

FORM 3-1
ANNUAL PERFORMANCE REPORT

I. RECIPIENT INFORMATION

RECIPIENT NAME: _____

REPORT #: _____

FINAL

PROJECT #: _____

REPORTING PERIOD: _____ / / - / /

II. PROJECT STATUS NARRATIVE

A. Provide a summary of the current status including significant accomplishments and milestones of each activity funded including, but not limited to, the following specific information:

1. For Housing and Microenterprise Activities, number of applications received, being processed and awarded; projects out to bid; under construction; status of loan portfolio; closings scheduled; persons on waiting list, etc.
2. For Public Infrastructure/Facilities Activities, the status of the bid process, the construction start date, etc.
3. For Economic Development Activities, the status of the business loan, i.e. are loan payments current, if not why and what steps are being taken to correct the deficiency; the status of the creation and/or retention of jobs, i.e., are they being accomplished according to job performance goals/schedule as stated in the application; if not, why, and what steps are being taken to correct the deficiency.

B. When will the project and activities, as proposed in the application, be completed and what steps are being taken to ensure completion of the project? Provide a description of any problems that are impeding progress and efforts to resolve these problems.

C. Project Team Update:

1. Local Grant Contact (*must be a municipal employee other than the CEO*)

Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

2. Subrecipient NA

Are there activities being undertaken by a Subrecipient? Yes No
Subrecipient Name: _____
Contact Person Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Has the Subrecipient been monitored? Yes No Date of Subrecipient monitoring: _____
Date monitoring report issued: _____

3. Consultant NA

Has the Recipient retained services of a consultant for program delivery and administration? Yes No
Consultant Firm Name: _____
Contact Person Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

4. Engineer NA

Engineering Firm Name: _____
Contact Person Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

5. Labor Standards Compliance (LSC) Officer

Will this project be subject to Davis-Bacon Prevailing Wages? Yes No
If yes, please provide the following, if available:
LSC Officer Name: _____ Title: _____
General Decision Number: _____ Bid opening date: _____

6. Fair Housing Officer

Fair Housing Officer Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Has the Recipient adopted a Fair Housing Plan? Yes No If yes, date plan was adopted: _____

D. For Recipients submitting their Final Performance Report, if the project will not meet the accomplishments as proposed in the application, provide an explanation as to why these accomplishments will not be met.

III. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS

A. HOUSING REHABILITATION ACTIVITIES (See pages 1-4 of APR Instructions)

One form must be submitted for each activity funded except Program Delivery and Grant Administration. Note: Activities for single-family rehabilitation and for multi-family rehabilitation are separate activities and must be reported on separate forms.

Activity Number: _____ Activity Name: _____

OWNER OCCUPIED UNITS		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
COMPLETED UNITS OCCUPIED BY LMI		
PERSONS BENEFITING		
LMI PERSONS BENEFITING		
UNITS OCCUPIED BY THE ELDERLY		
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
LEED CERTIFIED ENERGY STAR UNITS		
UNITS MADE ACCESSIBLE		
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		

RENTAL UNITS		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
LMI UNITS COMPLETED		
PERSONS BENEFITING		
LMI PERSONS BENEFITING		
AFFORDABLE UNITS		
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
LEED CERTIFIED ENERGY STAR UNITS		
SECTION 504 ACCESSIBLE UNITS		
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
UNITS CREATED THROUGH CONVERSION OF NON-RESIDENTIAL BUILDINGS		
OF THE AFFORDABLE UNITS, THE NUMBER OF:		
UNITS OCCUPIED BY THE ELDERLY		FOR THIS REPORTING PERIOD ONLY
YEARS OF AFFORDABILITY		
UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM		
OF THE TOTAL RENTAL UNITS, THE NUMBER OF:		
PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD ONLY
OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:		
SPECIFICALLY FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)								
RACIAL CATEGORIES	HOUSEHOLDS				PERSONS			
	OWNERS		RENTERS		OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE								
BLACK/AFRICAN AMERICAN								
ASIAN								
AMERICAN INDIAN/ALASKAN NATIVE								
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER								
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE								
ASIAN AND WHITE								
BLACK/AFRICAN AMERICAN AND WHITE								
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN								
OTHER MULTI-RACIAL								
TOTALS								

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

A. HOUSING REHABILITATION ACTIVITIES

BENEFICIARY INCOME DATA		(FOR THIS REPORTING PERIOD ONLY)			
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS		PERSONS		
	OWNERS	RENTERS	OWNERS	RENTERS	
0 - 30 % (VERY LOW-INCOME)					
31 - 50 % (LOW-INCOME)					
51-80 % (MODERATE INCOME)					
81% AND ABOVE					
TOTALS					
OF THE TOTAL BENEFITING, THE NUMBER OF:			PERSONS		
ELDERLY					
FEMALE HEAD OF HOUSEHOLD					
DISABLED					

B. HOMEOWNERSHIP ACTIVITIES (See pages 4-5 of APR Instructions)

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

Activity Number: _____ Activity Name: _____

HOMEOWNERSHIP ASSISTANCE (FOR THIS REPORTING PERIOD ONLY)		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:	HOUSEHOLDS	PERSONS
RECEIVING HOMEBUYER ASSISTANCE		
OF THE NUMBER RECEIVING ASSISTANCE, THE NUMBER:		
QUALIFIED AS LOW-AND MODERATE-INCOME		
RECEIVING COUNSELING		
RECEIVING DOWN PAYMENT/CLOSING COST ASSISTANCE		
WHO ARE FIRST TIME BUYERS		
OF THE NUMBER OF FIRST TIME BUYERS, THE NUMBER :		
RECEIVING COUNSELING		

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS		PERSONS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS				

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	HOUSEHOLDS	PERSONS
0 - 3 0 % (VERY LOW-INCOME)		
3 1 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING THE NUMBER OF:		PERSONS
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

D. BUILDING INFORMATION FOR HOUSING UNITS ASSISTED WITH CDBG FUNDS (See page 6 of the APR Instructions)

The following information must be completed for each building assisted. Provide additional sheets as necessary.

Cf f k k q p c n U j g g u C w e j g f 0'

Building Address:				
Owner's Name:				
Project Completion Date:				
Total # of Units:	# of New Units:	# of Rehabilitated Units:	# of Units Purchased:	# of Units Converted (non residential to residential):

Building Address:				
Owner's Name:				
Project Completion Date:				
Total # of Units:	# of New Units:	# of Rehabilitated Units:	# of Units Purchased:	# of Units Converted (non residential to residential):

Building Address:				
Owner's Name:				
Project Completion Date:				
Total # of Units:	# of New Units:	# of Rehabilitated Units:	# of Units Purchased:	# of Units Converted (non residential to residential):

Building Address:				
Owner's Name:				
Project Completion Date:				
Total # of Units:	# of New Units:	# of Rehabilitated Units:	# of Units Purchased:	# of Units Converted (non residential to residential):

E. PUBLIC FACILITIES ACTIVITIES (See pages 6-7 of the APR Instructions)

Complete this section for public facilities (i.e., senior centers), public infrastructure projects (i.e., public water/sewer), streetscape improvements, and public service activities. One form must be submitted for each activity funded except Program Delivery and Grant Administration.

Activity Number: _____ Activity Name: _____

COMMUNITY FACILITIES AND INFRASTRUCTURE		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
PERSONS ASSISTED IN PROJECT AREA		FOR THIS REPORTING PERIOD ONLY
LMI PERSONS IN PROJECT AREA		
HOUSEHOLDS IN PROJECT AREA		
LMI HOUSEHOLDS IN PROJECT AREA		
% OF LMI IN PROJECT AREA		
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:		
WITH NEW ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT		FOR THIS REPORTING PERIOD ONLY
WITH IMPROVED ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT		
SERVED BY FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT THAT IS NO LONGER SUBSTANDARD		

RACIAL/ETHNIC COMPOSITION		(FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	HOUSEHOLDS		PERSONS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS				

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA		(FOR THIS REPORTING PERIOD ONLY)	
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	HOUSEHOLDS	PERSONS	
0 - 30 % (VERY LOW-INCOME)			
31 - 50 % (LOW-INCOME)			
51-80 % (MODERATE INCOME)			
81% AND ABOVE			
TOTALS			
OF THE TOTAL BENEFITING, THE NUMBER OF:	PERSONS		
ELDERLY			
FEMALE HEAD OF HOUSEHOLD			
DISABLED			

F. LMJ NATIONAL OBJECTIVE – ECONOMIC DEVELOPMENT AND MICROENTERPRISE ACTIVITIES

(See pages 7-11 of APR Instructions)

One form must be submitted for each activity/business funded except Program Delivery and Grant Administration.

Activity Number: _____ Activity Name: _____

JOB CREATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS MADE AVAILABLE TO LMI		
FULL TIME JOBS TAKEN BY LMI PERSONS		
PART TIME JOBS		
PART TIME JOBS MADE AVAILABLE		
PART TIME JOBS TAKEN BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL JOBS TAKEN BY PREVIOUSLY UNEMPLOYED PERSONS		
TOTAL PART-TIME HOURS # OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK		
TOTAL FTE JOBS CREATED		For OFFICE USE ONLY
JOB RETENTION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS HELD BY LMI		
PART TIME JOBS		
PART TIME JOBS HELD BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART-TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL PART-TIME HOURS # OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK		For OFFICE USE ONLY
TOTAL FTE JOBS RETAINED		For OFFICE USE ONLY

JOB CLASSIFICATIONS	(FOR REPORTING PERIOD ONLY)	
	CREATED	RETAINED
OFFICIALS AND MANAGERS		
PROFESSIONAL		
TECHNICIANS		
SALES		
OFFICE AND CLERICAL		
CRAFT WORKERS (SKILLED)		
OPERATIVES (SEMI-SKILLED)		
LABORERS (UNSKILLED)		
SERVICE WORKERS		

Complete the Racial/Ethnic Composition and Income Data for the persons filling the jobs created or retained. Do not include business information.

RACIAL/ETHNIC COMPOSITION	(FOR THIS REPORTING PERIOD ONLY)	
	PERSONS	
	RACIAL GROUP	*HISPANIC
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

G. LMC/MC NATIONAL OBJECTIVE –MICROENTERPRISE ACTIVITIES

(See pages 11-13 of the APR Instructions)

ALL PERSONS OR BUSINESSES ASSISTED UNDER THE LMC/MC NATIONAL OBJECTIVE **MUST BE LOW- AND MODERATE-INCOME (LMI)**
 One form must be submitted for each activity/business funded except Program Delivery and Grant Administration.

Activity Number: _____ Activity Name: _____

LOW- AND MODERATE-INCOME MICROENTEPRISE ASSISTANCE

TRAINING/TECHNICAL ASSISTANCE ACTIVITIES		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
PERSONS THAT ENROLLED IN TRAINING PROGRAM		FOR THIS REPORTING PERIOD ONLY
PERSONS THAT COMPLETED TRAINING PROGRAM		
PERSONS RECEIVING TECHNICAL ASSISTANCE & BUSINESS SUPPORT (IN ADDITION TO TRAINING PROGRAM, IF APPLICABLE)		

BUSINESS INFORMATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
MICROENTERPRISES RECEIVING CDBG ASSISTANCE		FOR THIS REPORTING PERIOD ONLY
OF THE TOTAL NUMBER OF MICROENTERPRISES ASSISTED, THE TOTAL NUMBER OF:		
NEW MICROENTERPRISES ASSISTED		FOR THIS REPORTING PERIOD ONLY
EXISTING MICROENTERPRISES ASSISTED		
MICROENTERPRISES ASSISTED WITH COMMERCIAL FAÇADE TREATMENT AND/OR REHAB		
MICROENTERPRISES ASSISTED THAT PROVIDE GOODS OR SERVICES TO MEET THE NEEDS OF A SERVICE AREA, NEIGHBORHOOD, OR COMMUNITY		
OF THE TOTAL NUMBER OF EXISTING MICROENTERPRISES, THE TOTAL NUMBER OF:		
EXPANDED MICROENTERPRISES		FOR THIS REPORTING PERIOD ONLY
RELOCATED MICROENTERPRISES		

Complete the Racial/Ethnic Composition and Income Data for the LMI persons receiving technical assistance and/or training for the LMI business owners. If there are two activities for LMC/MC, two separate forms must be submitted.

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	PERSONS	
	RACIAL GROUP	*HISPANIC
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	PERSONS	
0 - 30 % (VERY LOW-INCOME)		FOR THIS REPORTING PERIOD ONLY
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	PERSONS	
ELDERLY		FOR THIS REPORTING PERIOD ONLY
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

NAMES OF BUSINESSES ASSISTED	DUNS # FOR BUSINESSES ASSISTED

One form must be submitted for each activity funded except Program Delivery and Grant Administration

Activity Number: _____ Activity Name: _____

Depending on the National Objective being met, Recipients with Façade programs must complete **one** of the following sections. If more than one façade activity has been funded, a separate form must be submitted for each activity.

LMA NATIONAL OBJECTIVES

FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
PERSONS ASSISTED IN PROJECT AREA		FOR THIS REPORTING PERIOD ONLY
LMI PERSONS IN PROJECT AREA		
HOUSEHOLDS IN PROJECT AREA		
LMI HOUSEHOLDS IN PROJECT AREA		
% OF LMI IN PROJECT AREA		
OF THE TOTAL PERSONS ASSISTED, THE NUMBER OF PERSONS:		
WITH NEW ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT		FOR THIS REPORTING PERIOD ONLY
WITH IMPROVED ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT		
SERVED BY FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT THAT IS NO LONGER SUBSTANDARD		

LMJ NATIONAL OBJECTIVES

JOB CREATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS MADE AVAILABLE TO LMI		
FULL TIME JOBS TAKEN BY LMI PERSONS		
PART TIME JOBS		
PART TIME JOBS MADE AVAILABLE		
PART TIME JOBS TAKEN BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART-TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL JOBS TAKEN BY PREVIOUSLY UNEMPLOYED PERSONS		
TOTAL PART-TIME HOURS <i># OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK</i>		
TOTAL FTE JOBS CREATED		For OFFICE USE ONLY

JOB RETENTION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS HELD BY LMI		
PART TIME JOBS		
PART TIME JOBS HELD BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART-TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL PART-TIME HOURS <i># OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK</i>		For OFFICE USE ONLY
TOTAL FTE JOBS RETAINED		For OFFICE USE ONLY

JOB CLASSIFICATIONS (FOR THIS REPORTING PERIOD ONLY)		
PROVIDE THE TOTAL NUMBER OF JOBS CREATED AND RETAINED FOR	CREATED	RETAINED
OFFICIALS AND MANAGERS		
PROFESSIONAL		
TECHNICIANS		
SALES		
OFFICE AND CLERICAL		
CRAFT WORKERS (SKILLED)		
OPERATIVES (SEMI-SKILLED)		
LABORERS (UNSKILLED)		
SERVICE WORKERS		

H. FAÇADE ACTIVITIES ONLY

FOR ALL FAÇADE ACTIVITIES

Recipients must complete the following information for ALL façade activities. Provide the race and income information for the persons, jobs, or business owner reported above.

RACIAL/ETHNIC COMPOSITION		(FOR THIS REPORTING PERIOD ONLY)	
RACIAL CATEGORIES	PERSONS		
	RACIAL GROUP	*HISPANIC	
WHITE			
BLACK/AFRICAN AMERICAN			
ASIAN			
AMERICAN INDIAN/ALASKAN NATIVE			
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE			
ASIAN AND WHITE			
BLACK/AFRICAN AMERICAN AND WHITE			
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN			
OTHER MULTI-RACIAL			
TOTALS			

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	PERSONS	
0 - 30 % (VERY LOW-INCOME)		FOR THIS REPORTING PERIOD ONLY
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING THE NUMBER OF:	PERSONS	
ELDERLY		FOR THIS REPORTING PERIOD ONLY
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

Provide the following information for each business receiving façade assistance regardless of National Objective selected.

BUSINESS INFORMATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
BUSINESSES ASSISTED		FOR THIS REPORTING PERIOD ONLY
OF THE TOTAL NUMBER OF BUSINESSES ASSISTED, THE TOTAL NUMBER OF:		
NEW BUSINESSES ASSISTED		FOR THIS REPORTING PERIOD ONLY
EXISTING BUSINESSES ASSISTED		
BUSINESSES ASSISTED WITH COMMERCIAL FAÇADE TREATMENT AND/OR REHAB		
BUSINESSES ASSISTED THAT PROVIDE GOODS OR SERVICES TO MEET THE NEEDS OF A SERVICE AREA, NEIGHBORHOOD, OR COMMUNITY		
OF THE TOTAL NUMBER OF EXISTING BUSINESSES, THE TOTAL NUMBER OF:		
EXPANDED BUSINESSES		FOR THIS REPORTING PERIOD ONLY
RELOCATED BUSINESSES		

FOR ALL FAÇADE ACTIVITIES

NAMES OF BUSINESSES ASSISTED	DUNS # FOR BUSINESSES ASSISTED

IV. SECTION 3 SUMMARY INFORMATION (See page 17-18 of the APR Instructions)

All Recipients of CDBG funds must complete the following information on an annual basis.

A. Recipient Compliance

1. Does this project involve a CDBG grant award of at least \$200,000 to be used for one of the following: housing rehabilitation, new construction of housing, or other public construction projects? Yes No
If yes, this is a Section 3 covered project. If you answered "no" to the above, skip to B.
2. Did the Recipient hire employees to administer all or part of the CDBG Award: Yes No
3. Did the Recipient provide any training opportunities in reference to the funded project? Yes No

B. Covered Contracts

1. Did the project involve any contracts or subcontracts in excess of \$100,000: Yes No
If yes, this is a Section 3 covered project. If no, skip to C.
2. Did any contractor with a contract in excess of \$100,000 hire any employees or provide any training for persons in reference to the funded project? Yes No
3. For any contract in excess of \$100,000 (regardless of source of funds) involved in the Section 3 covered project, provide the following:

Construction Contracts	
a. Total dollar amount of all contracts awarded on the project	
b. Total dollar amount of contracts awarded to Section 3 businesses	
c. Percentage of the total dollar amount that was awarded to Section 3 businesses	%
d. Total number of Section 3 businesses receiving contracts	
Non Construction Contracts	
a. Total dollar amount of all non-construction contracts awarded on the project/activity	
b. Total dollar amount of non-construction contracts awarded to Section 3 businesses	
c. Percentage of the total dollar amount that was awarded to Section 3 businesses	%
d. Total number of Section 3 businesses receiving non-construction contracts	

C. Employment and Training

Provide the following for each employee hired by either the Recipient or person trained in relation to the funded project. Add additional pages as necessary

Job Category	Number of New Hires	# of New Hires that are Section 3 Residents	% of Aggregate # of staff hours of new hires that are Section 3 Residents	% of total staff hours for Section 3 employees and trainees	# of Section 3 Trainees
Professionals					
Technicians					
Office/Clerical					

Construction Trade (list)					
Total:					

D. Outreach

Identify what outreach was conducted to ensure opportunities were provided to Section 3 Residents and Businesses.

- Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contracts with the community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or other similar methods.
- Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
- Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concern.
- Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.
- Other: Describe below:

V. PROGRAM INCOME: *(See page 18-19 of the APR Instructions)*

List all Office of Community Renewal funded projects that generated \$25,000 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*.

Project Number	Program Income Amount
Total Amount of Program Income:	

A. CERTIFICATION OF PROGRAM INCOME

I hereby certify that Program Income in excess of \$25,000 generated by all Office of Community Renewal Community Development Block Grant (CDBG) activities during the current program year for the local government of _____ was expended according to requirements of Title I of the Housing and Community Development Act of 1974, as required by amendments to the Act dated October 1992.

Chief Elected Official

Date

VI. FINAL PERFORMANCE REPORT (See page 19 of the APR Instructions)

Recipients submitting their final Performance Report must provide the following information for each activity that provided grants and loans (use additional pages if necessary):

Activity Number: _____

Activity Name: _____

Total Number of Grants:		Total Number of Loans:	
	Interest Rate	Amortization Period (Months)	Total Amount
CDBG Direct Loan			
CDBG Deferred Payment Loan			
CDBG Grant			

Activity Number: _____

Activity Name: _____

Total Number of Grants:		Total Number of Loans:	
	Interest Rate	Amortization Period (Months)	Total Amount
CDBG Direct Loan			
CDBG Deferred Payment Loan			
CDBG Grant			

Activity Number: _____

Activity Name: _____

Total Number of Grants:		Total Number of Loans:	
	Interest Rate	Amortization Period (Months)	Total Amount
CDBG Direct Loan			
CDBG Deferred Payment Loan			
CDBG Grant			

Activity Number: _____

Activity Name: _____

Total Number of Grants:		Total Number of Loans:	
	Interest Rate	Amortization Period (Months)	Total Amount
CDBG Direct Loan			
CDBG Deferred Payment Loan			
CDBG Grant			

Additional Sheets Attached

VII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT *(See page 19 of the APR Instructions)*

I certify that, to the best of my knowledge, this report is correct and complete; and that all expenditures were for eligible NYS CDBG activities and deposited and disbursed, according to requirements of Title I of the Housing and Community Development Act of 1974, and the grant agreement executed with the NYS Office of Community Renewal and the policies and program requirements governing the NYS CDBG Program.

Typed Name of Chief Elected Official

Check box if Chief Elected Official has changed since last reporting period.

Signature of Chief Elected Official

Date

Telephone

CEO Email Address

Name of Person who prepared this report

Email Address

Telephone