

**PROJECT STATUS REPORT
ALL ACTIVITIES**

C. If there are any issues that are or have impeded the progress of your project, provide a detailed description of the issues, the efforts to resolve them and the steps to be taken to ensure the completion of the project within the approved project schedule.

D. If the project is not on target to meet the accomplishments as proposed in the application, provide an explanation as to why these accomplishments will not be met.

Fair and Equitable Housing Office

www.nyshcr.org

E-mail: FEHO@nyshcr.org

Utilization of Section 3 Residents and Businesses

1. Recipient Name & Address (street, city, state, zip):	2. CDBG #:	3. Dollar Amount of Award:
	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					

***Program Codes**

1=Flexible Subsidy
2=Section 202/811

3=Public/Indian Housing

A=Development
B=Operation
C=Modernization

4=Homeless Assistance

5=HOME
6=HOME State Administered
7=CDBG Entitlement

8=CDBG State Administered

9=Other CD Program
10=Other Housing Programs

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	

Part III: Waiver Request Indicate the “Good Faith Efforts” made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low-and very low-income persons, particularly those who are recipients of government housing. (Check all that apply and provide documentation and a narrative of the outcome.)

____ 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.

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III. CERTIFICATION OF THE PROJECT STATUS REPORT *(SEE 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	<input type="checkbox"/> Check box if Chief Elected Official has changed since last reporting period and provide name of former CEO
Signature of Chief Elected Official	Date Report Signed by CEO
Telephone *	E-mail Address *
Name of Person who prepared this report *	Email Address *

*Response required

THIS REPORT MUST BE SUBMITTED TO OCR VIA E-MAIL AT OCRREPORTS@NYSHCR.ORG

DO NOT MAIL THIS, THE ORIGINAL MUST BE RETAINED WITH LOCAL PROJECT FILES