

## MEMORANDUM

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Date: August 26, 2011

To: Housing Advisory Commission

From: Julie Conway, Affordable Housing Manager *JWC*  
Carlos Landaverry, Housing Planner

Re: 2010-2011 CDBG Annual Grantee Performance Reports

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Dear Commissioners,

As you know, the County has received a total of three Community Development Block Grant (CDBG) awards that fund different program activities in the unincorporated areas of the County. The HAC fulfills the CDBG program requirement for a noticed public meeting to obtain citizen views and to respond to proposals and questions of the community development program. The following is an overview of the three CDBG awards administered by the County. You will also find attached the Grantee Performance Reports for fiscal year 2010-2011 for public review and comment.

**1) 10-STBG-6737 - \$800,000** (Includes \$60,000 in administrative costs)

This is the initial reporting of this grant, which funds the following two activities:

Dientes Community Dental Care (Public Service) – (\$150,000)

Dientes will provide comprehensive dental services to extremely low income children and adults. Dientes recently received final approval from CDBG representatives to begin providing dental services in accordance with the grant award, and we anticipate the program will begin drawing funds in the next few weeks.

Minto Place Apartments (Public Improvement in Support of an Affordable Housing Project)  
– (\$590,000)

Minto Place will consist of 88 rental units affordable to very low income households. County staff is working with the developer to finalize the sub-recipient agreement and to get final approvals from CDBG representatives. The project has received an allocation of low income housing tax credits and will begin construction by the end of 2011.

**2) 09-STBG-6422 - \$798,218** (Includes \$49,500 in administrative costs)

The County received this grant in 2009 and it funds two activities:

Second Harvest Food Bank (Public Service) - \$278,218

The Second Harvest Food Bank through its "Passion For Produce Program" offers fresh fruits and vegetables to very low income residents throughout the County. In the past year, more than 20,000 persons have benefitted from this program.

Davenport Drinking Water Improvement Project (Public Improvement) – \$470,500

The primary purpose of the project is to upgrade the water supply pipeline in Davenport, and it's being overseen and managed by the County's Department of Public Works. Construction is underway with completion anticipated by the end of the calendar year.

**3) 93-STBG-736 - \$500,000** (Includes \$37,500 for administrative costs)

In 1993 the County received this CDBG grant for housing rehabilitation activities in the unincorporated areas of the County. The grant was successfully closed out in 1995, however, the County receives Program Income from repayment of the CDBG loans. Under the Program's "Reuse Plan", funds are used in support of affordable housing for low income households. In recent years, Program Income has provided funding for a Mobile Home Rehab Program for very low income households and senior citizens on fixed incomes.

Feel free to contact me at 454-5162 if you have any further questions.

Attachments: Grantee Performance Reports

# Grantee Performance Report

Report Period (FY) 2010-2011 Standard Agreement # 93STBG-736

Please Check One

- Annual GPR  
 Final GPR

Jurisdiction Name: County of Santa Cruz

Name of Contact: Robert Seelig, Housing Anal  
 Address of Contact: 701 Ocean Street, 4th Floor  
Santa Cruz, CA 95060

Telephone Number: 831 454-2224

E-Mail Address: [pln520@co.santa-cruz.ca.us](mailto:pln520@co.santa-cruz.ca.us)

## SUMMARY OF ACTIVITIES

Indicate the Fiscal Year, the Standard Agreement Number, and if this is an "Annual" or "Final" Grantee Performance Report (GPR). Below identify all activities included in the Standard Agreement by checking the box in Column A for all Non-Housing activities or Column C for all LMH activities. Select only one box per activity. LMH is for activities funded under the National Objective of Low and Moderate Housing. The Standard Agreement should clearly identify the National Objective for each activity. Once all activities under the Agreement are identified in Column A and C, use the page button next to the check off box to be directed to the correct page to complete the report. Use the drop-down box in Column E to indicate the Status of the activity. The Status can be "In Progress" when no information is available to report, or it can be "Data Enclosed". Column E is intended to eliminate the need to submit blank pages of the GPR if no beneficiary data is available to report. If you have any questions regarding the form or the correct matrix code, contact your CDBG Representative.

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

**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 \_\_\_\_\_

Printed Name & Title Robert Seelig, Housing Analyst

Date 7/21/2010

**Grantee Performance Report**

*Housing Rehabilitation*

Report Period

2010-  
2011

Standard Agreement

93STBG-736

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. The activity is designed to generate program income
- 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.
- o. How many Veterans (if any) are being assisted by this program or project? \_\_\_\_\_

**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	\$0
Other (Specify) _____	\$0
	\$0

**TYPE OF ASSISTANCE**

IDIS cdbg 5

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 0
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
 Grants \_\_\_\_\_ Loans 33
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:                        | <u>3</u>          | <u>180</u>           | <u>25,000</u>     |
| b. Deferred Payment/<br>Forgiveness Loan: | _____             | _____                | _____             |

**DIRECT BENEFIT**

IDIS cdbg 8

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):	0	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):	0	0	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 0

**INCOME LEVELS**

IDIS cdbg 13

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	0	0	0
Low (31%-50%)	0	0	28
Moderate (51%-80%)	0	0	5
Non-Low/Moderate Income (+80%)	0	0	0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>33</b>

**REHABILITATION OF UNITS**

IDIS cdbg 9

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

X

**REHABILITATION OF THE OWNER UNITS**

IDIS cdbg 24

- 1. Enter the total number of owner units rehabilitated: 33
- 2. Of the total number of owner-occupied units rehabilitated, specify the number of:
  - a. Units occupied by elderly: 21
  - b. Units brought from substandard to standard (Meeting HQS or local code): 0
  - c. Units certified as Energy Star by HERS rating: 0
  - d. Units made accessible: 0
  - e. Units in compliance with lead safety rules (24 CFR Part 35): 0

**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:	<u>0</u>	<u>0</u>	<u>0</u>
Number of Units Expected at Completion:	<u>0</u>	<u>0</u>	<u>0</u>
<b>FOR TOTAL GRANT TERM</b>	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	<u>0</u>	<u>0</u>	<u>0</u>

(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: 0
- 2. Of the total rental units, what number are:
  - a. Affordable units: 0
  - b. Section 504 accessible units: 0
  - c. Changed from a substandard to a standard condition, (Meeting HQS or local code requirements): 0
- 3. The number of units certified as Energy Star by HERS rating: 0
- 4. What number of units are in compliance with lead safety rules (24 CFR Part 35): 0
- 5. What number of units were created through conversion of a non-residential to residential building: 0
- 6. Of the number of rehabilitated rental units designated affordable, specify:
  - a. Number of units occupied by elderly: 0
  - b. The number of years there will be affordability restrictions: 0
  - c. Units subsidized with project-based rental assistance by another federal, State or local program: 0
- 7. What number of affordable units were designated for persons with HIV/AIDS including units receiving assistance for operations: 0
  - a. Of those, what number are for chronically homeless: 0
- 8. What number of affordable units are permanent housing units for homeless persons and families, including units receiving assistance for operations: 0
  - a. Of those, the number for the chronically homeless: 0

**ACCOMPLISHMENT NARRATIVE:**

**Grantee Performance Report**  
*Appendix A - One for One Replacement*

Report Period  
0

Standard Agreement  
0

**Replacement Housing**

If multiple locations, please duplicate and make additional forms as necessary.  
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted  
Address \_\_\_\_\_  
\_\_\_\_\_

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit \_\_\_\_\_  
Two Bedroom Units \_\_\_\_\_  
Three Bedroom Units \_\_\_\_\_  
Four Bedroom Units \_\_\_\_\_  
5+ Five or more Bedroom Units \_\_\_\_\_

Grant or Loan Agreement Executed Date: \_\_\_\_\_

Demolition or Conversion Agreement Date: \_\_\_\_\_

Replacement  
Address \_\_\_\_\_  
\_\_\_\_\_

Number of bedroom units

0/1 Zero or One bedroom unit \_\_\_\_\_  
Two Bedroom Units \_\_\_\_\_  
Three Bedroom Units \_\_\_\_\_  
Four Bedroom Units \_\_\_\_\_  
5+ Five or more Bedroom Units \_\_\_\_\_

Date units will be available: \_\_\_\_\_

Date of any exception agreement: \_\_\_\_\_

**Grantee Performance Report**

*Appendix B - Displacement*

Report Period

0

Standard Agreement

0

Indicate the census tract of origin \_\_\_\_\_

IDIS cdbg 15

Indicate the City \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated \_\_\_\_\_

Indicate the City \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. \_\_\_\_\_

Indicate the City \_\_\_\_\_

**Grantee Performance Report**  
*Appendix C - Presumed Benefit & Nature and Location*

Report Period  
0

Standard Agreement  
0

**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 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:

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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:

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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**  
*Appendix E - Slum & Blight Area*

Report Period  
0

Standard Agreement  
0

IDIS cdbg 12

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

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Percent of Deteriorated Buildings/Qualified Properties: \_\_\_\_\_ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

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Slum/Blight Designation Year \_\_\_\_\_

**Grantee Performance Report**  
**Report Period (FY)** 2010/11

**Standard Agreement #** #09-STBG-6422

**Please Check One**  
 Annual GPR   
 Final GPR

Jurisdiction Name: County of Santa Cruz

Name of Contact: Carlos Landaverry  
 Address of Contact: 701 Ocean St. 4th Floor  
Santa Cruz, CA 95060

Telephone Number: 831-454-2523 E-Mail Address: [carlos.landaverry@co](mailto:carlos.landaverry@co)

**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 checked="" 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 checked="" 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	In Support of Housing (LMH)	
(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 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	

**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 \_\_\_\_\_

Printed Name & Title Carlos Landaverry, Planner

Date 7/29/2011

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 checked="" 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 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="float: right;">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**

IDIS cdbg 5

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 0 Loans 0
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
 Grants 0 Loans 0
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:                        | <u>NA</u>         | <u>NA</u>            | <u>NA</u>         | <u>NA</u> |
| b. Deferred Payment/<br>Forgiveness Loan: | <u>NA</u>         | <u>NA</u>            | <u>NA</u>         | <u>NA</u> |

**DIRECT BENEFIT**

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year: 0 So far

Race & Code	Persons	
	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 & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 0

**INCOME LEVELS**

IDIS cdbg 13

Number of persons benefiting based on income: 0 So far

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

**Public Facilities and Improvements**

IDIS cdbg 17B

- 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

**Replacement Housing**

If multiple locations, please duplicate and make additional forms as necessary.  
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted NA  
Address NA

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit NA  
Two Bedroom Units NA  
Three Bedroom Units NA  
Four Bedroom Units NA  
5+ Five or more Bedroom Units NA

Grant or Loan Agreement Executed Date: \_\_\_\_\_

Demolition or Conversion Agreement Date: \_\_\_\_\_

Replacement NA  
Address \_\_\_\_\_

Number of bedroom units

0/1 Zero or One bedroom unit NA  
Two Bedroom Units NA  
Three Bedroom Units NA  
Four Bedroom Units NA  
5+ Five or more Bedroom Units NA

Date units will be available: \_\_\_\_\_

Date of any exception agreement: \_\_\_\_\_

**Grantee Performance Report**

*Appendix B - Displacement*

Report Period

2010/11

Standard Agreement

#09-STBG-6422

IDIS cdbg 15

Indicate the census tract of origin

NA

Indicate the City

NA

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated

NA

Indicate the City

NA

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

NA

Indicate the City

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 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:

At this time, the County of Santa Cruz is still working to get the Davenport Sewer Project up and running.

\_\_\_\_\_

\_\_\_\_\_ At

**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.*

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

This project will be done in the town of Davenport. Davenport is located  
9 miles north of downtown Santa Cruz and highway 1 is the only road  
separating Davenport from the ocean.

Percent of Deteriorated Buildings/Qualified Properties: NA %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Slum/Blight Designation Year \_\_\_\_\_

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), Urgent Need (URG). 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"/> Public Services - General (05) | <input type="checkbox"/> Crime Awareness (05I)                | <input type="checkbox"/> Housing Counseling (05U)    |
| <input type="checkbox"/> Senior Services (05A)                     | <input type="checkbox"/> Fair Housing Activities (05J)        | <input type="checkbox"/> Interim Assistance (06)     |
| <input type="checkbox"/> Handicapped Services (05B)                | <input type="checkbox"/> Tenant/Landlord Counseling (05K)     | <input type="checkbox"/> Relocation (08)*            |
| <input type="checkbox"/> Legal Services (05C)                      | <input type="checkbox"/> Child Care Services (05L)            | <input type="checkbox"/> Loss of Rental Income (09)* |
| <input type="checkbox"/> Youth Services (05D)                      | <input type="checkbox"/> Health Services (05M)                | <input type="checkbox"/> Code Enforcement (15)       |
| <input type="checkbox"/> Transportation Services (05E)             | <input type="checkbox"/> Abused & Neglected Children (05N)    |  |
| <input type="checkbox"/> Substance Abuse Services (05F)            | <input type="checkbox"/> Mental Health Services (05O)         |  |
| <input type="checkbox"/> Battered and Abused Spouses (05G)         | <input type="checkbox"/> Screening Lead Paint & Hazards (05P) |  |
| <input type="checkbox"/> Employment Training (05H)                 | <input type="checkbox"/> Subsistence Payments (05Q)           |  |

\* For LMH activities, report on Housing Services page.

**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  | Indicate the number of remediated acres: _____ <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

Women

Other (Specify) \_\_\_\_\_ 0

Value of Contract

\_\_\_\_\_  
 \$0

\_\_\_\_\_  
 \$0

\_\_\_\_\_  
 \$0

**TYPE OF ASSISTANCE**

IDIS cdbg 5

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 0 Loans 0
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
Grants 0 Loans 0
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:	<u>NA</u>	<u>NA</u>	<u>NA</u>
b. Deferred Payment/ Forgiveness Loan:	<u>NA</u>	<u>NA</u>	<u>NA</u>

**DIRECT BENEFIT**

IDIS cdbg 8

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

	Persons	
	Totals	
	All	Hispanic
White (11):	461	19,070
Black/African American (12):	100	0
Asian (13):	200	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	221	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):	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>982</b>	<b>19070</b>

Number of Female Head of Households Unknown

**INCOME LEVELS**

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	13,435	13,435
Low (31%-50%)	6,015	6,015
Moderate (51%-80%)	602	602
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	20052	20,052

The following sections do not apply to Relocation (08), Loss of Rental Income (09) and Code Enforcement (15), however the information is still required for all other activities.

**PUBLIC SERVICE**

IDIS cdbg 17A

1. Indicate the number of persons/households assisted, according to the following:
  - a. Total being served for the program year: 20,052
  - b. Now have new access to this type of service or benefit: 20,052
  - c. Now have improved access to this type of service or benefit: 20,052
  - d. Now receive a service or benefit that is no longer substandard: N/A
  
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

**HOMELESS PREVENTION**

IDIS cdbg 31

If this activity also includes the following services, address the following questions if applicable.

Legal Services (05C)

Subsistence Payments (05Q)

1. Indicate the total number of homeless that are benefiting from this activity: Unknown
2. Of the persons assisted, enter the number that:
  - a. Receive emergency financial assistance to prevent homelessness: NA
  - b. Received emergency legal assistance to prevent homelessness: NA

**EMERGENCY ASSISTANCE (Subsistence Payments)**

IDIS cdbg 30

If this activity also includes the following services, address the following questions if applicable.

Legal Services (05C)

Subsistence Payments (05Q)

1. Enter the total number of households receiving rental assistance: NA
2. Of the total households assisted, specify the number on short-term rental assistance (not more than 3 months) : NA
3. What number of households assisted were previously homeless: NA
4. Of those homeless, what number were chronically homeless: NA



**Grantee Performance Report**

Appendix B - Displacement

Report Period

2010/11

Standard Agreement

#09-STBG-6422

IDIS cdbg 15

Indicate the census tract of origin NA

Indicate the City NA

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated NA

Indicate the City NA

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. NA

Indicate the City 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 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:

The "Passion For Produce Program" provides 20-pound bags of fruits and vegetables to TAG

eligible populations across Santa Cruz County. In addition, the Second Harvest Food Bank, through

the grant, is offering educational classes to the same population to promote healthy eating.

**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:

The Second Harvest Food Bank

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.*

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

The Second Harvest Food Bank is offering the "Passion For Produce  
Program" throughout the entire unincorporated area of Santa Cruz County.

---

Percent of Deteriorated Buildings/Qualified Properties: NA %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition  
NA

---

---

Slum/Blight Designation Year NA

**Grantee Performance Report**  
**Report Period (FY)** 2010/11

**Standard Agreement #**  
#10-STBG-6737

**Please Check One**  
 Annual GPR   
 Final GPR

Jurisdiction Name: County of Santa Cruz

Name of Contact: Carlos Landaverry  
 Address of Contact: 701 Ocean St. 4th Floor  
Santa Cruz, CA 95060

Telephone Number: 831-454-2523 E-Mail Address: [carlos.landaverry@co](mailto:carlos.landaverry@co)

**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 checked="" 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 checked="" 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	In Support of Housing (LMH)	
(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 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	

**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 \_\_\_\_\_

Printed Name & Title Carlos Landaverry, Planner

Date 7/29/2011

6/10/2008

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and consists of one of 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"/> Public Facilities & Improvements (03)* | <input type="checkbox"/> Street Improvements (03K)*      |
| <input type="checkbox"/> Solid Waste Disposal (03H)*                       | <input type="checkbox"/> Sidewalk Improvements (03L)*    |
| <input type="checkbox"/> Flood Drainage Improvement (03I)*                 | <input type="checkbox"/> Planting                        |
| <input type="checkbox"/> Water/Sewer Improvements (03J)*                   | <input type="checkbox"/> Privately Owned Utilities (11)* |

*Report only activities that include housing. Activities with an asterisk ( \* ) may also report under a different National Objective under Public Facilities and Improvements page 6.*

**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  | Indicate the number of remediated acres: _____ <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 checked="" type="checkbox"/>                                     |
| k. Rental Housing.  | <input checked="" 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**

IDIS cdbg 5

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 0 Loans 0
3. Indicate the total number of grants and/or loans provided to date (entire contract term):  
 Grants 0 Loans 0
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:                        | <u>NA</u>            | <u>NA</u>               | <u>NA</u>            |
| b. Deferred Payment/<br>Forgiveness Loan: | <u>NA</u>            | <u>NA</u>               | <u>NA</u>            |

**DIRECT BENEFIT**

IDIS cdbg 8

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):	0	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):	0	0	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Number of Female Head of Households 0

**INCOME LEVELS**

IDIS cdbg 13

Number of households benefiting based on Income:

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

**PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF HOUSING**

IDIS cdbg 17B

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

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

**MULTI-UNIT HOUSING**

IDIS cdbg 14

<b>THIS REPORTING PERIOD</b>	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	0	0	0
Number of Units Expected at Completion:	0	0	0
<b>FOR TOTAL GRANT TERM</b>	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	0	0	0

**Replacement Housing**

If multiple locations, please duplicate and make additional forms as necessary.  
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted 0  
Address NA

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit NA  
Two Bedroom Units NA  
Three Bedroom Units NA  
Four Bedroom Units NA  
5+ Five or more Bedroom Units NA

Grant or Loan Agreement Executed Date: \_\_\_\_\_

Demolition or Conversion Agreement Date: \_\_\_\_\_

Replacement 0  
Address NA

Number of bedroom units

0/1 Zero or One bedroom unit NA  
Two Bedroom Units NA  
Three Bedroom Units NA  
Four Bedroom Units NA  
5+ Five or more Bedroom Units NA

Date units will be available: \_\_\_\_\_

Date of any exception agreement: \_\_\_\_\_

**Grantee Performance Report**  
*Appendix B - Displacement*

Report Period  
2010/11

Standard Agreement  
#10-STBG-6737

IDIS cdbg 15

Indicate the census tract of origin NA  
 Indicate the City \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated NA  
 Indicate the City \_\_\_\_\_

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. \_\_\_\_\_  
 Indicate the City \_\_\_\_\_

**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 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:

Minto Place Apartments will construct 88 rental units that will benefit 46 low-income households.

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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.*

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

---

---

---

Percent of Deteriorated Buildings/Qualified Properties: \_\_\_\_\_ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

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Slum/Blight Designation Year \_\_\_\_\_

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), Urgent Need (URG). 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"/> Public Services - General (05) | <input type="checkbox"/> Crime Awareness (05I)                | <input type="checkbox"/> Housing Counseling (05U)    |
| <input type="checkbox"/> Senior Services (05A)                     | <input type="checkbox"/> Fair Housing Activities (05J)        | <input type="checkbox"/> Interim Assistance (06)     |
| <input type="checkbox"/> Handicapped Services (05B)                | <input type="checkbox"/> Tenant/Landlord Counseling (05K)     | <input type="checkbox"/> Relocation (08)*            |
| <input type="checkbox"/> Legal Services (05C)                      | <input type="checkbox"/> Child Care Services (05L)            | <input type="checkbox"/> Loss of Rental Income (09)* |
| <input type="checkbox"/> Youth Services (05D)                      | <input type="checkbox"/> Health Services (05M)                | <input type="checkbox"/> Code Enforcement (15)       |
| <input type="checkbox"/> Transportation Services (05E)             | <input type="checkbox"/> Abused & Neglected Children (05N)    |  |
| <input type="checkbox"/> Substance Abuse Services (05F)            | <input type="checkbox"/> Mental Health Services (05O)         |  |
| <input type="checkbox"/> Battered and Abused Spouses (05G)         | <input type="checkbox"/> Screening Lead Paint & Hazards (05P) |  |
| <input type="checkbox"/> Employment Training (05H)                 | <input type="checkbox"/> Subsistence Payments (05Q)           |  |

\* For LMH activities, report on Housing Services page.

**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  | Indicate the number of remediated acres: _____ <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

Women

Other (Specify) \_\_\_\_\_ 0

Value of Contract

\_\_\_\_\_  
\$0

\_\_\_\_\_  
\$0

\_\_\_\_\_  
\$0







**Grantee Performance Report**

Appendix B - Displacement

Report Period

2010/11

Standard Agreement

#10-STBG-6737

IDIS cdbg 15

Indicate the census tract of origin NA

Indicate the City NA

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated NA

Indicate the City NA

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. NA

Indicate the City 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 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:

Dientes just got documents approved by State officials and we anticipate program will start in the  
next couple of months.

**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:

Dientes Community Dental Care

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.*

Provide a description of the boundaries of the designated area  
(Not the census tract/block data required for LMA)

Boundaries:

Dientes Commuty Dental Care provides dental services  
throughout the unincorporated areas of Santa Cruz County.

Percent of Deteriorated Buildings/Qualified Properties: NA %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition  
NA

Slum/Blight Designation Year NA