

MEMORANDUM

Date: July 8, 2009

To: Housing Advisory Commission

From: Robert Seelig

Re: Grantee Performance Report

Pursuant to CDBG program requirements, I have attached the 08/09 Grantee Performance Report. This report incorporates HCD standard reporting formats.

The report indicates the County has issued one Mobile Home Rehabilitation loan using CDBG funds. The County of Santa Cruz completed an additional six (6) loans in the 08/09 fiscal year using Redevelopment Funds.

State Community Development Block Grant Program
GRANTEE PERFORMANCE REPORT
 For period 7/1/ 08 to 6/30/ 09

Coversheet/Certification

Jurisdiction Name: County of Santa Cruz

General Information: Please check one: Annual GPR
 Final GPR (Grant GPR Only)

Is this GPR being completed to report on: Program Income, or a Grant?
 If Grant, No: _____, and check type, below:

General Economic Development Colonias Native American

Address of Jurisdiction: Planning Dept., 701 Ocean St., 4th Floor
Santa Cruz, CA 95060

Preparer Information:
 Name: Robert Seejig
 Title: Housing Division Staff
 Phone: (831) 454-2224
 Email address: plm520@co.santa-cruz.ca.us

Checklist of Contents: (include all parts applicable to your Grant or PI-RLAs)

Contents	Activity 1		Activity 2		Activity 3		Activity 4	
	Inc.	N/A	Inc.	N/A	Inc.	N/A	Inc.	N/A
Part 1. Common Demographics	X							
Part 2. Housing Activities	X							
Part 3. Public Works Activities		X						
Part 4. Public Services and Community Facilities Activities		X						
Part 5. Economic Development Activities		X						
Part 6. Displacement/Replacement Information		X						

Certification:

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review.

Signature of Authorized Representative

Date

Erik Schapiro, Housing Chief *PH*
 Printed Name and Title

Jurisdiction: County of Santa Cruz
 Grant No. or Program Income: _____ Program Income _____

Part 2. Housing Activities (Complete a separate Part 2 for each housing activity)

Contract Activity: (choose one)

Housing Rehabilitation

Housing New Construction

Housing Acquisition

Beneficiaries by Income Group: (During this report period)	Owners (households)	Renters (households)
a. Total TIG (Low/Mod) Beneficiaries: (51-80%) ¹		
b. Total LTIG (Lowest Income) Beneficiaries: (31-50%)	1	
c. Total VLTIG (Very Lowest Income) Beneficiaries (<30%)		
d. Total Non-TIG Beneficiaries: (>80%)		
TOTAL:	1	

Beneficiaries by Income Group: (During the entire grant term)	Owners (households)	Renters (households)
a. Total TIG (Low/Mod) Beneficiaries: (51-80%) ¹		
b. Total LTIG (Lowest Income) Beneficiaries: (31-50%)		
c. Total VLTIG (Very Lowest Income) Beneficiaries (<30%)		
d. Total Non-TIG Beneficiaries: (>80%)		
TOTAL:		

Beneficiaries by Race and Ethnicity	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Households	Number that are also Hispanic	Number of Households	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White	1			
American Indian or Alaska Native and White				
Asian and White				
African American or Black and White				
American Indian or Alaska Native and African American or Black				
Other Multi-Racial				
TOTALS:	1			

Number of Female-Headed Households: _____
 Number of Handicapped Beneficiaries: _____

¹ Median Family Income
¹ Median Family Income

Multi-Unit Activities: FOR MULTI-FAMILY HOUSING UNIT ACTIVITIES ONLY

During This Reporting Period	Total		Occupied		Occupied TIG, LTIG & VLTIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

During Entire Grant Term	Total		Occupied		Occupied TIG, LTIG & VLTIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

Jurisdiction: County of Santa Cruz

Grant No. or Program Income: _____ Program Income _____

Part 1. Common Demographics (List all activities under this grant, or Program Income RLAs, as applicable, and their associated accomplishments during this period)

Contract or RLA Activity	HUD Matrix Code	Accomplishment Type (choose one for each activity reported on)				Number of Beneficiaries This Period	Number of TIG Beneficiaries This Period	FINAL GPR ONLY (Grants Only)	
		Households ¹	Persons ²	Jobs ³	Clients ⁴			Total Beneficiaries During Entire Grant	Total TIG Beneficiaries During Entire Grant
1. Housing Rehab	14-A	10			1	1			
2.									
3.									
4.									

CONTRACTOR INFORMATION: (Provide the total value of contract(s) between the grantee and contractors⁵)

	Value of Contract(s)
Minority Group Members	\$ _____
Women	\$ _____
Other	\$ _____

¹ Choose households if the activity is Housing Rehabilitation, Housing New Construction, Housing Acquisition, or Public Works.
² Choose persons if the activity is Community Facilities or Public Services.
³ Choose jobs if the activity is Economic Development.
⁴ Choose clients if the activity is Microenterprise Assistance.
⁵ Do not list contracts between beneficiaries and contractors (i.e., housing rehabilitation).

Public Notice

The Santa Cruz County Housing Advisory Commission will be holding a Public Hearing to Consider the Community Development Block Grant (CDBG) Grantee performance Grantee Report (GPR.).

Meeting Date: Wednesday, July 15, 2009 4:00 – 5:30 P.M.

Meeting Place: Aptos-La Selva Fire Protection District, First floor Conference Room
6934 Soquel Drive, Aptos, CA 95003.

A Public Hearing will be held to provide public input on Santa Cruz County's Community Development Block Grant (CDBG) Grantee Performance Report associated with the Housing Rehabilitation Program.

For more information, contact Robert Seelig at 454-2224.

The County of Santa Cruz does not discriminate on the basis of disability, and no person shall, by reason of a disability, be denied the benefits of its services, programs or activities. The meeting room is located in an accessible facility. If you are a person with a disability and require special assistance in order to participate in the meeting, please contact the Planning Department at 454-3137 (TDD number 454-2123) at least 48 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternate format. As a courtesy to those persons affected, please attend the meeting smoke and scent free.