratios, the heating and cooling system efficiency, the solar orientation of the home, and the water heating system.

Testing – Diagnostic testing, such as blower door for building air leakage and duct blaster testing for forced air systems leakage is part of the rating.

NOW HOW DO WE GET ALL THIS INTO [HUD] COMMUNITY PLANNING AND DEVELOPMENT'S HOUSING PROGRAMS?

Incorporate the following language into your RFP's or procurement process for housing:

“All new and gut rehabilitation residential building up to three stories shall be designed to meet the standard for Energy Star Qualified New Homes (≤ 80 [85 for South] and >70 on the HERS Rating Scale). All procedures used for this rating shall comply with National Home Energy Rating System guidelines.”

Believe it or not this is the only thing *you* have to do!
The developer takes care of the rest.

ENERGY STAR REFERENCES [All are “http://” sites.]

www.energystar.gov

HUD's “Energy Star for Grantees”

http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/library/energy

<http://hud.gov/energystar/grantees2007-08-02.ppt>

Very comprehensive technical stuff in English:

www.buildingscience.com

DOE Webpage for State Energy Code:

www.energycodes.gov

EIA Webpage for Energy uses by State/Source/Sector:

www.eia.gov/emeu/states/states.html