

FORM 3-3
ANNUAL PERFORMANCE REPORT
ECONOMIC DEVELOPMENT-SMALL BUSINESS-MICROENTERPRISE 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 (See pages 3 - 7 of APR Instructions)

A. LMJ NATIONAL OBJECTIVE – ECONOMIC DEVELOPMENT AND MICROENTERPRISE ACTIVITIES

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

Activity Number: _____ Activity Name: _____ Page 1 of 2

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)	
PROVIDE THE TOTAL NUMBER OF JOBS CREATED AND RETAINED FOR EACH	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		
RACIAL CATEGORIES	(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.

B. LMC/MC NATIONAL OBJECTIVE –MICROENTERPRISE ACTIVITIES

(See pages 7-9 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 MICROENTERPRISE 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		

V. PROGRAM INCOME: (See page 9-10 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 for revolving loan fund 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 10 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 10 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

VIII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT *(See page 10 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