

**ANNUAL PERFORMANCE REPORT  
PUBLIC WATER – PUBLIC SEWER – PUBLIC FACILITIES**

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

<b>RECIPIENT NAME</b>					
<b>CDBG PROJECT #</b>					
<b>REPORT PERIOD</b>	01-01-2020 -	<b>REPORT #</b>		<b>FINAL</b>	

**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**.

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 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)

E. 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?

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					
Address					
C/T/V		State	NY	ZIP + 4	
Phone		Fax			
Email					
Website					
EIN		DUNS			
CDBG #		FY End			

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

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

#### 4. **Municipal Clerk**

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

#### 5. **Municipal Treasurer or Chief Financial Officer**

Name		Title			
Address					
C/T/V		State	NY	ZIP + 4	
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 above \$200,00 and contracts in excess of \$100,000)

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					

## IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS

### A. PUBLIC FACILITIES ACTIVITIES (See pages 3-4 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 also complete pages 6 – 7 of the APR		

<b>IDIS Activity Number</b> (see Schedule B)		<b>Activity Name</b>	
<b>COMMUNITY FACILITIES AND INFRASTRUCTURE</b>			
<b>FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:</b>			
PERSONS ASSISTED IN PROJECT AREA		FOR THIS REPORTING PERIOD ONLY	
LMI PERSONS IN PROJECT AREA			
HOUSEHOLDS IN PROJECT AREA			
LMI HOUSEHOLDS IN PROJECT AREA			
% OF LMI IN PROJECT AREA			
<b>OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:</b>			
WITH <b>NEW</b> ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT		FOR THIS REPORTING PERIOD ONLY	
WITH <b>IMPROVED</b> ACCESS TO FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT			
SERVED BY FACILITY, INFRASTRUCTURE, SERVICE OR BENEFIT THAT IS <b>NO LONGER SUBSTANDARD</b>			

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		
<b>TOTALS</b>		

**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	
<b>TOTALS</b>	
OF THE TOTAL BENEFITING, THE NUMBER OF:	PERSONS
ELDERLY	
FEMALE HEAD OF HOUSEHOLD	
DISABLED	

**B. LATERAL ASSISTANCE ACTIVITIES** (See pages 4-6 of APR Instructions)

PAGE 1 OF 2

One form must be submitted for each activity funded except Program Delivery and Grant Administration. **Note: Activities for single family rehabilitation and for multi-family rehabilitation are separate activities and must be reported on separate forms.**

<b>IDIS Activity Number</b> (see Schedule B)		<b>Activity Name</b>	
<b>OWNER OCCUPIED UNITS</b>			
<b>FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:</b>			
	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		
	LEED CERTIFIED ENERGY STAR UNITS		
	UNITS MADE ACCESSIBLE		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		

<b>RENTAL UNITS</b>			
<b>FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:</b>			
	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		
	LEED CERTIFIED ENERGY STAR UNITS		
	SECTION 504 ACCESSIBLE UNITS		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	UNITS CREATED THROUGH CONVERSION OF NON-RESIDENTIAL BUILDINGS		
<b>OF THE AFFORDABLE UNITS, THE NUMBER OF:</b>			
	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		
<b>OF THE TOTAL RENTAL UNITS, THE NUMBER OF:</b>			
	PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD ONLY
<b>OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:</b>			
	SPECIFICALLY, FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY

<b>RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)</b>				
<b>RACIAL CATEGORIES</b>	<b>HOUSEHOLDS</b>			
	<b>OWNERS</b>		<b>RENTERS</b>	
	<b>RACIAL GROUP</b>	<b>HISPANIC*</b>	<b>RACIAL GROUP</b>	<b>HISPANIC*</b>
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				
<b>TOTALS</b>				

**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		
<b>TOTALS</b>		
<b>OF THE TOTAL BENEFITING, THE NUMBER OF:</b>		
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

# Fair and Equitable Housing Office

www.nyshcr.org

E-mail: FEHO@nyshcr.org

## 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.

If a Recipient intends to complete an action not included in the AFFH Checklist to satisfy one of the categories from the AFFH Checklist, it must apply to Fair and Equitable Housing Office (FEHO) for permission to do so. 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@nyshcr.org.

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:**

#### *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.

If previously submitted, please provide date. \_\_\_\_\_

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

## Utilization of Section 3 Residents and Businesses Report

All recipients of a single CDBG, HOME, federal HTF or other HUD award in excess of \$200,000 for housing and community development projects must complete this form. More information in instructions below.

1. Awardee/Recipient Name & Address (street, city, state, zip):		2. Project ID/SHARS #:	3. Date of Report:
		4. Section 3 Coordinator:	5. Phone (w/ area code):
		6. Email Address:	7. Reporting Period
		Jan. 1-July 1, 20__	
8. HUD Funding Source: (CDBG, HOME LPA, HOME Capital, HTF, NSG)	9. Dollar Amount of HUD Assistance:	10. Project Name	Jan. 1-Dec. 31, 20__

**Part I: Employment and Training (Goal is 30% of New Hires to Section 3 Residents – includes residents of local public housing authority, Section 8 voucher holders, YouthBuild participants and other low-income individuals)\***

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

**Part II: Contracts Awarded\***

**1. Construction Contracts (Goal is 10% going to Section 3 businesses):**

A. Total dollar amount of all contracts awarded on the project <u>during this reporting period</u>	\$
B. Total dollar amount of contracts awarded to Section 3 businesses <u>during this reporting period</u>	\$
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 (Goal is 3% going to Section 3 businesses):**

A. Total dollar amount of all non-construction contracts awarded on the project <u>during this reporting period</u>	\$
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses <u>during this reporting period</u>	\$
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	

### Reporting for Section 3 Subs

**\*NOTE:** You are responsible for reporting in this form *all Section 3 hiring and contracting conducted by your contractors and sub-contractors who are subject to Section 3 ("Section 3 Contractors or Subcontractors")*. Section 3 Contractors and Subcontractors are those who have a single contract with You (Recipient/Awardee), your contractor or their sub-contractor that is over \$100,000, and therefore are subject to the same Section 3 goals and requirements. For example, if you write "0" for "Number of New Hires" in Column B, you are saying that neither you *nor any of your Section 3 Contractors or Subcontractors* did any hiring during the reporting period.

☐ **Check here** to certify that this reporting form includes all Section 3 hiring and contracting during this reporting period conducted by any of your Section 3 Contractors or Subcontractors (that have contracts over \$100,000).

☐ **Check here** if you did not have any Section 3 Contractors or Subcontractors (that have contracts over \$100,000) during this reporting period.

### Section 3 Preferences Certifications

☐ **Check here** to certify that, if hiring occurred by You or your Section 3 Contractors or Subcontractors during this reporting period, preference was given, to the greatest extent feasible, to qualified Section 3 residents, if any applied, in accordance with your Section 3 Participation Plan. ☐ **Check here** if You or your Section 3 Contractors or Subcontractors did not hire anybody in this reporting period.

☐ **Check here** to certify that, to extent contracts (including in professional services contracts) were awarded by You or your Section 3 Contractors or Subcontractors on this project during this reporting period, preference was given, to the greatest extent feasible, to applications or proposals by qualified Section 3 businesses, if any, in accordance with your Section 3 Participation Plan. ☐ **Check here** if you did not award any contracts this reporting period.

☐ **Check here** to certify that the [Section 3 clause](#) was included in all contracts with Section 3 Contractors and Subcontractors (that have contracts over \$100,000).

### List any Section 3 Business Concerns Utilized on Project, if any

Name	Industry	Contact Information/Address

**Part III: Narrative for Not Meeting Goals & Additional Information.** If you did not meet the Section 3 goals for this reporting period, describe why it was not feasible, including any impediments encountered in spite of action taken. Describe and include evidence of all efforts taken and any remedial measures you will take to meet Section 3 goals (Attach additional pages as necessary)

I certify that I am duly authorized by Awardee/Recipient, listed above, to make certifications as to Section 3 compliance by Awardee/Recipient, and that the information within this form and appended to it is true and accurate. 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.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

☐ Click here if signing electronically

## **Instructions for Completing the FEHO Section 3 Form**

**Instructions:** This form is to be used to report the accomplishments regarding employment and other economic opportunities provided to low- and very low-income persons under Section 3 regulations of the HUD Act of 1968. This regulation states that “to the greatest extent feasible,” an effort must be made to have **30% of new hires be Section 3 residents**; and to contract with Section 3 businesses in an amount which is at a minimum of **10% of all contracts for construction work** generated on this project, and at least **3% of the total amount for all other contracts** (including professional services). This regulation applies to all recipients of housing and community development assistance in excess of **\$200,000** expended for: (1) housing rehabilitation (including reduction and abatement of lead-based paint hazards); (2) housing construction; or (3) other public construction projects; **and to contracts and subcontracts in excess of \$100,000 (Section 3 Contractors & Subcontractors)**. **Section 3 Residents** include local public housing residents, Section 8 voucher holders, participants in Youthbuild programs and low- and very low-income persons. To determine low- and very-low income levels for your area, visit: [https://www.huduser.gov/portal/datasets/il/il2019/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/il/il2019/select_Geography.odn). **Section 3 Businesses** include those at least 51% or more owned by Section 3 residents, those whose employees consist of at least 30% Section 3 residents (or who were a Section 3 resident within the last 3 years) and those who provide evidence of a commitment to subcontract more than 25% of the all subcontracts to a Section 3 business. For more information: <https://hcr.ny.gov/section-3-compliance>

### **Part I: Employment and Training Opportunities**

**Column A:** Contains various job categories. Professionals are defined as people who have special knowledge of an occupation (i.e.: supervisors, architects, surveyors, planners, and computer programmers). For construction positions, list each trade and provide data in columns B through F for each trade where persons were employed. The category of “Other” includes occupations such as service workers.

**Column B:** Enter the number of new hires for each category of workers identified in Column A in connection with this award. New hire refers to a person who is not on the contractor’s or recipient’s payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

**Column C:** Enter the number of Section 3 new hires for each category of workers identified in Column A in connection with this award. Section 3 new hire refers to a Section 3 resident who is not on the contractor’s or recipient’s payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

**Column D:** Enter the percentage of all the staff hours of new hires (Section 3 residents) in connection with this award. Optional.

**Column E:** Enter the percentage of the total staff hours worked for Section 3 employees and trainees (including new hires) connected with this award. Include staff hours for part-time and full-time positions. Optional.

**Column F:** Enter the number of Section 3 residents that were employed and trained in connection with this award.

### **Part II: Contract Opportunities**

#### **Block 1: Construction Contracts**

**Item A:** Enter the total dollar amount of all contracts awarded on the project/program *during this reporting period only*. Mid-year reports cover the first 6 months of the year, and end-of-year reports cover the full year.

**Item B:** Enter the total dollar amount of contracts connected with this project/program that were awarded to Section 3 businesses.

**Item C:** Enter the percentage of the total dollar amount of contracts connected with this project/program awarded to Section 3 businesses.

**Item D:** Enter the number of Section 3 businesses receiving awards.

#### **Block 2: Non-Construction Contracts**

**Item A:** Enter the total dollar amount of all contracts awarded on the project/program *during this reporting period only*. Mid-year reports cover the first 6 months of the year, and end-of-year reports cover the full year.

**Item B:** Enter the total dollar amount of contracts connected with this project/program that were awarded to Section 3 businesses.

**Item C:** Enter the percentage of the total dollar amount of contracts connected with this project/program awarded to Section 3 businesses.

**Item D:** Enter the number of Section 3 businesses receiving awards.

**VII. 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 (e-signature is acceptable)	Date Report Signed by CEO
Telephone	E-mail Address
Name of Person who prepared this report	Email Address