

ANNUAL PERFORMANCE REPORT
CDBG-CV CARES Projects All Activities

I. PROJECT INFORMATION *(See Page 1 of the APR instructions)*

RECIPIENT NAME	IDIS Project # (OCR use only)				
CDBG PROJECT #	No accomplishments to date				
REPORT PERIOD	TO	REPORT #		FINAL	

II. PROJECT STATUS NARRATIVE

- A. **Please refer to instructions for activity specific questions** and provide a summary of the current status including significant accomplishments and milestones of each activity funded **during this reporting period only**:
Reports **will be rejected** that do not provide an adequate description of project status:

B. Provide a detailed description of any problems that are impeding the progress and/or schedule of the project and the efforts taken to resolve the problems.

C. For Recipients submitting their Final Performance Report, if the project will not meet the accomplishments as proposed in the application, provide an explanation as to why these accomplishments will not be met.

D. For all NYS CDBG funded projects, and that are utilizing professional services of a consultant or that have entered into a Subrecipient Agreement, has the Consultant and/or Subrecipient been monitored?

The City/Town/Village/County of _____ is not utilizing consultant services or a subrecipient.

The City/Town/Village/County of _____ has monitored the consultant or subrecipient on _____

The City/Town/Village/County of _____ has not monitored the consultant or subrecipient at this time, monitoring is scheduled on _____

Monitoring records of consultants and subrecipients must be made available to OCR upon request.

E. For all NYS CDBG funded projects awarded on or after December 1, 2019, has the Program Administrative Plan been submitted to OCR?

YES If yes, date of submission

NO If no, anticipated date of submission

(Please note, all projects regardless of prior funding date are encouraged to prepare and submit an administrative plan)

F. All NYS CDBG funded projects are required to conduct a second (performance) public hearing is required.

Based on Exhibit 8-2 in the OCR Grant Administration Manual, has the project met the required threshold for holding the second hearing? **When at least 65% of NYS CDBG funds have been expended.*

YES If yes, date of public hearing

NO If no, anticipated date of public hearing, if known

III. Project Team Update *(See Page 2-3 of the APR instructions)*

1. Municipal Information

Name		Co/Ci/T/V			
Address		County			
C/T/V		State	NY	ZIP + 4	
Phone		Fax			
Email					
Website					
EIN		UEI			
CDBG #		FY End			

2. Chief Elected Official *(If term is ending, please provide new contact information)*

Current		Title			
	Term Effective Date	Term End Date			
New		Title			
	Term Effective Date	Term End Date			
C/T/V		State	NY	ZIP + 4	
Phone		Fax			
Email					

3. Local Grant Contact *(Must be a municipal employee other than CEO)*

Name		Title			
Phone		Fax			
Email					

4. County/City/Town/Village Clerk

Name		Title			
Phone		Fax			
Email					

5. Municipal Treasurer or Chief Financial Officer

Name		Title			
Phone		Fax			
Email					

6. Attorney

Name		Title			
Firm		Municipal Employee	Yes	No	
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

7. Fair Housing Officer *Required for every CDBG award/project*

Name		Title			
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

8. Section 3 Coordinator *Required for any CDBG award that funds a project with more than \$200,000 in NYS CDBG funds*

Name		Title			
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

9. Subrecipient**Are activities to be undertaken by a Subrecipient?****Yes No To be selected (If yes, complete this section)**

Name of Subrecipient					
Contact Person				Title	
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					

10. Labor Standards Compliance Officer**Will any CDBG activity be subject to Davis-Bacon Prevailing Wages?****Yes No (If yes, complete this section)**

Name			Title		
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					
	General Decision Number				
	Bid opening date				

11. Consultant**Has the Recipient retained the services of a consultant for all or part of any CDBG activity?****Yes No To be selected (If yes, complete this section.)**

Name of Firm					
Contact Person				Title	
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					

12. Engineer**Will the Recipient retain the services of an Engineer for all or part of any CDBG activity?****Yes No To be selected (If yes, complete this section) Municipal Employee**

Name of Firm					
Contact Person				Title	
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					

13. Lead Based Paint Risk Assessor**Will any CDBG activity be subject to Lead Based Paint Regulations at 24CFR Part 35 and/or 40CFR Part 745?****Yes No To be selected (If yes, complete this section)**

Name of Firm					
Contact Person				Title	
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					

14. Senate - Assembly - Congressional Update

Senate

Assembly

Congressional

IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS - HOUSING

(SEE PAGE 4-8 OF THE APR INSTRUCTIONS)

PAGE 1 OF 2**A. SINGLE FAMILY HOUSING REHABILITATION ACTIVITIES**NO SINGLE UNIT REHABILITATION ☐

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

IDIS Activity Number (OCR Use Only)		Activity Name	
OWNER OCCUPIED UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY	
COMPLETED UNITS OCCUPIED BY LMI			
PERSONS BENEFITING			
LMI PERSONS BENEFITING			
UNITS OCCUPIED BY THE ELDERLY			
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)			
LEED CERTIFIED ENERGY STAR UNITS			
UNITS MADE ACCESSIBLE			
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978			
# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)			
# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)			
# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)			
			(*this total must match 1-5)
RENTAL UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY	
LMI UNITS COMPLETED			
PERSONS BENEFITING			
LMI PERSONS BENEFITING			
AFFORDABLE UNITS			
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)			
LEED CERTIFIED ENERGY STAR UNITS			
SECTION 504 ACCESSIBLE UNITS			
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978			
# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)			
# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)			
# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)			
			(*this total must match 1-5)
UNITS CREATED THROUGH CONVERSION OF NON-RESIDENTIAL BUILDINGS			
OF THE AFFORDABLE UNITS, THE NUMBER OF:			
UNITS OCCUPIED BY THE ELDERLY		FOR THIS REPORTING PERIOD ONLY	
YEARS OF AFFORDABILITY			
UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM			
OF THE TOTAL RENTAL UNITS, THE NUMBER OF:			
PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD ONLY	
OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:			
SPECIFICALLY, FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY	

IDIS Activity Number (OCR Use Only)		Activity Name		
RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS				

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

B. MANUFACTURED AND MOBILE HOUSING REPLACEMENT ACTIVITIESNO MMHRR ☐*One form must be submitted for each activity funded except Program Delivery and Grant Administration.*

IDIS Activity Number (OCR Use Only)		Activity Name	
OWNER OCCUPIED UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
	COMPLETED UNITS OCCUPIED BY LMI		
	PERSONS BENEFITING		
	LMI PERSONS BENEFITING		
	UNITS OCCUPIED BY THE ELDERLY		
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
	LEED CERTIFIED ENERGY STAR UNITS		
	UNITS MADE ACCESSIBLE		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978		
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)		

(*this total must match 1-5)

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS				

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

C. MULTI-FAMILY 2 – 3 UNIT HOUSING REHABILITATION ACTIVITIES No MULTI-UNIT REHABILITATION ACTIVITIES ☐

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

Note: Each multi-family (2-3 units) rehabilitation must be reported on separate forms.

IDIS Activity Number (OCR Use Only)		Activity Name	
OWNER OCCUPIED UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY	
COMPLETED UNITS OCCUPIED BY LMI			
PERSONS BENEFITING			
LMI PERSONS BENEFITING			
UNITS OCCUPIED BY THE ELDERLY			
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)			
LEED CERTIFIED ENERGY STAR UNITS			
UNITS MADE ACCESSIBLE			
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978			
# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)			
# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)			
# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)			
			(*this total must match 1-5)
RENTAL UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY	
LMI UNITS COMPLETED			
PERSONS BENEFITING			
LMI PERSONS BENEFITING			
AFFORDABLE UNITS			
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)			
LEED CERTIFIED ENERGY STAR UNITS			
SECTION 504 ACCESSIBLE UNITS			
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*			
# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978			
# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)			
# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)			
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)			
# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)			
			(this total must match 1-5)
OF THE AFFORDABLE UNITS, THE NUMBER OF:			
UNITS OCCUPIED BY THE ELDERLY		FOR THIS REPORTING PERIOD ONLY	
YEARS OF AFFORDABILITY			
UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM			
OF THE TOTAL RENTAL UNITS, THE NUMBER OF:			
PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD ONLY	
OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:			
SPECIFICALLY, FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY	

IDIS Activity Number (OCR Use Only)		Activity Name		
RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS				

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

D. MULTI-FAMILY 4 OR MORE UNIT HOUSING REHABILITATION ACTIVITIES**NO MULTI-UNIT REHABILITATION ACTIVITIES**

NOTE: EACH MULTI-FAMILY (4 OR MORE UNITS IN A SINGLE BUILDING) MUST BE REPORTED ON SEPARATE FORMS.

IDIS Activity Number (OCR Use Only)		Activity Name	
OWNER OCCUPIED UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
	COMPLETED UNITS OCCUPIED BY LMI		
	PERSONS BENEFITING		
	LMI PERSONS BENEFITING		
	UNITS OCCUPIED BY THE ELDERLY		
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
	LEED CERTIFIED ENERGY STAR UNITS		
	UNITS MADE ACCESSIBLE		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978		
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)		
(*this total must match 1-5)			

RENTAL UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
	LMI UNITS COMPLETED		
	PERSONS BENEFITING		
	LMI PERSONS BENEFITING		
	AFFORDABLE UNITS		
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
	LEED CERTIFIED ENERGY STAR UNITS		
	SECTION 504 ACCESSIBLE UNITS		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978		
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)		
(*this total must match 1-5)			
	UNITS CREATED THROUGH CONVERSION OF NON-RESIDENTIAL BUILDINGS		
OF THE AFFORDABLE UNITS, THE NUMBER OF:			
	UNITS OCCUPIED BY THE ELDERLY		FOR THIS REPORTING PERIOD ONLY
	YEARS OF AFFORDABILITY		
	UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM		
OF THE TOTAL RENTAL UNITS, THE NUMBER OF:			
	PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD
OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:			
	SPECIFICALLY, FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY

MULTI-FAMILY 4 OR MORE UNIT HOUSING REHABILITATION ACTIVITIES

PAGE 2 OF 2

IDIS Activity Number (OCR Use Only)		Activity Name		
RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS				

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

E. HOMEOWNERSHIP ACTIVITIES (See pages 8-9 of APR Instructions)

PAGE 1 OF 1

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

IDIS Activity Number (OCR Use Only)		Activity Name	
HOMEOWNERSHIP ASSISTANCE (FOR THIS REPORTING PERIOD ONLY)			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			HOUSEHOLDS
RECEIVING HOMEBUYER ASSISTANCE			
OF THE NUMBER RECEIVING ASSISTANCE, THE NUMBER:			
QUALIFIED AS LOW-AND MODERATE-INCOME			
RECEIVING COUNSELING			
RECEIVING DOWN PAYMENT/CLOSING COST ASSISTANCE			
WHO ARE FIRST TIME BUYERS			
OF THE NUMBER OF FIRST TIME BUYERS, THE NUMBER:			
RECEIVING COUNSELING			

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	HOUSEHOLDS	
	RACIAL GROUP	HISPANIC*
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)	
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	
	OWNERS
0 - 30 % (VERY LOW-INCOME)	
31 - 50 % (LOW-INCOME)	
51-80 % (MODERATE INCOME)	
81% AND ABOVE	
TOTALS	
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS
ELDERLY	
FEMALE HEAD OF HOUSEHOLD	
DISABLED	

V. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS - PUBLIC FACILITIES, INFRASTRUCTURE, AND SERVICES

A. PUBLIC INFRASTRUCTURE/FACILITIES/SERVICES ACTIVITIES (See pages 9-10) of the APR Instructions)

Complete this section for public facilities (i.e. senior centers), public infrastructure projects (i.e.. public water/sewer), streetscape improvements, and public service activities. One form must be submitted for each activity funded except Program Delivery and Grant Administration.

Did the public infrastructure activity include lateral connection assistance?	YES		NO	
If YES, please complete pages 6 – 7 of the APR, if NO, proceed to Part V. Program Income				

PUBLIC INFRASTRUCTURE/FACILITY/SERVICES (FOR THIS REPORTING PERIOD ONLY)			
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:			
IDIS Activity Number (OCR Use Only)		Activity Name	
WITH NEW ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT			
WITH IMPROVED ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT			
SERVED BY FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT THAT IS NO LONGER SUBSTANDARD			

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	PERSONS	
	RACIAL GROUP	HISPANIC*
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)	
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	PERSONS
0 - 30 % (VERY LOW-INCOME)	
31 - 50 % (LOW-INCOME)	
51-80 % (MODERATE INCOME)	
81% AND ABOVE	
TOTALS	
OF THE TOTAL BENEFITING, THE NUMBER OF:	PERSONS
ELDERLY	
FEMALE HEAD OF HOUSEHOLD	
DISABLED	

VI. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS - ECONOMIC DEVELOPMENT (See pages 10 -16 of APR Instructions)

A. LMJ NATIONAL OBJECTIVE – ECONOMIC DEVELOPMENT AND MICROENTERPRISE ACTIVITIES

One form must be submitted for each activity/business funded except Program Delivery and Grant Administration.

Activity Number: _____ Activity Name: _____ Page 1 of 2
(OCR Use Only)

JOB CREATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS MADE AVAILABLE TO LMI		
FULL TIME JOBS TAKEN BY LMI PERSONS		
PART TIME JOBS		
PART TIME JOBS MADE AVAILABLE		
PART TIME JOBS TAKEN BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL JOBS TAKEN BY PREVIOUSLY UNEMPLOYED PERSONS		
TOTAL PART-TIME HOURS # OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK		For OFFICE USE ONLY
TOTAL FTE JOBS CREATED		For OFFICE USE ONLY
JOB RETENTION (ED & SB PROJECTS ONLY)		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS HELD BY LMI		
PART TIME JOBS		
PART TIME JOBS HELD BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART-TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL PART-TIME HOURS # OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK		For OFFICE USE ONLY
TOTAL FTE JOBS RETAINED		For OFFICE USE ONLY

JOB CLASSIFICATIONS (FOR REPORTING PERIOD ONLY)		
PROVIDE THE TOTAL NUMBER OF JOBS CREATED AND RETAINED FOR EACH	CREATED	RETAINED
OFFICIALS AND MANAGERS		
PROFESSIONAL		
TECHNICIANS		
SALES		
OFFICE AND CLERICAL		
CRAFT WORKERS (SKILLED)		
OPERATIVES (SEMI-SKILLED)		
LABORERS (UNSKILLED)		
SERVICE WORKERS		

Complete the Racial/Ethnic Composition and Income Data for the persons filling the jobs created or retained. Do not include business information.

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	CREATED	RETAINED
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

A. LMJ NATIONAL OBJECTIVE – ECONOMIC DEVELOPMENT AND MICROENTERPRISE ACTIVITIES

PAGE 2 OF 2

BENEFICIARY INCOME DATA		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	PERSONS	
0 - 30% (VERY LOW-INCOME)		FOR THIS REPORTING PERIOD ONLY
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	PERSONS	
ELDERLY		FOR THIS REPORTING PERIOD ONLY
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

Complete the following for any microenterprise training activities

MICROENTERPRISE ASSISTANCE – TRAINING ACTIVITIES		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
PERSONS THAT COMPLETED THE TRAINING PROGRAM		FOR THIS REPORTING PERIOD ONLY

For each business receiving assistance, complete the following information.

BUSINESS INFORMATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
BUSINESSES ASSISTED		FOR THIS REPORTING PERIOD ONLY
OF THE TOTAL NUMBER OF BUSINESSES ASSISTED, THE TOTAL NUMBER OF:		
NEW BUSINESSES ASSISTED		FOR THIS REPORTING PERIOD ONLY
EXISTING BUSINESSES ASSISTED		
BUSINESSES ASSISTED WITH COMMERCIAL FAÇADE TREATMENT AND/OR REHAB		
BUSINESSES ASSISTED THAT PROVIDE GOODS OR SERVICES TO MEET THE NEEDS OF A SERVICE AREA, NEIGHBORHOOD, OR COMMUNITY		
OF THE TOTAL NUMBER OF EXISTING BUSINESSES, THE TOTAL NUMBER OF:		
EXPANDED BUSINESSES		FOR THIS REPORTING PERIOD ONLY
RELOCATED BUSINESSES		

NAME OF BUSINESS ASSISTED	DUNS/UEI # FOR BUSINESS ASSISTED

B. LMC/MC NATIONAL OBJECTIVE –MICROENTERPRISE ACTIVITIES

PAGE 1 OF 2

(See pages 16-18 of the APR Instructions)

ALL PERSONS OR BUSINESSES ASSISTED UNDER THE LMC/MC NATIONAL OBJECTIVE **MUST** BE LOW- AND MODERATE-INCOME (LMI)
One form must be submitted for each activity/business funded except Program Delivery and Grant Administration.

Activity Number: (OCR Use Only)**Activity Name:****LOW- AND MODERATE-INCOME MICROENTERPRISE ASSISTANCE**

TRAINING/TECHNICAL ASSISTANCE ACTIVITIES		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
PERSONS THAT ENROLLED IN TRAINING PROGRAM		FOR THIS REPORTING PERIOD ONLY
PERSONS THAT COMPLETED TRAINING PROGRAM		
PERSONS RECEIVING TECHNICAL ASSISTANCE & BUSINESS SUPPORT (IN ADDITION TO TRAINING PROGRAM, IF APPLICABLE)		

BUSINESS INFORMATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
MICROENTERPRISES RECEIVING CDBG ASSISTANCE		FOR THIS REPORTING PERIOD ONLY
OF THE TOTAL NUMBER OF MICROENTERPRISES ASSISTED, THE TOTAL NUMBER OF:		
NEW MICROENTERPRISES ASSISTED		FOR THIS REPORTING PERIOD ONLY
EXISTING MICROENTERPRISES ASSISTED		
MICROENTERPRISES ASSISTED WITH COMMERCIAL FAÇADE TREATMENT AND/OR REHAB		
MICROENTERPRISES ASSISTED THAT PROVIDE GOODS OR SERVICES TO MEET THE NEEDS OF A SERVICE AREA, NEIGHBORHOOD, OR COMMUNITY		
OF THE TOTAL NUMBER OF EXISTING MICROENTERPRISES, THE TOTAL NUMBER OF:		
EXPANDED MICROENTERPRISES		FOR THIS REPORTING PERIOD ONLY
RELOCATED MICROENTERPRISES		

Complete the Racial/Ethnic Composition and Income Data for the LMI persons receiving technical assistance and/or training for the LMI business owners. If there are two activities for LMC/MC, two separate forms must be submitted.

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	PERSONS	
	RACIAL GROUP	*HISPANIC
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS		

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	PERSONS	
0 - 30% (VERY LOW-INCOME)		FOR THIS REPORTING PERIOD ONLY
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS		
OF THE TOTAL BENEFITING, THE NUMBER OF:	PERSONS	
ELDERLY		FOR THIS REPORTING PERIOD ONLY
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

B. LMC/MC NATIONAL OBJECTIVE – MICROENTERPRISE ACTIVITIES**PAGE 2 OF 2**

NAMES OF BUSINESS ASSISTED	DUNS/UEI# FOR BUSINESS ASSISTED

Fair and Equitable Housing Office

hcr.ny.gov/fair-housing

E-mail: FEHO@hcr.ny.gov

V. Affirmatively Furthering Fair Housing (see page of the APR instructions)

Recipients of federal funds have a duty to affirmatively further fair housing (AFFH) pursuant to the Fair Housing Act. New York State will monitor the efforts of local government grantees to satisfy and certify their own duty to AFFH. In general, activities that AFFH should promote non-discrimination and ensure fair and equal access to housing opportunities for all. The Grant Administration Manual, Chapter 5 Section VII(E), provides additional information regarding fair housing obligations. To ensure compliance with the AFFH requirements the Recipient is required to:

- a. Display fair housing posters and distribute fair housing materials prepared by New York State, the municipality, US Department of Housing and Urban Development (HUD), or fair housing organizations to community residents, landlords, real estate professionals and lenders;
- b. Pass a fair housing resolution that demonstrates a "good faith effort" in complying with fair housing requirements. The fair housing resolution adopted by the Recipient must also be publicized and promoted within the community; and
- c. Designate a fair housing officer who is familiar with the fair housing regulation, have him or her trained on their duties and responsibilities as a fair housing officer, and, through means reasonably calculated to reach the community, publicize the existence of the fair housing officer as the primary point of contact for all fair housing related issues.

The Recipient shall carry out the AFFH actions within one (1) year of the award of funds and provide to HCR's Office of Community Renewal proof of the activities undertaken as a record of the municipality's activities to satisfy its AFFH requirements.

In addition to the abovementioned required activities, the Recipient's AFFH Checklist should identify which of the below activities will also be undertaken. The below checklist does not include every fair housing activity that a municipality could, or should undertake. It is however a good starting point of increasing community awareness, ensuring that clear procedures exist for addressing fair housing complaints, expanding the types of housing choice within the municipality, and generally providing all people with the opportunity to live in a community of their choice without discrimination.

Questions related to fair housing obligations and/or the AFFH Checklist must be addressed to HCR's Fair and Equitable Housing Office at (518) 473-3089 or FEHO@hcr.ny.gov.

Recipients must be prepared to begin reporting on efforts to Affirmatively Further Fair Housing on an annual basis. Reporting will occur on an annual basis through the OCR Annual Performance Report (APR) that is due in January of every year or when submitting a FINAL APR.

AFFH Checklist of Actions that may Affirmatively Further Fair Housing:

I. Encourage community input on fair housing matters

1. Hold an annual public meeting on fair housing. Provide to HCR an agenda, meeting notes, and reports concerning the steps that will be taken to address fair housing issues raised at these meetings. Include list of attendees/sign-in sheet, location and date.

II. Ensure public policy affirmatively furthers fair housing

1. Sponsor, or work with a community development/planning organization, rural/neighborhood preservation, or fair housing organization to conduct a survey to assess the community's housing needs, including barriers to fair housing choice.
2. Survey special housing needs of minorities and women to determine possible effects of discrimination.

III. Promote fair housing education

1. Elected officials, municipality staff in charge of planning, zoning, building, housing, community and economic development, and their third-party consultants attend a fair housing training program.
2. Expert provides a fair housing education and training program for real estate professionals, including developers, sales and rental agents, lenders, and property managers.
3. Conduct a meeting with financial institutions that serve the community to discuss the importance of providing financial assistance for housing in all geographic areas and to all residents in the community.

Please identify the Fair Housing Officer: _____

Was the Fair Housing Officer appointed by resolution? Yes ___ No ___

If yes, what was the date of the resolution? _____

Has a Fair Housing Plan been adopted? Yes ___ No ____ . If yes, please attach a copy.

Provide a description of actions being undertaken to Affirmatively Further Fair Housing:



SECTION 3 REQUIREMENTS

<https://hcr.ny.gov/section-3-compliance>

E-mail: Section3MWBE@hcr.ny.gov

Date of NYS CDBG Grant Agreement

(contact OCR for confirmation)

Recipients that received CDBG funding on or after **July 1, 2021** and subject to Section 3 Reporting, must complete the following as part of this APR:

1. Report all Section 3 activity using this **ELECTRONIC Consolidated Section 3 Awardee Reporting Form**. This form is used to consolidate **ALL** labor hours and Section 3 worker hours performed by you and reported to you by your GC and subs; AND
2. Complete the following Summary Table:

Summary of Section 3 Activity since the beginning of the Project	
Total labor hours on the project by recipient, subrecipient, contractors and subcontractors	
Section 3 worker hours (Goal: 25% of total labor hours worked by Section 3 workers)	
Targeted Section 3 worker hours (Goal: 5% of total labor hours worked by Targeted Section 3 Workers)	

Recipients that were awarded NYS CDBG funding on or before **June 30, 2021** and are subject to Section 3 requirements, use the Section 3 Reporting form contained within this APR.

3. **FOR FINAL APRs ONLY:** Complete the following if your project **DID NOT MEET** the Section 3 goals outlined above. Select "greatest extent feasible efforts" carried out. Please note: Supporting documentation should be provided, if not previously submitted, to: Section3MWBE@hcr.ny.gov.

Please check off the "greatest extent feasible efforts" made to meet Section 3 requirements:	FOR OFFICE USE ONLY (Options in IDIS)
All job descriptions and job postings for work to be done on the Project by Company were posted on the New York State Job Bank	Outreach efforts to generate job applicants who are Public Housing Targeted Workers
Contacted the closest YouthBuild organization(s) with job availabilities for the Project.	Outreach efforts to generate job applicants who are Other Funding Targeted Workers
Contacted local Public Housing Authorities and/or Section 8 programs located in project area to post work opportunities on community bulletin boards and newsletters	
Advertised job and training opportunities in local community papers, local media and job boards specifying Section 3 prioritization for low-income individuals.	
Advertised job and training opportunities on social media specifying Section 3 applicability and tagging local organizations, agencies and elected officials within the Project area.	
Contacted various local community organizations and public or private agencies that serve low-income individuals regarding job and training opportunities (e.g. faith-based organizations, community centers, workforce development agencies, probations/parole agencies, job placement agencies, organizations that serve adult special needs population, homeless shelters, etc) and provided them with job postings.	

Entered into "first-source" or other referral arrangements with agencies and organizations that serve and/or train low-income individuals.	
Distributed flyers on job and training opportunities to residents of affordable/public/subsidized housing developments in or near the project.	
Contacted resident councils, management companies or other resident organizations of affordable/public/subsidized housing developments in or near the project to notify them of job and training opportunities and seek their help in distributing.	
Advertised job and training opportunities by posting in lobbies, doorways and common areas in affordable/public/subsidized housing developments in or near project area.	
Received applications and/or conducted interviews in affordable/public/subsidized housing developments in or near project area.	
Reached out to local elected officials and community boards with available job and training opportunities to seek their help in distributing job postings.	
Provided direct on-the-job training (such as apprenticeships) for low-income individuals.	Direct, on-the job training (including apprenticeships)
Provided indirect training opportunities for low-income workers, such as arranging for, contracting for or paying tuition for off-site training for low-income workers.	Indirect training such as arranging for, contracting for, or paying tuition for, off-site training
Provided technical assistance to help Section 3 workers compete for jobs (e.g., resume assistance, coaching).	Technical assistance to help Section 3 workers compete for jobs (e.g. resume assistance, coaching)
Advertised contracting opportunities specifying a Section 3 preference via trade association papers & websites, social media, newspaper, mailing, and/or posting notices that provide general information about the work to be contracted and where to obtain additional information.	
Contracting opportunities for work to be done on the Project by Company were posted on the New York State Contract Reporter.	
Established relationships with the United States Small Business Administration (SBA), Community Development Corporations, and other sources as necessary to assist with educating and mentoring residents with a desire to start their own businesses.	
Contacted local trade associations, unions, public housing authorities or Chambers of Commerce near project in an effort to identify Section 3 Businesses, and had these organizations inform their residents/members of contracting opportunities.	
Provided technical assistance to help Section 3 businesses understand and bid on contracts.	Technical assistance to help Section 3 business concerns understand and bid on contracts
Divided contracts into smaller jobs to facilitate participation by Section 3 businesses.	Division of contracts into smaller jobs to facilitate participation by Section 3 business concerns
Provided or connected low-income individuals with assistance in seeking employment including drafting resumes, preparing for interviews, finding job opportunities, connecting individuals to job placement services.	Provided or connected residents with assistance in seeking employment including drafting resumes, preparing for interviews, finding job opportunities, connecting residents to job placement services

	Held/attended as an employer one or more job fairs.	Held one or more job fairs
	Provided or connected low-income individuals to services supporting work readiness and retention (e.g., work readiness health screening, interview clothing, uniforms, test fees, transportation)	Provided or connected residents with supportive services that can provide one or more of the following: work readiness, health screenings, interview clothing, uniforms, test fees, transportation
	Assisted low-income workers in finding/paying for childcare.	Assisted residents with finding child care
	Provided assistance for low-income individuals to apply for/or attend community college or a four-year educational institution.	Assisted residents to apply for/or attend community college or a four year educational institution
	Provided assistance for low-income individuals to apply for/or attend vocational or technical training.	Assisted residents to apply for or attend vocational/technical training
	Assisted Section 3 workers to obtain financial literacy training and/or coaching.	Assisted residents to obtain financial literacy training and/or coaching
	Provided bonding assistance, guaranties, training and technical assistance on contracting procedures or other efforts to support viable bids from Section 3 businesses.	Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns
	Developed resources or sought out training to assist low-income/Section 3 Workers such as public/Section 8 housing residents interested in starting their own businesses to learn to prepare contracts, prepare taxes, and obtain licenses, bonding, and insurance.	
	Provided or connected low-income individuals with training on computer or online technologies.	Provided or connected residents with training on computer use or online technologies
	Created an account on HUD's FHEO Section 3 Opportunity Portal and posted hiring opportunities	Promoting the use of a business registry designed to create opportunities for disadvantaged and small businesses Contact Section3MWBE@hcr.ny.gov for guidance.
	Reviewed lists of certified Minority and Women-Owned Business Entities (MWBEs) and Service-Disabled Veteran-Owned Business Enterprises (SDVOBs) and contacted businesses that may qualify as Section 3 Business Concerns with opportunities.	
	Searched HUD's Section 3 Business Registry to locate Section 3 Businesses in regions throughout New York State.	
	Company contacted NYS Department of Labor Career Center (s) for the region in which the Project is located to notify them about the Project, the jobs that are made available and a contact person at the Project in charge of hiring.	Outreach, engagement, or referrals with the state one-stop system, as designed in Section 121(e)(2) of the Workforce Innovation and Opportunity Aid
	Other (Check if any of the items below are checked)	

OTHER EFFORTS (CHECK ALL THAT APPLY)

	Company assigned a Section 3 Coordinator who is responsible for reporting and documenting the total labor hours, Section 3 labor hours and greatest extent feasible efforts undertaken by Company and its Subs (if any).
	All hiring and contracting included prioritization for Section 3 Workers and Section 3 Businesses, consistent with other state and federal laws.
	All Companies' Subs (if any) working on the project completed Section 3 "Sub-reporting and Greatest Extent Feasible Checklist" form.
	Company and subs completed and collected verification of Section 3 Worker status using the HCR Hiring Form.
	All solicitations/requests for contractors and subcontractors by Company included this language: "This is a HUD Section 3 Project with contracting priorities for businesses that hire or owned by low-income persons".
	All job descriptions and job postings for work done on the Project by Company and its Subs included the language, "This is a HUD Section 3 Project with hiring priorities for low-income persons".
	Project had a sign visible from the street that identifies the name of the Project, provided the contractors and/or Section 3 Coordinator contact information and stated: "This is a HUD Section 3 Project with hiring and contracting priorities for low-income persons and businesses that hire or are owned by them".
	Staff at Company that are in charge of hiring and contracting for the Project reviewed the NYSHCR Section 3 Policy Manual, attended a training by HCR or HUD on Section 3 prior to the commencement of construction and attended additional trainings provided by NYSHCR that were advertised to Section 3 Projects.

Any other Section 3 "greatest extent feasible efforts" made that are not included above:

If recipient is NOT meeting Section 3 performance safe harbors (25% Total Labor Hours worked by Section 3 Workers and 5% Total Labor Hours worked by Targeted Section 3 Workers), provide explanation about the barriers that prevented performance and what efforts were made to address them.

If you need assistance or have questions regarding reporting forms, please contact Section 3 coordinator at: Section3MWBE@hcr.ny.gov

Note: The following form is only to be used by Recipients that were awarded NYS CDBG funds on or before June 30, 2021

V. Utilization of Section 3 Residents and Businesses (See page 6 of the APR instructions)

***Program Codes**

1=Flexible Subsidy	3=Public/Indian Housing	4=Homeless Assistance	8=CDBG State Administered
2=Section 202/811	A=Development	5=HOME	9=Other CD Program
	B=Operation	6=HOME State Administered	10=Other Housing Programs
	C=Modernization	7=CDBG Entitlement	

1. Recipient Name & Address (street, city, state, zip):	2. CDBG #:	3. Dollar Amount of Award:
New York		
	4. Contact Person:	5. Phone (w/ area code):
	6. Reporting Period	7. Date Report Submitted:
8. Program Code* (use a separate sheet for each program code)	9. Project Name:	

Part I: Employment and Training (Include New Hires in Columns E and F)

A Job Category	B # of New Hires	C # of New Hires that are Section 3 Residents	D % of Aggregate # of Staff Hours of New Hires that are Sec. 3 Residents	E % of Total Staff Hours for Section 3 Employees and Trainees	F # of Section 3 Trainees
Professionals					
Technicians					
Office/Clerical					
Construction by Trade (list trade)					
Other (list)					
Total					

Part II: Contracts Awarded

1. Construction Contracts:	
A. Total dollar amount of all contracts awarded on the project	\$
B. Total dollar amount of contracts awarded to Section 3 businesses	\$
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	%
D. Total number of Section 3 businesses receiving contracts	
2. Non-Construction Contracts:	
A. Total dollar amount of all non-construction contracts awarded on the project/activity	\$
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses	\$
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	%
D. Total number of Section 3 businesses receiving non-construction contracts	

___ Attempted to recruit low-income residents through local advertising media, signs prominently displayed at project site, contacts with community organizations and public or private agencies operating within the metropolitan area (or non-metropolitan county) in which Section 3 covered program or project is located, or similar method.

___ Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.

___ Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concern.

___ Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.

Section 3 Coordinator

Date

Non-compliance with the requirements of Section 3 may result in sanctions, terminations of this contract for default and debarment or suspension from future HUD assisted contracts.

I . CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT *(See page 6 of the APR Instructions)*

I certify that, to the best of my knowledge, this report is correct and complete; and that all expenditures were for eligible NYS CDBG activities and deposited and disbursed, according to requirements of Title I of the Housing and Community Development Act of 1974, and the grant agreement executed with the NYS Office of Community Renewal and the policies and program requirements governing the NYS CDBG Program.

Typed Name of Chief Elected Official	Check box if Chief Elected Official has changed since last reporting period and provide name of former CEO above
Signature of Chief Elected Official	Date Report Signed by CEO
Telephone	E-mail Address
Name of Person who prepared this report	Email Address