

FORM 3-2
ANNUAL PERFORMANCE REPORT
PUBLIC WATER-PUBLIC SEWER-PUBLIC FACILITY ACTIVITIES

I. PROJECT INFORMATION *(See Page 1 of the APR instructions)*

RECIPIENT NAME: _____

REPORT #: _____

FINAL

PROJECT #: _____

REPORTING PERIOD: _____

II. PROJECT STATUS NARRATIVE *(See pages 1-2 of the instructions)*

A. Please refer to instructions for activity specific questions and provide a summary of the current status including significant accomplishments and milestones of each activity funded during this reporting period only:

B. Provide a detailed description of any problems that are impeding the progress and/or schedule of the project and the efforts taken to resolve the problems.

C. 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. Project Team Update (See page 2-3 of the APR instructions)

1. Municipal Information

Name		Co/Ci/T/V	
Address			
C/T/V		State	NY ZIP + 4
Phone		Fax	
Email			
Website			
EIN		DUNS	
CDBG #		FY End	

2. Chief Elected Official (If term is ending, please provide new contact information)

Current		Title	
	Term Effective Date		Term End Date
New		Title	
	Term Effective Date		Term End Date
C/T/V		State	NY ZIP + 4
Phone		Fax	
Email			

3. Local Grant Contact (Must be a municipal employee other than CEO)

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

4. Municipal Clerk

Name		Title	
Address			
C/T/V		State	NY ZIP + 4
Phone		Fax	
Email			

5. Municipal Treasurer or Chief Financial Officer

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

6. Municipal Attorney

Name		Title	
Firm		Municipal Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

7. Fair Housing Officer

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

8. Section 3 Coordinator

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

9. Subrecipient

Are activities to be undertaken by a Subrecipient? Yes No To be selected (If yes, complete this section)

Name of Subrecipient			
Contact Person		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

10. Labor Standards Compliance Officer

Will any CDBG activity be subject to Davis-Bacon Prevailing Wages? Yes No (If yes, complete this section)

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			
	General Decision Number		
	Bid opening date		

11. Consultant

Has the Recipient retained the services of a Consultant for all or part of any CDBG activity?

Yes No To be selected (If yes, complete this section.)

Name of Firm			
Contact Person		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

12. Engineer

Will the Recipient retain the services of an Engineer for all or part of any CDBG activity?

Yes No To be selected (If yes, complete this section) **Municipal Employee**

Name of Firm			
Contact Person		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

13. Lead Based Paint Risk Assessor

Will any CDBG activity be subject to Lead Based Paint Regulations at 24CFR Part 35 and/or 40CFR Part 745?

Yes No To be selected (If yes, complete this section)

Name of Firm			
Contact Person		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS

A. PUBLIC FACILITIES ACTIVITIES *(See pages 3-4 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*	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				

Did the public infrastructure activity include lateral connection assistance? Yes No
 If yes, please complete pages 6 – 7 of the APR.

B. LATERAL ASSISTANCE ACTIVITIES (See pages 4-7 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*						
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 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					

D. BUILDING INFORMATION FOR HOUSING UNITS ASSISTED WITH CDBG FUNDS

(See page 7 of the APR Instructions)

The following information must be completed for each building assisted **during this reporting period only**. Provide additional sheets as necessary.

Additional Sheets Attached

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

V. PROGRAM INCOME: (See page 8 of the APR Instructions)

NOTE: 24CFR570.489(e) defines program income as gross income received by a state, a unit of general local government or a subrecipient of a unit of general local government that was generated from the use of CDBG funds.

List all CDBG funded projects that generated \$35,000 or more in program income (revenue) during the reporting year and provide the amounts identified below. All funds received from revolving loan funds are considered program income, regardless of amount. Furthermore, 24CFR570.489(c) requires units of general local government, to the maximum extent feasible, to disburse program income that is subject to the requirements of this subpart 24CFR570.489 **before** requesting additional funds from the State for activities.

Provide additional pages as necessary. Additional pages attached

For additional information regarding Program Income, refer to the *Grant Administration Manual, Chapter 3 – Financial Management*.

CDBG Project Number	Amount of Program Income Generated January 1 – December 31	Amount of Program Income Reloaned or Re-granted	Current Program Income Balance as of December 31	Current Balance Committed* as of December 31
Total				

* For any program income that is reported as committed, please complete Section VI Program Income Commitment

A. PROGRAM INCOME

24CFR570.489(e) and 24CFR85.25 set the rules for program income which requires Recipients earning program income to have an approved program income implementation plan including revolving loan fund(s) on file with the Office of Community Renewal. Please submit evidence of this approval with this APR. If an approved plan is not on file, please submit a plan with this APR.

B. CERTIFICATION OF PROGRAM INCOME

I hereby certify that Program Income in excess of \$35,000 funds generated by all CDBG activities, including funds generated by a revolving loan funds 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. PROGRAM INCOME COMMITMENT *(SEE PAGE 8 OF THE APR INSTRUCTIONS)*

For each new or projected project where program income funds or revolving loan funds are committed provide the following information:

Program Income Commitments				
<u>CDBG Project #</u>	<u>Project Name</u>	<u>Start</u>	<u>Completion</u>	<u>Amount*</u>
<u>Total amount of all commitments</u>				

*Total amount of commitments must match total commitments identified in Section V.

VII. FINAL PERFORMANCE REPORT (See page 9 of the APR Instructions)

Recipients submitting their final Performance Report must provide the following information for each activity that provided grants and loans. Provide additional sheets if necessary. Additional Sheets Attached

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			

VIII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT *(See page 9 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

Email Address

Name of Person who prepared this report

Email Address

Telephone