

## ANNUAL PERFORMANCE REPORT PUBLIC WATER-SEWER-FACILITY INSTRUCTIONS

The Annual Performance Report (APR) is the tool used to collect performance data from the Office of Community Renewal's Recipients. The data collected from the APR is required by the U.S. Department of Housing and Urban Development (HUD) and is submitted to HUD annually in New York State's Annual Performance Report.

Recipients must submit an APR for each project where a Final Performance Report has not been submitted to the Office of Community Renewal. The Report consists of seven sections: The Report consists of seven sections: Recipient Information; Project Status Narrative; Project Team, Beneficiary Data and Performance Measurements; Affirmatively Furthering Fair Housing, Section 3 Summary Information, and Certification. Recipients are required to submit beneficiary data and performance measurement data for **each** activity funded **excluding** program delivery and administration. For those projects with more than one activity and meeting different National Objective Compliance criteria, for example, public water activity (LMA) with lateral connection assistance activity (LMH), a Beneficiary Data/Performance Measurement subsection must be completed for each of the activities. Please refer to the APR Reminder email which includes a listing of the activities and IDIS Activity numbers funded by the Office of Community Renewal. The entire APR must be returned, **including** forms that may not be applicable to a Recipient's grant.

ALL APRs MUST BE RETURNED TO [OCRREPORTS@HCR.NY.GOV](mailto:OCRREPORTS@HCR.NY.GOV), PLEASE INCLUDE THE COMMUNITY NAME and CDBG PROJECT NUMBER IN THE SUBJECT LINE.

### I. PROJECT INFORMATION:

Recipient Name: Provide the Name of the Recipient (i.e. Town/Village/City/County of Name of Community).

Project #: Enter the Office of Community Renewal assigned project number.

Reporting Period: MONTH/DAY/YEAR – MONTH/DAY/YEAR.

Report #: Enter the number of the report submitted.

Final: Recipients who have expended all CDBG project funds and who can report all beneficiary and accomplishment numbers are eligible to submit their Final Performance Report. If this report is the final report and final beneficiaries are being reported, check the box.

### II. PROJECT STATUS NARRATIVE:

#### A. Public Infrastructure/ Public Facility

1. Have final plans and specifications been approved? Have all required regulatory approvals, such as Department of Health or Environmental Conservation been obtained? Have these been submitted to OCR for review? If yes, when? If no, what are the anticipated dates for these milestones?
2. Has this project gone out to bid? If yes, when? When is the bid due date? Has the Recipient accepted and awarded a bid for construction? If yes, when? Has construction started? If yes, when?
3. If the project has not gone out to bid, what are the anticipated dates for these milestones?
4. For projects under construction, what percentage of the project is complete? How is this demonstrated?
5. What efforts are being made to keep the project on schedule to ensure a timely completion?

B. For project submitting FINAL APR and subject to Section3, provide responses as indicated  
Please note, total hours is the cumulative total for all construction hours worked on the project

B-E **Provide the information requested.**

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**III. PROJECT TEAM UPDATE:**

Response to Project Team Update required, regardless of the source of funds. Failure to submit adequate information may delay the processing of the APR and future requests for funds.

1. **Municipal Information:** Provide the information as requested.
2. **Chief Elected Official:** The Chief Elected Official (CEO) is responsible for signing all official documents, agreements, contracts, etc., with OCR.
3. **Local Grant Contact:** This must be a municipal employee, **other than the CEO**, who is familiar with the project and has the ability to respond to requests from OCR regarding this project.
4. **Municipal Clerk:** Identify the County/City/Town/Village Clerk.
5. **Municipal Treasurer or Chief Financial Officer:** Identify the County/City/Town/Village Treasurer or CFO. This person is responsible for submitting the Federal Assistance Expenditure (FAE) Report and handling audit questions. If the Recipient utilizes a bookkeeper, do not identify the individual as the Treasurer or Financial Officer.
6. **Municipal Attorney:** Identify the County/City/Town/Village Attorney.
7. **Fair Housing Officer:** All Recipients of CDBG funds, regardless of the activity being undertaken, shall be subject to compliance with Fair Housing, and a Fair Housing Officer **must** be identified. It is recommended that this individual be appointed by Board resolution. A Subrecipient can in certain instances act as the Fair Housing Officer; it should not be a consultant. Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Fair Housing.
8. **Section 3 Coordinator:** All Recipients of CDBG funds in excess of \$200,000 are subject to Section 3 compliance. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing. It is recommended that this individual be appointed by Board resolution.
9. **Subrecipient:** If a Subrecipient is being utilized, please provide requested information. Refer to the OCR Grant Administration Manual *Chapter 1-Getting Started* for further information regarding Subrecipients.
10. **Labor Standards Compliance Officer:** If this project is subject to Federal Davis-Bacon Prevailing Wages, this section must be completed. The individual identified must understand Davis-Bacon and should be the person reviewing all Certified Payrolls and completing the Semi-Annual Labor Standards Enforcement Report.  
  
Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Labor Standards and Davis-Bacon.
11. **Consultant:** If the Recipient has retained the professional services of a consultant to assist with the administration and program delivery services of a program, please provide the requested information.
12. **Engineer:** If the Recipient has retained the professional services of an engineer to provide engineering services, please provide the requested information. If the Engineer is a municipal employee, please indicate.
13. **Lead Based Paint Risk Assessor:** If the project is undertaking any activities that are subject to compliance with lead-based paint at 24CFR Part 35 and/or 40CFR Part 745, this section must be completed.

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**IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS:**

Beneficiary data represents the number of persons and/or households that benefit from the activity. The Beneficiary Data/Performance Measurements section is divided into subsections: Housing Rehabilitation Activities; Homeownership Activities; Housing Units with Leveraged HOME Funds; Building Information for Housing Units Assisted with CDBG Funds, Public Facilities Activities; Economic Development and Microenterprise Activities with LMJ National Objective; Microenterprise Activities with LMC/MC National Objective.

Recipients who have been awarded funding for more than one activity must complete a subsection for each activity.

**A. Public Facilities Activities:**

Recipients must complete this subsection if they received funding for public facilities such as senior centers; public infrastructure such as public water or sewer projects; meters; streetscape improvements; and public services such as code enforcement. One form must be submitted for each of the above activities funded with CDBG funds. Activities are deemed complete when the activity is completed, and persons are benefiting from the completed activity. Only report on persons benefiting from the operational part of the activity (i.e. if the activity is a waterline replacement project consisting of two waterlines and one is completed and operational and the other is still under construction, only report the beneficiaries of the completed water line).

Activity Number: Provide the number assigned to the activity as identified on Schedule B.

Activity Name: Enter the name of the activity.

**Community Facilities and Infrastructure:** *(This should be consistent with proposed accomplishments from application)*

For this reporting period, the total number of:

Persons Assisted in Project Area: Enter the total number of persons in the project area who benefited from the activity.

LMI Persons in Project Area: Enter the total number of low- and moderate-income (LMI) persons in the project area.

Households in Project Area: Enter the total number of households in the project area.

LMI Households in Project Area: Enter the total number of LMI households in the project area.

% of LMI in Project Area: Enter the percentage of LMI persons in the project area.

**Of the Total Persons Assisted, the Number of Persons:**

**SELECT ONLY ONE**

With **New** Access to Facility, Infrastructure, Service or Benefit: Enter the total number of persons who now have access to the facility where no facility previously existed.

With **Improved** access to Facility, Infrastructure, Service or Benefit: Enter the total number of persons who now have access to a facility that has been improved by expanding the facility or improving the facility.

Served by Facility, Infrastructure, Service or Benefit that is **No Longer Substandard**: Enter the total number of persons that now have access to a facility that has been measurably improved or that now meets a quality standard (i.e. a water system has been improved and now no longer is under consent order from Department of Health).

**Racial/Ethnic Composition:**

This information must be provided for all persons benefiting from the public facility, infrastructure, service or benefit.

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The racial/ethnic categories represented are designated by HUD. HUD has designated “Hispanic” as an ethnic group not a racial category. For example, a person can be identified as both a member of a racial category and ethnic group but cannot be identified solely as an ethnic group.

Racial Category: Identify the racial category of each person benefiting from the public facility activity for this reporting period. Enter the total number of persons in the cell that represents the racial category of the person and provide the total for each column. For persons who identify with more than one racial category, select one designation to represent the person. For persons that do not provide racial category information, enter the number of persons in the Other Multi-Racial cells.

Hispanic: For each person identified with a racial category, enter the total number of persons for this reporting period that also identify that they are of “Hispanic” ethnicity and provide the total for the column.

**Beneficiary Income Data:**

Median Income: For each person (owner and renter) enter the total number of persons benefiting from the public facility activity for each income range (0-30%, 31-50%, 51-80%, and 81% and above). Provide the total numbers for each column.

Of the Total Benefiting, the Number of: Provide the total number of persons who are elderly, female head of household, and disabled.

**IF THE ACTIVITY INCLUDES WATER AND SEWER PROJECTS THAT PROVIDED LATERAL CONNECTION ASSISTANCE:**

**B. Lateral Assistance Activities:**

Recipients receiving funding for housing rehabilitation (single-unit or multi-unit), installation of private wells, septic systems, laterals, replacement of manufactured homes, or the conversion of non-residential into residential units, must complete this subsection. If a recipient is undertaking both multi-unit and single-unit rehabilitation activities; a separate form must be submitted for each activity.

Housing rehabilitation activities are deemed complete when the rehabilitation of the unit is complete, the release of liens is signed, final payments have been issued to all contractors, and any rental or previously vacant units have been filled.

Activity Number: Provide the IDIS number assigned to the activity as identified on Schedule B of the grant agreement.

Activity Name: Enter the name of the activity.

**Owner-Occupied Units:**

Complete this section for units that are owner-occupied.

For this reporting period, the total number of:

Units Completed: Enter the total number of owner-occupied units that were rehabilitated during the reporting period.

Completed Units Occupied by LMI: Enter the total number of the owner-occupied units that were rehabilitated that are occupied by low- and moderate-income (LMI) persons.

Persons Benefiting: Enter the total number of persons residing in the owner-occupied units that were rehabilitated during the reporting period.

LMI Persons Benefiting: Enter the total number of LMI persons residing in the owner-occupied units that were rehabilitated.

Units Occupied by the Elderly: Enter the total number of elderly persons residing within the owner-occupied units that were rehabilitated.

Units moved from substandard to standard condition (HQS or Local Code): Enter the total number of rehabilitated units that are no longer substandard as defined by Housing Quality Standards or Local Code.

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LEED Certified Energy Star Units: Enter the total number of rehabilitated units that now meet the Energy Star whole-house building and inspection standard. Refer to Exhibit 1 for HUD's Energy Star definition.

Units Made Accessible: Enter the total number of rehabilitated units where accessibility improvements were made (i.e. installation of grab bars, ramps, etc.)

Units Brought into Compliance with Lead Safety Rules (24 CFR Part 35): Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards where the rehabilitation was greater than \$5,000 and the units were constructed prior to 1978.

**Rental Units:**

Complete this section for units that are renter occupied.

For this reporting period, the total number of:

Units Completed: Enter the total number of renter-occupied units that were rehabilitated during the reporting period.

Completed Units Occupied by LMI: Enter the total number of renter-occupied units that were rehabilitated that are occupied by LMI persons.

Persons Benefiting: Enter the total number of persons residing in the renter-occupied units that were rehabilitated during the reporting period.

LMI Persons Benefiting: Enter the total number of LMI persons residing in the renter-occupied units that were rehabilitated.

Affordable Units: Enter the total number of rehabilitated units that have occupancy restrictions based on income or that are currently occupied by LMI persons.

Units moved from substandard to standard condition (HQS or Local Code): Enter the total number of rehabilitated units that are no longer substandard as defined by Housing Quality Standards or Local Code.

LEED Certified Energy Star Units: Enter the total number of rehabilitated units that now meet the Energy Star whole-house building and inspection standard. Refer to Exhibit 1 for HUD's Energy Star definition.

Section 504 Accessible Units: Enter the total number of rehabilitated units that meet the requirements of Section 504.

Units Brought into Compliance With Lead Safety Rules (24 CFR Part 35): Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards where the rehabilitation was greater than \$5,000 and the units were constructed prior to 1978.

Units Created Through the Conversion of Non-Residential Buildings: Enter the total number of units that were created as a result of conversion of non-residential space.

Of the Affordable Units, the number of:

Units Occupied by the Elderly: Enter the total number of affordable units that are currently occupied by elderly persons.

Years of Affordability: Enter the average number of years that the units are required to be affordable.

Units Subsidized with Project Based Rental Assistance by Another Federal, State or Local Program: Enter the total number of affordable units that are provided **project-based** rental assistance. **DO NOT** include units subsidized by section 8 Voucher or HOME tenant-based rental assistance.

Of the Total Rental Units, the Number of:

Permanent Housing Units Designated for Homeless Persons and Families Including Units Receiving Assistance for Operations: Enter the total number of permanent rental units designated specifically for the homeless.

Of the Units for Homeless Persons, the Number:

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Specifically, for the Chronically Homeless: Enter the total number of rental housing units designated for the homeless that are specifically designated for the chronically homeless, defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

**Racial/Ethnic Composition:** This information must be provided for all persons occupying the owner-occupied and rental units that were rehabilitated during the reporting period.

The racial/ethnic categories represented are designated by HUD. HUD has designated “Hispanic” as an ethnic group not a racial category. For example, a person can be identified as both a member of a racial category and ethnic group but cannot be identified solely as an ethnic group.

Racial Category: Identify the racial category of each person (owner and renter) benefiting from the housing rehabilitation activity for this reporting period. Enter the total number of persons (both owner and renter) in the cell that represents the racial category of the person and provide the total for each column. For persons who identify with more than one racial category, select one designation to represent the persons. For persons that do not provide racial category information, enter the number of persons (owner and renter) in the Other Multi-Racial cells.

Hispanic: For each person (owner and renter) identified with a racial category, enter the total number of persons (owner and renter) for this reporting period that also identify that they are of “Hispanic” ethnicity and provide the total for the column.

**Beneficiary Income Data:**

Median Income: For each person (owner and renter) enter the total number of persons benefiting from the rehabilitation activities for each income range (0-30%, 31-50%, 51-80%, and 81% and above). Provide the total numbers for each column.

Of the Total Benefiting, the Number of: Provide the total number of persons who are elderly, female head of household, and disabled.

**V. Affirmatively Furthering Fair Housing**

Please read this section carefully, efforts to Affirmatively Further Fair Housing applies to all NYS CDBG funded activities and projects. Complete the report as provided. For any questions regarding Fair Housing or completing this section, please contact the Fair and Equitable Housing Office (FEHO) at [FEHO@HCR.NY.GOV](mailto:FEHO@HCR.NY.GOV).

**VI. Utilization of Section 3 Residents & Business Report**

Please review this section carefully. Reporting for Section 3 applies to all NYS CDBG awards in excess of \$200,000 and with any contract in excess of \$100,000. For any questions regarding this Section # Utilization or completing this section, please contact the Fair and Equitable Housing Office (FEHO) at [Section3MWBE@HCR.NY.GOV](mailto:Section3MWBE@HCR.NY.GOV).

**VII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT:**

Enter the requested information. The Chief Elected Official must not sign and date the form until **after** all information has been verified and the Report has been signed and dated by the preparer. An electronic signature is acceptable.