

ANNUAL PERFORMANCE REPORT (FORM 3-2)
PUBLIC WATER-SEWER-FACILITY 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 and meeting different National Objective Compliance criteria, for example, public water activity (LMA) with lateral connection assistance activity (LMH), 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 Public Infrastructure/ Public Facility

1. Have final plans and specifications been approved? Has all required regulatory approval, such as Department of Health or Environmental Conservation been obtained? Have these been submitted to OCR for review? If yes, when. If no, what are the anticipated dates for these milestones.
2. Has this project gone out to bid? If yes, when? When is the bid due date? Has the Recipient accepted and awarded a bid for construction? If yes, when? Has construction started? If yes, when?
3. If the project has not gone out to bid, what are the anticipated dates for these milestones?
4. For projects under construction, what percentage of the project is complete? How is this demonstrated?
5. What efforts are being made to keep the project on schedule to ensure a timely completion?

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.

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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 (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:

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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, Public Facilities Activities; Economic Development and Microenterprise Activities with LMJ National Objective; Microenterprise Activities with LMC/MC National Objective.

Recipients who have been awarded funding for more than one activity must complete a subsection for each activity.

A. Public Facilities Activities:

Recipients must complete this sub-section if they received funding for public facilities such as senior centers; public infrastructure such as public water or sewer projects; meters; streetscape improvements; and public services such as code enforcement. One form must be submitted for each of the above activities funded with CDBG funds. Activities are deemed complete when the activity is completed and persons are benefiting from the completed activity. Only report on persons benefiting from the operational part of the activity (i.e. if the activity is a waterline replacement project consisting of two waterlines and one is completed and operational and the other is still under construction, only report the beneficiaries of the completed water line).

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

Activity Name: Enter the name of the activity.

Community Facilities and Infrastructure: *(This should be consistent with proposed accomplishments from application)*

For this reporting period, the total number of:

Persons Assisted in Project Area: Enter the total number of persons in the project area who benefited from the activity.

LMI Persons In Project Area: Enter the total number of low- and moderate-income (LMI) persons in the project area.

Households in Project Area: Enter the total number of households in the project area.

LMI Households in Project Area: Enter the total number of LMI households in the project area.

% of LMI in Project Area: Enter the percentage of LMI persons in the project area.

Of the Total Persons Assisted, the Number of Persons:

Select only one

With **New** Access to Facility, Infrastructure, Service or Benefit: Enter the total number of persons who now have access to the facility where no facility previously existed.

With **Improved** access to Facility, Infrastructure, Service or Benefit: Enter the total number of persons who now have access to a facility that has been improved by expanding the facility or improving the facility.

Served by Facility, Infrastructure, Service or Benefit that is **No Longer Substandard**: Enter the total number of persons that now have access to a facility that has been measurably improved or that now meets a quality standard (i.e. a water system has been improved and now no longer is under consent order from Department of Health).

Racial/Ethnic Composition:

This information must be provided for all households and persons benefiting from the public facility, infrastructure, service or benefit.

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.

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Racial Category: Identify the racial category of each household and person benefiting from the public facility 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 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:

Median Income: For each household (owner and renter) and person (owner and renter) enter the total number of households and persons benefiting from the public facility activity 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.

IF THE ACTIVITY INCLUDES WATER AND SEWER PROJECTS THAT PROVIDED LATERAL CONNECTION ASSISTANCE:

B. Lateral Assistance 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 households 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.

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

Units Brought Into Compliance With Lead Safety Rules (24 CFR Part 35): Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards where the rehabilitation was greater than \$5,000 and the units were constructed prior to 1978.

Rental Units:

Complete this section for units that are renter-occupied. *(Total households 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.

Units Brought Into Compliance With Lead Safety Rules (24 CFR Part 35): Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards where the rehabilitation was greater than \$5,000 and the units were constructed prior to 1978.

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.

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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. 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 (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 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: *(Total households and total persons must correspond for all sections.)*

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.

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).

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D. Building Information for Housing Units Assisted with CDBG Funds

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.

Project Cost/Total CDBG funds/Total other OCR funds: Provide the information as requested.

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

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

Project Name: 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.

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.

Note: The following information may not be applicable for Public Infrastructure/ Facility projects.

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.