

Grantee Performance Report*Housing Rehabilitation*Report Period
2011-
2012Standard 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.

- | | |
|---|---|
| <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. The activity is designed to generate program income | <input checked="" 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="text"/> |
| 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"/> |
| o. How many Veterans (if any) are being assisted by this program or project? | <input type="text"/> |

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) _____

Value of Contract
<u>\$0</u>
<u>\$0</u>
<u>\$0</u>

TYPE OF ASSISTANCE

IDIS cdbg 5

- What type of financing was provided to the beneficiaries: Grants ☐ Loans ☒
No loans or grants ☐
- Indicate the number of grants and/or loans provided this Report Period:
Grants _____ Loans 0
- Indicate the total number of grants and/or loans provided to date (entire contract term):
Grants _____ Loans 33
- 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/ 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 & Bck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	0	0	0	0
TOTALS	0	0	0	0

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
Totals	0	0	33

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

THIS REPORTING PERIOD	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>
FOR TOTAL GRANT TERM	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.

iDIS cdbg 16

Indicate the address of the units to be demolished-converted:

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

IDIS cdbg 15

Indicate the census tract of origin _____

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 _____

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 _____

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:

- ☐ Abused Children
- ☐ Battered Spouses
- ☐ Severely Disabled Adults (Per Census Definition)
- ☐ Illiterate Adults
- ☐ Persons with Aids
- ☐ Homeless Persons
- ☐ Migrant Farm workers
- ☐ Elderly Persons

- Extreme Low Income
- Low Income
- Low Income
- Low Income
- Low Income
- Extreme Low Income
- Low Income

Use Moderate Income if at a center with services,
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:

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.

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:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

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

Slum/Blight Designation Year _____

Grantee Performance Report
Public Facilities and Improvements

Report Period
2011/12

Standard Agreement
#09-STBG-6422

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) | |
|
 | | |
| <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 | 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) _____

Value of Contract

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 _____

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:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

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
TOTALS	0	0

Number of Female Head of Households Unknown**INCOME LEVELS**

IDIS cdbg 13

Number of persons benefiting based on income:

Data based on pre project survey.

	Persons	Total all years
Extremely Low (<30%)	62	62
Low (31%-50%)	51	51
Moderate (51%-80%)	96	96
Non-Low/Moderate Income (+80%)	2	2
Totals	211	211

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: | <u>211</u> |
| b. Now have new access to this public facility (community facility) or public improvement (public works): | <u>0</u> |
| c. Now have improved access to this type of public facility (community facility) or public improvement (public works): | <u>0</u> |
| d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: | <u>211</u> |
| 2. a. What number of homeless persons were given overnight shelter: | <u>N/A</u> |
| b. Indicate the number of beds created in overnight shelter or other emergency housing: | <u>N/A</u> |

Grantee Performance Report
Appendix A - One for One Replacement

Report Period
2011/12

Standard Agreement
#09-STBG-6422

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
 2011/12

Standard Agreement
 #09-STBG-6422

IDIS cdbg 15

Indicate the census tract of origin
 Indicate the City

NA
 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
 Indicate the City

NA
 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.
 Indicate the City

NA
 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,
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

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.

Grantee Performance Report
Appendix E - Slum & Blight Area

Report Period
2011/12

Standard Agreement
#09-STBG-6422

IDIS cdbg 12

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

Boundaries:

This project was 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 _____

Grantee Performance Report
Public Service

Report Period
2011/12

Standard Agreement
#10-STBG-6737

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 checked="" 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) _____

Value of Contract

N/A

N/A

N/A

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 _____
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: | NA | NA | NA |
| b. Deferred Payment/
Forgiveness Loan: | NA | NA | NA |

DIRECT BENEFIT

IDIS cdbg 8

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):	210	185
Black/African American (12):	6	0
Asian (13):	8	0
American Indian/Alaskan Native (14):	3	0
Native Hawaiian/Other Pacific Isl. (15):	1	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	8	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	26	0
TOTALS	262	185

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%)	447	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	0	0
Totals	447	0

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: 447
 - b. Now have new access to this type of service or benefit: 140
 - c. Now have improved access to this type of service or benefit: 307
 - d. Now receive a service or benefit that is no longer substandard: 0
2. a. What number of homeless persons were given overnight shelter: N/A
 - b. Indicate the number of beds created in overnight shelter or other emergency housing: N/A

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 A - One for One Replacement

Report Period
2011/12

Standard Agreement
#10-STBG-6737

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 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:
NA

Date of any exception agreement:
NA

Grantee Performance Report
Appendix B - Displacement

Report Period
2011/12

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 & 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,
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:

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.

Grantee Performance Report
Appendix E - Slum & Blight Area

Report Period
2011/12

Standard Agreement
#10-STBG-6737

IDIS cdbg 12

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: NA %

Public Improvement/Type Condition:

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

Slum/Blight Designation Year NA