

Grantee Performance Report
Report Period (FY)

2014-15

Standard Agreement #

12-CDBG-8411

Please Check One

Annual GPR ☐

Final GPR ☒

Jurisdiction Name: County of Santa Cruz

Name of Contact: Julie Conway

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**FOR 2012 REPORTS- VERY
IMPORTANT - IGNORE POP-
UP MESSAGES ABOUT FORM
COMPATABILITY. CLICK
"CONTINUE"**

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E-Mail Address: pln168@santacruzco

SUMMARY OF ACTIVITIES

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

In Support
of Housing
(LMH)

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

(05E) Transportation Services	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	
(05H) Employment Training	<input type="checkbox"/>	Page 7	
(05I) Crime Awareness	<input type="checkbox"/>	Page 7	
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7	
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7	
(05L) Child Care Services	<input type="checkbox"/>	Page 7	
(05M) Health Services	<input type="checkbox"/>	Page 7	
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7	
(05O) Mental Health Services	<input type="checkbox"/>	Page 7	
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7	
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7	
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2	
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5	
(05T) Security Deposits	<input type="checkbox"/>	Page 5	
(05U) Housing Counseling	<input type="checkbox"/>	Page 7	
(06) Interim Assistance	<input type="checkbox"/>	Page 7	
(08) Relocation*	<input type="checkbox"/>	Page 7	
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	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"/>	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 Julie Conway, Housing Manager

Date _____

6/10/2008