



## CITY OF PACIFIC GROVE

### AGENDA REPORT

**To:** Planning Commission

**From:** Julie Uretsky, Housing Program Coordinator

**Meeting Date:** July 22, 2010

**Subject:** **GRANTEE PERFORMANCE REPORT FOR COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDED ACTIVITIES**

**CEQA Status:** This does not constitute a “project” under California Environmental Quality Act (CEQA) guidelines

#### **RECOMMENDATION**

Staff recommends that the Planning Commission receive the staff report, conduct a public hearing, and provide feedback on the Grantee Performance Report.

#### **DISCUSSION**

The purpose of the public hearing is to provide a forum where citizens have an opportunity to comment on Community Development Block Grant (CDBG) activities administered by the City of Pacific Grove. The Planning Commission will take no formal action during this public hearing, but is encouraged to provide feedback to staff on the Grantee Performance Reports (GPRs).

The CDBG program is administered by the State Department of Housing and Community Development (HCD). HCD requires jurisdictions to submit GPRs annually for each Standard Agreement and each Revolving Loan Account funded by CDBG dollars (see Attachments C and D). The annual GPRs are due on July 31<sup>st</sup> of each year and require a public hearing prior to submittal to HCD.

The Planning commission is conducting a public hearing to present grant performance information on the following CDBG program activities:

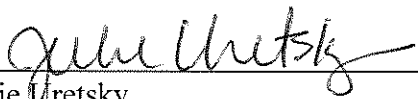
- 1) Housing Rehabilitation Revolving Loan Fund #34/Program Income;
- 2) Standard Agreement #08-STBG-4734 for the Housing Rehabilitation Loan Program and Curb Cut Project.

In order to assist you in reviewing the information provided in the GPRs, a summary of their content is provided in Attachment B, located at the end of this report.

**ATTACHMENTS**

- A. Public Hearing Notice
- B. Summary of CDBG Grantee Performance Reports
- C. Grantee Performance Report (Program Income)
- D. Grantee Performance Report (08-STBG-4734)

Respectfully submitted,

  
\_\_\_\_\_  
Julie Uretsky  
Housing Program Coordinator

**CITY OF PACIFIC GROVE  
NOTICE OF PUBLIC HEARING**

**TO PROVIDE A FORUM WHERE CITIZENS HAVE  
AN OPPORTUNITY TO COMMENT ON COMMUNITY  
DEVELOPMENT BLOCK GRANT (CDBG) FUNDED ACTIVITIES**

**When:** Thursday, July 22, 2010, at 6:00 p.m.  
**Where:** Planning Commission, City Hall, Council Chambers  
300 Forest Avenue, Pacific Grove, California 93950  
**Contact:** Julie Uretsky, Housing Program Coordinator (831) 648-3199

**What is being planned?**

The City of Pacific Grove Planning Commission will hold a public hearing to present grant performance information on Community Development Block Grant (CDBG) activities during the 2009/10 fiscal year. CDBG funded activities include the Housing Rehabilitation Loan Program and the Curb Cut Project.

**What is the purpose of this notice, and where do you come in?**

This notice is to alert you to the time and place of the public hearing. The public hearing provides an opportunity for you to ask questions or formally record comments related to the CDBG activities or their impacts.

**What information is available and whom should you contact?**

Grantee Performance Reports have been prepared by staff and will be available at the meeting and are available for review at the Pacific Grove Community Development Department, located on the 2<sup>nd</sup> floor of City Hall at 300 Forest Avenue [Telephone: (831) 648-3190]. If you are unable to attend the public hearing, you may direct written comments to the Community Development Department, 300 Forest Avenue, Pacific Grove, California 93950 or you may contact Housing Program Coordinator Julie Uretsky at (831) 648-3199.

**Special Accommodations:**

The City of Pacific Grove does not discriminate against persons with disabilities. The Pacific Grove Civic Center is an accessible facility. A limited number of devices are available to assist those who are hearing impaired. If you would like to use one of these devices, please contact the Community Development Department at (831) 648-3190.

The City promotes fair housing and makes all programs available to low-income households regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, or handicap.

Notice dated: July 12, 2010

**SUMMARY OF CDBG GRANTEE PERFORMANCE REPORTS  
(FOR THE 2009-2010 REPORTING PERIOD)**

**Table 1: HOUSING REHABILITATION LOAN ACTIVITY**

PROJECT NUMBER & TOTAL LOAN AMOUNT	LOAN AMOUNT FUNDED BY PROGRAM INCOME (REVOLVING LOAN ACT. #34)	LOAN AMOUNT FUNDED BY GRANT # 08-STBG-4734	LOAN AMOUNT FUNDED BY OTHER HOUSING FUNDS (NON-CDBG)	NUMBER OF BENEFICIARIES BY RACE/ETHNICITY	NUMBER OF BENEFITING HOUSEHOLDS BY INCOME LEVEL	NUMBER OF UNITS WITH FEMALE HEAD OF HOUSEHOLD	NUMBER OF UNITS OCCUPIED BY ELDERLY	NUMBER OF UNITS NOW MEETING HOUSING QUALITY STANDARDS	NUMBER OF UNITS MADE ACCESSIBLE	NUMBER OF UNITS IN COMPLIANCE WITH LEAD SAFETY RULES
No. 201001 \$ 160,000	\$ 50,000	\$ 100,000	\$ 10,000	5-Black/ African Amer	1 at 31-50% of AMI	1	1	1	0	1
No. 201002 \$ 106,500	\$ 17,131	\$ 76,500	\$ 12,869	2-White	1 at 51-80% of AMI*	0	1	1	0	1
No. 201004 \$ 45,000	\$ 2,959	\$ 0	\$ 42,041	1-White 1-No info	1 at 51-80% of AMI*	1	0	1	0	1
<b>Total</b>	<b>\$ 70,090</b>	<b>\$ 176,500</b>	<b>\$ 54,910</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>3</b>

**Table 2: OTHER GRANT ACTIVITY**

TYPE OF GRANT ACTIVITY AND NAME OF PROJECT	FUNDED BY GRANT # 08-STBG-4734 (YES OR NO)	NUMBER OF BENEFICIARIES BY RACE/ETHNICITY	NUMBER OF BENEFITING HOUSEHOLDS BY INCOME LEVEL	ESTIMATED NUMBER OF UNITS WITH FEMALE HEAD OF HOUSEHOLD	ESTIMATED NUMBER OF HOUSEHOLDS PROVIDED IMPROVED ACCESS TO PROJECT AREA	VALUE OF CONTRACT AWARDED TO FIRMS OWNED BY MINORITY GROUP MEMBERS	VALUE OF CONTRACT AWARDED TO FIRMS OWNED BY WOMEN	VALUE OF CONTRACT TO OTHER TYPE FIRM (GEN. CON-TRACTOR)
Public Facilities & Improvements, "Curb Cut Project"	Yes	0	0	0	0	0	0	0

\*AMI=Area Median Income (Monterey County)

**Grantee Performance Report**

Report Period (FY) 2009-10

Standard Agreement #

Program Income

Please Check One

Annual GPR

Final GPR

Jurisdiction Name: City of Pacific Grove

Name of Contact: Julie Uretsky

Address of Contact: 300 Forest Avenue  
Pacific Grove, CA 93950

Telephone Number: 831/648-3149

E-Mail Address: juretsky@ci.pg.ca.us

**SUMMARY OF ACTIVITIES**

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

		In Support of Housing (LMH)
(01) Acquisition of Real Property	<input type="checkbox"/> Page 1	
(02) Disposition	<input type="checkbox"/> Page 1	
(03) Public Facilities & Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03A) Senior Centers	<input type="checkbox"/> Page 6	
(03B) Handicapped Centers	<input type="checkbox"/> Page 6	
(03C) Homeless Facilities	<input type="checkbox"/> Page 6	
(03D) Youth Centers	<input type="checkbox"/> Page 6	
(03E) Neighborhood Facilities	<input type="checkbox"/> Page 6	
(03F) Parks, Recreation Facilities	<input type="checkbox"/> Page 6	
(03G) Parking Facilities	<input type="checkbox"/> Page 6	
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03I) Flood Drainage Improvement*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03J) Water/Sewer Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03K) Street Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03L) Sidewalk Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03M) Child Care Centers	<input type="checkbox"/> Page 6	
(03N) Tree Planting	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03O) Fire Station/Equipment	<input type="checkbox"/> Page 6	
(03P) Health Facilities	<input type="checkbox"/> Page 6	
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/> Page 6	
(03R) Asbestos Removal	<input type="checkbox"/> Page 6	
(03S) Facilities for Aids Patients	<input type="checkbox"/> Page 6	
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/> Page 6	
(04) Clearance and Demolition	<input type="checkbox"/> Page 1	
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/> Page 1	
(05) Public Services - General	<input type="checkbox"/> Page 7	
(05A) Senior Services	<input type="checkbox"/> Page 7	
(05B) Handicapped Services	<input type="checkbox"/> Page 7	
(05C) Legal Services	<input type="checkbox"/> Page 7	
(05D) Youth Services	<input type="checkbox"/> Page 7	

- |   |                                     |        |                                 |
|---|-------------------------------------|--------|---------------------------------|
| (05E) Transportation Services                               | <input type="checkbox"/>            | Page 7 |                                 |
| (05F) Substance Abuse Services                              | <input type="checkbox"/>            | Page 7 |                                 |
| (05G) Battered and Abused Spouses                           | <input type="checkbox"/>            | Page 7 |                                 |
| (05H) Employment Training                                   | <input type="checkbox"/>            | Page 7 |                                 |
| (05I) Crime Awareness                                       | <input type="checkbox"/>            | Page 7 |                                 |
| (05J) Fair Housing Activities                               | <input type="checkbox"/>            | Page 7 |                                 |
| (05K) Tenant/Landlord Counseling                            | <input type="checkbox"/>            | Page 7 |                                 |
| (05L) Child Care Services                                   | <input type="checkbox"/>            | Page 7 |                                 |
| (05M) Health Services                                       | <input type="checkbox"/>            | Page 7 |                                 |
| (05N) Abused & Neglected Children                           | <input type="checkbox"/>            | Page 7 |                                 |
| (05O) Mental Health Services                                | <input type="checkbox"/>            | Page 7 |                                 |
| (05P) Screening Lead Paint & Hazards                        | <input type="checkbox"/>            | Page 7 |                                 |
| (05Q) Subsistence Payments                                  | <input type="checkbox"/>            | Page 7 |                                 |
| (05R) Homeownership Assistance - not direct                 | <input type="checkbox"/>            | Page 2 |                                 |
| (05S) Rental Housing Subsidies                              | <input type="checkbox"/>            | Page 5 |                                 |
| (05T) Security Deposits                                     | <input type="checkbox"/>            | Page 5 |                                 |
| (05U) Housing Counseling                                    | <input type="checkbox"/>            | Page 7 |                                 |
| (06) Interim Assistance                                     | <input type="checkbox"/>            | Page 7 |                                 |
| (08) Relocation*  | <input type="checkbox"/>            | Page 7 | <input type="checkbox"/> Page 5 |
| (09) Loss of Rental Income*                                 | <input type="checkbox"/>            | Page 7 | <input type="checkbox"/> Page 5 |
| (11) Privately Owned Utilities*                             | <input type="checkbox"/>            | Page 6 | <input type="checkbox"/> Page 3 |
| (12) Construction Housing                                   | <input type="checkbox"/>            | Page 1 |                                 |
| (13) Direct Homeownership Assistance                        | <input type="checkbox"/>            | Page 2 |                                 |
| (14A) Rehabilitation - Single Unit Residential              | <input checked="" type="checkbox"/> | Page 4 |                                 |
| (14B) Rehabilitation - Multi - Unit Residential             | <input type="checkbox"/>            | Page 4 |                                 |
| (14C) Public Housing Modernization                          | <input type="checkbox"/>            | Page 4 |                                 |
| (14D) Rehabilitation - Publicly-Owner Residential Buildings | <input type="checkbox"/>            | Page 4 |                                 |
| (14E) Rehabilitation Publicly/Private Commercial Industry   | <input type="checkbox"/>            | Page 8 |                                 |
| (14F) Energy Efficiency Improvements                        | <input type="checkbox"/>            | Page 4 |                                 |
| (14G) Acquisition for Rehabilitation                        | <input type="checkbox"/>            | Page 4 |                                 |
| (14I) Lead Based Paint, Hazards Test Abatement              | <input type="checkbox"/>            | Page 4 |                                 |
| (15) Code Enforcement                                       | <input type="checkbox"/>            | Page 7 |                                 |
| (16A) Residential Historic Preservation                     | <input type="checkbox"/>            | Page 4 |                                 |
| (16B) Non-Residential Historic Preservation                 | <input type="checkbox"/>            | Page 6 |                                 |
| (17A) CI Land Acquisition/Disposition                       | <input type="checkbox"/>            | Page 8 |                                 |
| (17B) CI Infrastructure Development                         | <input type="checkbox"/>            | Page 8 |                                 |
| (17C) Building Acquisition, Construction, Rehabilitation    | <input type="checkbox"/>            | Page 8 |                                 |
| (17D) Other Commercial/Industrial Improvements              | <input type="checkbox"/>            | Page 8 |                                 |
| (18A) ED Direct Financial Assistance for For-Profits        | <input type="checkbox"/>            | Page 8 |                                 |
| (18C) Micro-Enterprise Assistance                           | <input type="checkbox"/>            | Page 9 |                                 |
| (19E) Operation and Repair Foreclosed Property              | <input type="checkbox"/>            |        | <input type="checkbox"/> Page 5 |

In Support  
of Housing  
(LMH)

**Certification:**

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative Julie Uretsky

Printed Name & Title Julie Uretsky, Housing Program Coordinator

Date 9-Jul-10

6/10/2008

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and Slums and Blight Area (SBA) or Slum and Blight Spot (SBS) or Urgent Need (URG) for the following. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Rehabilitation - Single Unit Residential (Matrix 14A)   | <input type="checkbox"/> Acquisition for Rehabilitation (Matrix 14G)    |
| <input type="checkbox"/> Rehabilitation - Multi - Unit Residential (Matrix 14B)             | <input type="checkbox"/> Lead Based Paint, Hazards Test Abatement (14I) |
| <input type="checkbox"/> Public Housing Modernization (Matrix 14C)                          | <input type="checkbox"/> Residential Historic Preservation (16A)        |
| <input type="checkbox"/> Energy Efficiency Improvements (Matrix 14F)                        |   |
| <input type="checkbox"/> Rehabilitation - Publicly-Owner Residential Buildings (Matrix 14D) |   |

**Program Description**

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- |  |                          |
|--|--------------------------|
| a. One-for-One Replacement (Reconstruction) complete Appendix A.   | <input type="checkbox"/> |
| b. Public improvement activity for which a Special Assessment will be levied.                                  | <input type="checkbox"/> |
| c. Displacement of household, business, farms, nonprofits, complete Appendix B.                                | <input type="checkbox"/> |
| d. Creating a new Revolving Fund/Revolving Loan Account (RLA).   | <input type="checkbox"/> |
| e. The designation of an economic development "Favored activity".  | <input type="checkbox"/> |
| f. The funding of Colonia(s).  | <input type="checkbox"/> |
| g. Brownfield Activity <span style="margin-left: 100px;">Indicate the number of remediated acres: _____</span> | <input type="checkbox"/> |
| h. Historic Preservation Area.   | <input type="checkbox"/> |
| i. Presidential Declared Disaster.   | <input type="checkbox"/> |
| j. Multi-Unit Housing (2+ Units/structure).  | <input type="checkbox"/> |
| k. Rental Housing.   | <input type="checkbox"/> |
| l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.                              | <input type="checkbox"/> |
| m. A Subrecipient Agreement for this activity, complete Appendix D.  | <input type="checkbox"/> |
| n. The designation of Slum and Blight, complete Appendix E.  | <input type="checkbox"/> |

**Section 3**

**Economic Opportunities for Low & Very Low Income**

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

**Minority Contractor Information**

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members	_____	Value of Contract
Women	_____	
Other (Specify) _____	_____	

**TYPE OF ASSISTANCE**

1. What type of financing was provided to the beneficiaries: Grants  Loans   
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:  
 Grants \_\_\_\_\_ Loans 3
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
 Grants \_\_\_\_\_ Loans \_\_\_\_\_
4. When assistance is provided in the form of loans, enter the terms of financing:
- |  | Interest Rate (%) | Number of Months (#) | Loan Amounts (\$) |
|--|-------------------|----------------------|-------------------|
| a. Amortized Loan:                     | _____             | _____                | _____             |
| b. Deferred Payment/ Forgiveness Loan: | <u>3</u>          | <u>360</u>           | <u>23,363</u>     |

**DIRECT BENEFIT**

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	HOUSING ACTIVITIES			
	Owner		Renter	
	All	Hisp	All	Hisp
White (11):	3	0	0	0
Black/African American (12):	0	0	0	0
Asian (13):	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0	0	0
Am. Indian/Alaskan Native & White (16):	0	0	0	0
Asian & White (17):	0	0	0	0
Black/African Am. & White (18):	5	0	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 2

**INCOME LEVELS**

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	0	0	2
Low (31%-50%)	1	0	4
Moderate (51%-80%)	2	0	8
Non-Low/Moderate Income (+80%)	0	0	0
<b>Totals</b>	<b>3</b>	<b>0</b>	<b>14</b>

**REHABILITATION OF UNITS**

1. Indicate if the rehabilitation was offering a program with these specific services:  
(May apply for activities with an national objective LMH with Matrix Code 14a, 14b, 14c, 14d, 14f, 14g or 16a)
  - a. Installing security devices
  - b. Installing smoke detectors
  - c. Performing emergency housing repairs
  - d. Providing supplies and equipment for painting houses
  - e. Operating a tool lending library


**REHABILITATION OF THE OWNER UNITS**

IDIS cdbg 24

1. Enter the total number of owner units rehabilitated: 3
2. Of the total number of owner-occupied units rehabilitated, specify the number of:
  - a. Units occupied by elderly: 2
  - b. Units brought from substandard to standard (Meeting HQS or local code): 3
  - c. Units qualified as Energy Star: 0
  - d. Units made accessible: 0
  - e. Units in compliance with lead safety rules (24 CFR Part 35): 3

If this activity includes multi-unit housing with (2+ units) complete the rest of the following questions:

**MULTI-UNIT HOUSING**

IDIS cdbg 14

<b>THIS REPORTING PERIOD</b>	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	_____	_____	_____
Number of Units Expected at Completion:	_____	_____	_____
<b>FOR TOTAL GRANT TERM</b>	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	_____	_____	_____

(Complete the following questions if the activity includes the Rehabilitation of Rental Units)

**REHABILITATION OF RENTAL UNITS**

IDIS cdbg 20 & 21

1. What is the total number of rental units: \_\_\_\_\_
2. Of the total rental units, what number are:
  - a. Affordable units: \_\_\_\_\_
  - b. Section 504 accessible units: \_\_\_\_\_
  - c. Changed from a substandard to a standard condition, (Meeting HQS or local code requirements): \_\_\_\_\_
3. What number of units qualified as Energy Star: \_\_\_\_\_
4. What number of units are in compliance with lead safety rules (24 CFR Part 35): \_\_\_\_\_
5. What number of units were created through conversion of a non-residential to residential building: \_\_\_\_\_
6. Of the number of rehabilitated rental units designated affordable, specify:
  - a. Number of units occupied by elderly: \_\_\_\_\_
  - b. The number of years there will be affordability restrictions: \_\_\_\_\_
  - c. Units subsidized with project-based rental assistance by another federal, State or local program: \_\_\_\_\_
7. What number of affordable units were designated for persons with HIV/AIDS including units receiving assistance for operations:
  - a. Of those, what number are for chronically homeless: \_\_\_\_\_
8. What number of affordable units are permanent housing units for homeless persons and families, including units receiving assistance for operations:
  - a. Of those, the number for the chronically homeless: \_\_\_\_\_

(Pages 4-6 NA)

**ORGANIZATION CARRYING OUT ACTIVITY**

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

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Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

*Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.*

**Grantee Performance Report**

Report Period (FY) 2009-10

Standard Agreement # 08-STBG-4734

Please Check One  
 Annual GPR   
 Final GPR

Jurisdiction Name: City of Pacific Grove

Name of Contact: Julie Uretsky

Address of Contact: 300 Forest Avenue  
Pacific Grove, CA 93950

Telephone Number: 831/648-3149

E-Mail Address: juretsky@ci.pg.ca.us

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(03F) Parks, Recreation Facilities	<input type="checkbox"/> Page 6	
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(05C) Legal Services	<input type="checkbox"/> Page 7	
(05D) Youth Services	<input type="checkbox"/> Page 7	

(05E) Transportation Services	<input type="checkbox"/>	Page 7	
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	
(05H) Employment Training	<input type="checkbox"/>	Page 7	
(05I) Crime Awareness	<input type="checkbox"/>	Page 7	
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7	
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7	
(05L) Child Care Services	<input type="checkbox"/>	Page 7	
(05M) Health Services	<input type="checkbox"/>	Page 7	
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7	
(05O) Mental Health Services	<input type="checkbox"/>	Page 7	
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7	
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7	
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2	
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5	
(05T) Security Deposits	<input type="checkbox"/>	Page 5	
(05U) Housing Counseling	<input type="checkbox"/>	Page 7	
(06) Interim Assistance	<input type="checkbox"/>	Page 7	
(08) Relocation*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(12) Construction Housing	<input type="checkbox"/>	Page 1	
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2	
(14A) Rehabilitation - Single Unit Residential	<input checked="" type="checkbox"/>	Page 4	
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4	
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4	
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4	
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8	
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4	
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4	
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4	
(15) Code Enforcement	<input type="checkbox"/>	Page 7	
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4	
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6	
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8	
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8	
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8	
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8	
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8	
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9	
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5

In Support of Housing (LMH)

**Certification:**

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative *Julie Uretsky*

Printed Name & Title Julie Uretsky, Housing Program Coordinator

Date 9-Jul-10

6/10/2008

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Public Facilities and Improvements (03)     | <input type="checkbox"/> Parking Facilities (03G)                | <input type="checkbox"/> Tree Planting (03N)                            |
| <input type="checkbox"/> Senior Centers (03A)                        | <input type="checkbox"/> Solid Waste Disposal Imp. (03H)*        | <input type="checkbox"/> Fire Station/Equipment (03O)                   |
| <input type="checkbox"/> Handicapped Centers (03B)                   | <input type="checkbox"/> Flood Drainage Improvement (03I)*       | <input type="checkbox"/> Health Facilities (03P)                        |
| <input type="checkbox"/> Homeless Facilities (03C)                   | <input type="checkbox"/> Water/Sewer Improvements (03J)*         | <input type="checkbox"/> Abused and Neglected Children Facilities (03Q) |
| <input type="checkbox"/> Youth Centers (03D)                         | <input type="checkbox"/> Street Improvements (03K)*              | <input type="checkbox"/> Asbestos Removal (03R)                         |
| <input type="checkbox"/> Neighborhood Facilities (03E)               | <input checked="" type="checkbox"/> Sidewalk Improvements (03L)* | <input type="checkbox"/> Facilities for Aids Patients (03S)             |
| <input type="checkbox"/> Parks, Recreation Facilities (03F)          | <input type="checkbox"/> Child Care Centers (03M)                |   |
| <br>   |  |   |
| <input type="checkbox"/> Operating Costs of Homeless/Aids (03T)      |  |   |
| <input type="checkbox"/> Non-Residential Historic Preservation (16B) |  |   |
| <input type="checkbox"/> Privately Owned Utilities (11)*             |  |   |

Report only non-housing activities. Activities with an asterisk ( \* ) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

**Program Description**

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- |  |                                     |
|--|-------------------------------------|
| a. One-for-One Replacement (Reconstruction) complete Appendix A.   | <input type="checkbox"/>            |
| b. Public improvement activity for which a Special Assessment will be levied.                                  | <input type="checkbox"/>            |
| c. Displacement of household, business, farms, nonprofits, complete Appendix B.                                | <input type="checkbox"/>            |
| d. Creating a new Revolving Fund/Revolving Loan Account (RLA).   | <input type="checkbox"/>            |
| e. The designation of an economic development "Favored activity".  | <input type="checkbox"/>            |
| f. The funding of Colonia(s).  | <input type="checkbox"/>            |
| g. Brownfield Activity <span style="margin-left: 100px;">Indicate the number of remediated acres: _____</span> | <input type="checkbox"/>            |
| h. Historic Preservation Area.   | <input type="checkbox"/>            |
| i. Presidential Declared Disaster.   | <input type="checkbox"/>            |
| j. Multi-Unit Housing (2+ Units/structure).  | <input type="checkbox"/>            |
| k. Rental Housing.   | <input type="checkbox"/>            |
| l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.                              | <input checked="" type="checkbox"/> |
| m. A Subrecipient Agreement for this activity, complete Appendix D.  | <input type="checkbox"/>            |
| n. The designation of Slum and Blight, complete Appendix E.  | <input type="checkbox"/>            |

**Section 3**

**Economic Opportunities for Low & Very Low Income**

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

**Minority Contractor Information**

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members	_____	Value of Contract
Women	_____	
Other (Specify) _____	_____	

**TYPE OF ASSISTANCE**

1. What type of financing was provided to the beneficiaries: Grants  Loans   
 No loans or grants  Attachment D
2. Indicate the number of grants and/or loans provided this Report Period:  
 Grants \_\_\_\_\_ Loans \_\_\_\_\_
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
 Grants \_\_\_\_\_ Loans \_\_\_\_\_
4. When assistance is provided in the form of loans, enter the terms of financing:
- |   | Interest Rate<br>(%) | Number of Months<br>(#) | Loan Amounts<br>(\$) |
|---|----------------------|-------------------------|----------------------|
| a. Amortized Loan:                        | _____                | _____                   | _____                |
| b. Deferred Payment/<br>Forgiveness Loan: | _____                | _____                   | _____                |

**DIRECT BENEFIT**

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Black/African (19):	0	0
Other Multi-Racial (20):	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households \_\_\_\_\_ 0

**INCOME LEVELS**

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	0	0
Totals	0	0

**Public Facilities and Improvements**

- 1. Indicate the number of households assisted, according to the following:
  - a. Total benefiting for the program year: 0
  - b. Now have new access to this public facility (community facility) or public improvement (public works): 0
  - c. Now have improved access to this type of public facility (community facility) or public improvement (public works): 0
  - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: 0
- 2. a. What number of homeless persons were given overnight shelter: 0
- b. Indicate the number of beds created in overnight shelter or other emergency housing: 0

(Pages 4+5 NA)

**1. Presumed Benefit**

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- |  |  |
|--|--|
| <input type="checkbox"/> Abused Children   | Extreme Low Income   |
| <input type="checkbox"/> Battered Spouses  | Low Income   |
| <input checked="" type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income   |
| <input type="checkbox"/> Illiterate Adults   | Low Income   |
| <input type="checkbox"/> Persons with Aids   | Low Income   |
| <input type="checkbox"/> Homeless Persons  | Extreme Low Income   |
| <input type="checkbox"/> Migrant Farm workers  | Low Income   |
| <input type="checkbox"/> Elderly Persons   | Use Moderate Income if at a center with services,<br>if not center based, use Low Income |

**2. Nature and Location**

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

Funds will be used to creat ADA accessible curb cuts in sidewalks throughout the city.

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**ORGANIZATION CARRYING OUT ACTIVITY**

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

\_\_\_\_\_

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

*Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.*

(Page 8 NA)

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and Slums and Blight Area (SBA) or Slum and Blight Spot (SBS) or Urgent Need (URG) for the following. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Rehabilitation - Single Unit Residential (Matrix 14A)
- Rehabilitation - Multi - Unit Residential (Matrix 14B)
- Public Housing Modernization (Matrix 14C)
- Energy Efficiency Improvements (Matrix 14F)
- Rehabilitation - Publicly-Owner Residential Buildings (Matrix 14D)
- Acquisition for Rehabilitation (Matrix 14G)
- Lead Based Paint, Hazards Test Abatement (14I)
- Residential Historic Preservation (16A)

**Program Description**

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity  Indicate the number of remediated acres: \_\_\_\_\_
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

**Section 3**

**Economic Opportunities for Low & Very Low Income**

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

**Minority Contractor Information**

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:	Value of Contract
Minority group members	_____
Women	_____
Other (Specify) _____	_____

**TYPE OF ASSISTANCE**

1. What type of financing was provided to the beneficiaries: Grants  Loans  No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:  
 Grants \_\_\_\_\_ Loans 2
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
 Grants \_\_\_\_\_ Loans 3
4. When assistance is provided in the form of loans, enter the terms of financing:
- |  | Interest Rate (%) | Number of Months (#) | Loan Amounts (\$) |
|--|-------------------|----------------------|-------------------|
| a. Amortized Loan:                     | _____             | _____                | _____             |
| b. Deferred Payment/ Forgiveness Loan: | <u>3</u>          | <u>360</u>           | <u>88,250</u>     |

**DIRECT BENEFIT**

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year.

Race & Code	HOUSING ACTIVITIES			
	Owner		Renter	
	All	Hisp	All	Hisp
White (11):	2	0	0	0
Black/African American (12):	5	0	0	0
Asian (13):	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0	0	0
Am. Indian/Alaskan Native & White (16):	0	0	0	0
Asian & White (17):	0	0	0	0
Black/African Am. & White (18):	0	0	0	0
Am. Indian/Alaskan & Black/African (19):	0	0	0	0
Other Multi-Racial (20):	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 0 1

**INCOME LEVELS**

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	0	0	0
Low (31%-50%)	1	0	2
Moderate (51%-80%)	1	0	1
Non-Low/Moderate Income (+80%)	0	0	0
Totals	<u>2</u>	<u>0</u>	<u>3</u>

**REHABILITATION OF UNITS**

1. Indicate if the rehabilitation was offering a program with these specific services:  
 (May apply for activities with an national objective LMH with Matrix Code 14a, 14b, 14c, 14d, 14f, 14g or 16a)
- a. Installing security devices
  - b. Installing smoke detectors
  - c. Performing emergency housing repairs
  - d. Providing supplies and equipment for painting houses
  - e. Operating a tool lending library


**REHABILITATION OF THE OWNER UNITS**

- 1. Enter the total number of owner units rehabilitated: 2
- 2. Of the total number of owner-occupied units rehabilitated, specify the number of:
  - a. Units occupied by elderly: 1
  - b. Units brought from substandard to standard (Meeting HQS or local code): 1
  - c. Units qualified as Energy Star: 0
  - d. Units made accessible: 0
  - e. Units in compliance with lead safety rules (24 CFR Part 35): 2

If this activity includes multi-unit housing with (2+ units) complete the rest of the following questions:

**MULTI-UNIT HOUSING**

THIS REPORTING PERIOD	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	_____	_____	_____
Number of Units Expected at Completion:	_____	_____	_____
FOR TOTAL GRANT TERM	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	_____	_____	_____

(Complete the following questions if the activity includes the Rehabilitation of Rental Units)

**REHABILITATION OF RENTAL UNITS**

- 1. What is the total number of rental units: \_\_\_\_\_
- 2. Of the total rental units, what number are: \_\_\_\_\_
  - a. Affordable units: \_\_\_\_\_
  - b. Section 504 accessible units: \_\_\_\_\_
  - c. Changed from a substandard to a standard condition, (Meeting HQS or local code requirements): \_\_\_\_\_
- 3. What number of units qualified as Energy Star: \_\_\_\_\_
- 4. What number of units are in compliance with lead safety rules (24 CFR Part 35): \_\_\_\_\_
- 5. What number of units were created through conversion of a non-residential to residential building: \_\_\_\_\_
- 6. Of the number of rehabilitated rental units designated affordable, specify: \_\_\_\_\_
  - a. Number of units occupied by elderly: \_\_\_\_\_
  - b. The number of years there will be affordability restrictions: \_\_\_\_\_
  - c. Units subsidized with project-based rental assistance by another federal, State or local program: \_\_\_\_\_
- 7. What number of affordable units were designated for persons with HIV/AIDS including units receiving assistance for operations: \_\_\_\_\_
  - a. Of those, what number are for chronically homeless: \_\_\_\_\_
- 8. What number of affordable units are permanent housing units for homeless persons and families, including units receiving assistance for operations: \_\_\_\_\_
  - a. Of those, the number for the chronically homeless: \_\_\_\_\_

(Pages 4-6 NA)

**ORGANIZATION CARRYING OUT ACTIVITY**

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

\_\_\_\_\_

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

*Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.*

(Page 8 NA)