

CDBG-CV CARES ONLY APR 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.

ALL APRs MUST BE RETURNED TO OCRREPORTS@HCR.NY.GOV.

INCLUDE THE COMMUNITY'S NAME, CDBG PROJECT NUMBER AND APR 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:

1. If the complete Environmental Review Record (ERR) has not been submitted **AND** Request for Release of Funds approved, what is the estimated date to complete this?

Housing Activities:

1. Has the grant /loan agreement been developed? If so, on what dates for each? If not, what are the anticipated dates for these milestones?
2. Status of applications received (include # of applications). Of these, # of projects that have been processed and # of projects that have been awarded.
3. Status of projects that are currently out to bid (include # of projects).
4. Status of projects that are under construction (include # of projects).
5. Status of projects that have been completed to date (include # of projects). Of these, # of projects that have been completed for this reporting period.
6. Status of households on the waiting list (include # of projects). This includes any comments on waiting list; # of households on wait list at beginning of year; how is the Recipient soliciting applications?
7. Demonstrate how you are complying with LBP regulations. This includes # of projects completed that required lead-based paint assessments and/or clearances.
8. Provide the percent completion of the project and the anticipated completion date.

Public Infrastructure – Public Facility – Public Services:

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?
6. For project submitting FINAL APR and subject to Section 3, provide responses as indicated

Please note, total hours are the cumulative total for all construction hours worked on the project.

Economic Development and Small Business

1. Has the grant /loan agreement been executed with business? If so, on what date? If not, what is the anticipated date for this milestone?
2. If construction is involved in the project, when is the anticipated bid opening? Has construction commenced? If not, when is the anticipated start date?
3. What other notable items can you provide regarding the project status?
4. If NYS CDBG funds were provided as a loan, what is the status of loan payments? Are they current? If not, what steps have been taken to correct the deficiency?
5. What is the status of job creation and/or retention? Are jobs being created/retained according to the performance goals/schedule as stated in the application? If not, why and what steps are being taken to correct the deficiency?
6. What is the total amount disbursed to date and percentage of total award?
7. Are there any upcoming events/announcements associated with the project that we should be aware of (groundbreakings, ribbon cuttings, press releases, etc.)?

Microenterprise

1. Have applications been solicited? If so, on what date and what date are applications due?
2. How many applications were received? How many processed? How many awarded?
3. How many awardees are low-to moderate-income microenterprise owners and how many will be creating low- to moderate-income jobs?
4. How many jobs are proposed to be created by the LMJ awardees? How many jobs have been created to-date? What other notable items can you provide regarding the project status?
5. How many projects are more than 50% complete?
6. What is the total amount disbursed to date and percentage of total award?
7. Are there any upcoming events/announcements associated with the project that we should be aware of (groundbreakings, ribbon cuttings, press releases, etc.)?

B-F Provide the information requested.

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

C. For projects submitting a FINAL APR, and proposed accomplishments are not being met, provide an explanation.

D. Provide requested information on monitoring and oversight of consultants and subrecipients. Contact OCR with any questions.

E. Provide requested information regarding submission of Administrative Plan.

F. Provide requested information regarding second (performance) public hearing.

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: Identify the local grant contact, this person MUST be a municipal employee, other than the CEO, and who has a working knowledge of the project activity(ies).

4. Municipal Clerk: Identify the County/City/Town/Village Clerk. Do not enter the Clerk of the Board.

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 of 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 have an understanding of Davis-Bacon and should be the person reviewing all Certified Payroll 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.

IV. VI. Beneficiary Date/Performance Measurements:

Beneficiary data represents the number of persons and/or households that benefit from the activity. Recipients who have been awarded funding for more than one activity must complete a subsection for each activity.

IV. HOUSING

A –D. Housing Rehabilitation Activities:

Recipients receiving funding for housing rehabilitation (single-unit or multi-unit), 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 five (5) digit IDIS Activity 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.

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.)

For the following questions, please refer to the OCR Grant Administration Manual Chapter 5 for guidance.

Of Units Completed That Were Constructed Before 1978: Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards and the units were constructed prior to 1978.

Of Units Completed That Were Constructed Post 1978: Enter the total number of rehabilitated units where rehabilitation activities were undertaken, and the units were constructed post 1978.

Of Units Completed with Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken to control known lead hazards and the unit cost was ≤ \$5,000.

Of Units Completed that Were Exempt: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be exempt from lead-based paint requirements.

- Housing exclusively for the elderly or people with disabilities, unless a child under age 6 is expected to reside there **(EXEMPT)**
 - This may include, for example a senior assisted living housing complex or a facility exclusively for persons with disabilities.
 - This does not include, for example, a private home occupied by an elderly person
 - This does not include, for example, a private home with a disabled family member
- Zero-bedroom dwellings, including efficiency apartments, single-room occupancy housing, dormitories, or military barracks **(EXEMPT)**
- Property that has been found to be free of lead-based paint by a certified lead-based paint inspector **(EXEMPT)**
- Unit is used no more than 100 days per year **(EXEMPT)**

Please contact the assigned Community Developer with any questions or clarification.

Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with lead-based paint requirements at 24CFR35.930(b) with hard costs ≤ \$5,000.

Of Units Completed in Compliance With 24CFR35.930(b) With Hard Costs \$5,000 to \$25,000: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with lead-based paint requirements at 24CFR35.930(b) with hard costs of \$5,000 to \$25,000.

Of Units Completed in Compliance with Abatement at 24CFR35.930(d): Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with abatement at 24CFR35.930(d).

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.

Please refer to OCR Grant Administration Manual Chapter 5 for guidance on the following:

Of Units Completed That Were Constructed Before 1978: Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards and the units were constructed prior to 1978.

Of Units Completed That Were Constructed Post 1978: Enter the total number of rehabilitated units where rehabilitation activities were undertaken, and the units were constructed post 1978.

Of Units Completed with Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken to control known lead hazards and the unit cost was ≤ \$5,000.

Of Units Completed that Were Exempt: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be exempt from lead-based paint requirements.

- Housing exclusively for the elderly or people with disabilities, unless a child under age 6 is expected to reside there **(EXEMPT)**
 - This may include, for example a senior assisted living housing complex or a facility exclusively for persons with disabilities.
 - This does not include, for example, a private home occupied by an elderly person
 - This does not include, for example, a private home with a disabled family member
- Zero-bedroom dwellings, including efficiency apartments, single-room occupancy housing, dormitories, or military barracks **(EXEMPT)**
- Property that has been found to be free of lead-based paint by a certified lead-based paint inspector **(EXEMPT)**
- Unit is used no more than 100 days per year **(EXEMPT)**
- Please contact the assigned Community Developer with any questions or clarification.

Please note, the total number of pre-1978 units, post-1978 and exempt units MUST equal the total number of units being reported for the period.

Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with lead-based paint requirements at 24CFR35.930(b) with hard costs ≤ \$5,000.

Of Units Completed in Compliance With 24CFR35.930(b) With Hard Costs \$5,000 to \$25,000: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with lead-based paint requirements at 24CFR35.930(b) with hard costs of \$5,000 to \$25,000.

Of Units Completed in Compliance with Abatement at 24CFR35.930(d): Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with abatement at 24CFR35.930(d).

Please note, the total number of units completed in compliance with 24CFR35.930(b) AND 24CFR35.930(d) must equal total of pre-1978 units reported for the period.

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 Person, the Number:

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 households occupying the owner-occupied and rental units that were rehabilitated during the reporting period.

The racial/ethnic categories represented are designated by HUD, which has designated “Hispanic” as an ethnic group not a racial category. For example, a household 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 household (owner and renter) benefiting from the housing rehabilitation activity for this reporting period. Enter the total number of households (both owner and renter) in the cell that represents the racial category of the household and provide the total for each column. For households who identify with more than one racial category, select one designation to represent the household. For households that do not provide racial category information, enter the number of households (owner and renter) in the Other Multi-Racial cells.

Hispanic: For each household (owner and renter identified with a racial category, enter the total number of households (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 household (owner and renter) enter the total number of households 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 households who are elderly, female head of household, and disabled.

E. Homeownership Activities:

Recipients receiving CDBG funding for homeownership assistance activities including down payment and closing cost assistance, principal reduction, and counseling activities must complete this sub-section.

Homeownership activities are deemed complete when the mortgage closing has taken place. Homeownership counseling activities are deemed complete when the households have completed all required counseling sessions.

For all projects that complete homeownership with housing rehabilitation, the appropriate housing rehabilitation activity detail, single family, multi-family (2-3 unit) or multi-family (4 or more unit) must be completed and submitted with this report.

Activity Number: Provide the five (5) digit IDIS Activity number assigned to the activity as identified on Schedule B of the grant agreement.

Activity Name: Enter the name of the activity.

Homeownership Assistance:

For this reporting period, the total number of: Provide the information for the entire reporting period.

Receiving Homebuyer Assistance: Provide the total number of households receiving direct financial assistance for the purchase of a home.

Of the Number Receiving Assistance, the Number:

Qualified as Low- and Moderate-Income: Enter the number of households who meet the definition of low- and moderate-income (less than 80% of the median household income).

Receiving Counseling: Enter the number of households who receive counseling (either one-on-one or classroom) in addition to the direct financial assistance.

Receiving Down Payment/Closing Cost Assistance: Enter the number of households receiving assistance that is limited to down payment and closing cost assistance.

Who are first time buyers: Enter the number of households receiving assistance who have not owned a home during the three-year period prior to the purchase of the current home; displaced homemakers and single parents who owned a home with their spouse, but no longer reside there; or individuals who owned and resided within a substandard house or in a dwelling that was not permanently affixed to a foundation prior to the purchase of their current residence.

Of the Number of First Time Buyers, the Number:

Receiving Counseling: Of the first-time home buyers, enter the number who also received counseling.

Racial/Ethnic Composition: This information must be provided for all households occupying the purchased units 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 household 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 household benefiting from the homeownership activity for this reporting period. Enter the total number of households in the cell that represents the racial category of the household and provide the total for each column. For households who identify with more than one racial category, select one

designation to represent the household. For households that do not provide the racial category information, enter the number of households in the Other Multi-Racial cells.

Hispanic: For each household identified with a racial category, enter the total number of households 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 household enter the total number of households 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 households who are elderly, female head of household, and disabled.

V. PUBLIC FACILITIES, INFRASTRUCTURE, AND PUBLIC SERVICES

A. Public Infrastructure/Facilities/Services Activities:

Recipients must complete this subsection if they received funding for public facilities such as senior centers; streetscape improvements; broadband that involves physical improvements; and public services such as mental health services; van purchases. 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 public facility improvement and beneficiaries can occupy the facility).

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

Activity Name: Enter the name of the activity.

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.

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.

VI. ECONOMIC DEVELOPMENT – SMALL BUSINESS ASSISTANCE – MICROENTERPRISE

Note that supporting documentation must be provided for all accomplishments claimed on the report for economic development activities.

Supporting documentation includes Family Income Forms for businesses that qualify under the LMJ National Objective, and tax returns for those qualifying as LMCMC.

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

A. LMJ National Objective - Economic Development and Microenterprise Activities:

Recipients must complete this subsection if they received funding for economic development and microenterprise activities where job creation or retention is required (LMJ National Objective). The beneficiaries can be reported once the jobs have been created and filled or retained. **Each microenterprise business assisted is considered a separate activity and one form must be submitted for each activity/business assisted.**

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

Activity Name: Enter the name of the activity.

Job Creation: New jobs created as a result of CDBG assistance

For this reporting period, the total number of:

Full Time Jobs: Enter the total number of full-time jobs created.

Full Time Jobs Made Available to LMI: Enter the total number of full-time jobs that were made available to low- and moderate-income (LMI) persons.

Full Time Jobs Taken by LMI Persons: Enter the total number of full-time jobs that were actually filled by LMI persons. This number must correspond with the numbers reported under the Beneficiary Income Data section for the 80% and below categories.

Part Time Jobs: Enter the total number of part time jobs created.

Part Time Jobs Made Available to LMI: Enter the total number of part time jobs made available to LMI persons.

Part Time Jobs Taken By LMI: Enter the total number of part time jobs that were actually filled by LMI persons. This number must correspond with the numbers reported under the Beneficiary Income Data section for the 80% and below categories.

Average # of Hours Worked Per Week for the Part Time Jobs: Enter the average number of hours that were worked by the persons taking the part time jobs.

Total Jobs with Employer Sponsored Health Care Benefits: Enter the total number of full time and part time jobs that were created where the employer provided or provides health care benefits to the persons taking the jobs.

Total Jobs Taken by Previously Unemployed Persons: Enter the total number of full-time and part-time jobs that were taken by people who were previously unemployed and seeking employment.

Job Retention: Jobs that otherwise would have been lost if not for CDBG assistance. Recipients must provide documentation that but for NYS CDBG assistance, the jobs would have been lost.

For this reporting period, the total number of:

Full Time Jobs: Enter the total number of full-time jobs retained.

Full Time Jobs Taken by LMI Persons: Enter the total number of full-time jobs that were held and continue to be held by low- and moderate-income persons. This number must correspond with the numbers reported under the Beneficiary Income Data section for the 80% and below categories.

Part Time Jobs: Enter the total number of part time jobs (positions) created.

Part Time Jobs Taken By LMI: Enter the total number of part time jobs (positions) that were held and continue to be held by low- and moderate-income persons. This number must correspond with the numbers reported under the Beneficiary Income Data section for the 80% and below categories.

Average # of Hours Worked Per Week for the Part Time Jobs: Enter the average number of hours that were worked by the persons holding the part time jobs.

Total Jobs with Employer Sponsored Health Care Benefits: Enter the total number of full time and part time jobs that were created where the employer provided or provides health care benefits to the persons taking the jobs.

Job Classifications:

Recipients are required to provide job classification information on all of the jobs that were created or retained whether full time or part time. For each of the job classifications listed provide the total number of positions either created or retained based on the following definitions:

Officials and Managers: Occupations requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

Professional: Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background includes accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.

Technicians: Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.

Sales: Occupations engaging wholly or primarily in direct selling. This includes advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; salesclerks, grocery clerks and cashiers; and kindred workers.

Office and Clerical: Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators,

shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.

Craft Workers (skilled): Manual workers of relatively high-level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, composers and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.

Operatives (semi-skilled): Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), driers and furnace workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.

Laborers (unskilled): Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.

Service Workers: Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurse's aides and orderlies), barbers, chair workers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers

Racial/Ethnic Composition: This information must be provided for all persons benefiting from the public facility, infrastructure, service or benefit.

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.

Microenterprise Training Activities

Persons that Completed the Training Program: Provide the total number of persons who completed a training program during the reporting period.

Business Information:

Recipients undertaking economic development and microenterprise activities are required to provide the following information regarding the businesses assisted through their program regardless of the National Objective selected.

For this Reporting Period, the Total Number of:

Businesses Assisted: Provide the total number of businesses receiving financial assistance.

Of the Total Number of Businesses Assisted, the Total Number of:

New Businesses Assisted: Provide the total number of newly formed businesses who were assisted through the program. Each business must be reported as either new or existing.

Existing Businesses Assisted: Provide the total number of existing businesses who received assistance through the program. Each business must be reported as either new or existing.

Businesses Assisted with Commercial Façade Treatment and/or Rehabilitation: Provide the total number of businesses who received assistance for the purpose of improving exterior façades or conducting commercial rehabilitation.

Businesses Assisted that Provide Goods or Services to Meet the Needs of a Service Area, Neighborhood, or Community: Provide the number of businesses that provide essential goods or services to a specific area.

Of the Total Number of Existing Businesses, the Total Number of:

Expanded Businesses: Enter the total number of businesses that expanded as a result of the assistance. Each existing business must be reported as either expanded or relocated.

Relocated Businesses: Enter the total number of businesses that relocated as a result of the assistance. Each existing business must be reported as either expanded or relocated.

Businesses Assisted:

Names of Businesses Assisted: Provide a listing of all of the businesses assisted during the reporting period.

Unique Entity ID# (UEI) for Businesses Assisted: The [U.S. General Services Administration \(GSA\)](#) announced that all firms seeking federal financial assistance (FFA) from the U.S. Government are required to obtain an active SAM.gov registration including the issuance of a Unique Entity Identifier (UEI). For GSA, the 12-digit UEI number replaces the 9-digit DUNS number provided by Dun & Bradstreet which were previously used by the agency to uniquely identify organizations receiving

FFA. The only method of getting a free UEI number is directly through the official government website [SAM.gov](https://sam.gov) (SAM is abbreviated for System for Award Management)

- **What's the application process to obtain a UEI and SAM.gov registration?**
The following is an overview of the process for U.S. and Non-U.S. entities.
- **First – Login.gov**
 - Login.gov (<https://login.gov/>) allows an individual to create login credentials (email, password and 2-factor authentication method) that they can use to sign into multiple U.S. government websites such as SAM.gov and the Federal Service Desk (FSD.gov)
 - The person who will be acting as your Entity Administrator is the one who should create these login credentials
- **Next – UEI and SAM.gov**
 - Though it is possible to request a unique Entity ID without doing the full SAM.gov registration, EXIM applicants/participants are required to do the full registration.
 - SAM.gov automatically obtains a Commercial and Government Entity (CAGE) code for U.S. entities. That is why they do not have to request it separately like internationalities entities do for a NATO Commercial and Government Entity (NCAGE) code. However, for EXIM customers applying for Financial Assistance Award Only registration, GSA no longer requires a CAGE code, and one will not be assigned automatically during the registration process if you do not have one.
 - Since the registration involves multiple steps/screens, it is ok to save work in progress and come back to complete it in another session.
 - When you have completed the registration and you have your UEI and annual registration expiration/renewal date, please email that to your EXIM contact so we may record it in EXIM's records.
- **Finally – Annual Recertification**
 - Entity Administrator and/or Entity Registration Representatives are responsible for ensuring the accuracy of an entity registration in SAM. An entity registration must be renewed every 365 days in order to remain active and will expire if it is not updated in a timely manner. An expired registration may affect the ability to do business with the Federal government.

DUNS # for Businesses Assisted: The Federal government requires that all applicants for Federal grants and cooperative agreements with the exception of individuals other than sole proprietors have a Data Universal Numbering System number (DUNS #) that will be used to better identify related organizations that are receiving federal funding and to provide consistent name and address data for electronic grant application systems. The DUNS # is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). The DUNS # is site-specific. Therefore, each distinct physical location of an entity (such as branches, divisions, and headquarters) may be assigned a DUNS #. In many instances, a central DUNS # for each major division/department/agency that applies for a grant may be sufficient.

Obtaining a DUNS #

Verify Assignment of DUNS #: If you are not sure if you have a DUNS # or have misplaced the number, contact D&B at **1-800-234-3867** to request the previously assigned number.

Obtaining DUNS #: If you do not have a DUNS #, contact D&B at **1-800-234-3867** or request DUNS # online at <http://www.dnb.com>.

B. LMC/MC National Objective -Microenterprise Activities:

Recipients must complete this sub section for microenterprise activities that are designed to assist only low- and moderate-income (LMI) businesses or persons. Examples of these activities include training and

technical assistance and financial assistance to an LMI business. Note: Activities funded under this category can ONLY provide assistance to LMI persons or businesses. **Each microenterprise business assisted is considered a separate activity and one form must be submitted for each activity/business assisted.**

Activities are deemed complete under this activity once the training has been provided or the loan has been closed.

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

Activity Name: Enter the name of the activity.

Low- and Moderate-Income Microenterprise Assistance:

Training/Technical Assistance Activities: Complete this section only if CDBG funds were used to provide training or technical assistance to low- and moderate-income persons. NOTE: If training, technical assistance, and microenterprise loans are separate activities, one form must be submitted for each of the activities. DO NOT combine totals on one form.

For This Reporting Period, The Total Number of:

Persons That Enrolled in Training Program: Enter the total number of LMI persons who enrolled in classroom training programs during the reporting period.

Persons That Completed Training Program: Enter the total number of LMI persons who completed classroom training during the reporting period.

Persons Receiving Technical Assistance and Business Support (In Addition to Training Program, if applicable): Enter the total number of LMI persons who received one-on-one technical assistance and business support during the reporting period. Numbers reported here should be in addition to any training if provided.

Business Information: Complete this section for all microenterprise LMC/MC activities including training and technical assistance. NOTE: If training, technical assistance, and microenterprise loans are separate activities, one form must be submitted for each of the activities. DO NOT combine totals on one form.

For this Reporting Period, The Total Number of:

Microenterprises Receiving CDBG Assistance: Enter the total number of LMI microenterprises receiving a grant or a loan.

Of the Total Number of Microenterprises Assisted, the Total Number of:

New Microenterprises Assisted: Enter the total number of new LMI businesses assisted during the reporting period. Each microenterprise must be reported as either new or existing.

Existing Microenterprises Assisted: Enter the total number of existing LMI businesses assisted during the reporting period. Each microenterprise must be reported as either new or existing.

Microenterprises Assisted that Provide Goods or Services to Meet the Needs of a Service Area, Neighborhood, or Community: Provide the number of businesses that provide essential goods or services to a specific area.

Of the Total Number of Existing Microenterprises, the Total Number of:

Expanded Microenterprises: Enter the total number of LMI microenterprises that expanded as a result of the assistance. Each existing microenterprise must be reported as either expanded or relocated.

Relocated Microenterprises: Enter the total number of LMI microenterprises that relocated as a result of the assistance. Each existing microenterprise must be reported as either expanded or relocated.

Racial/Ethnic Composition: This information must be provided for all persons benefiting from the public facility, infrastructure, service or benefit.

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.

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.

Businesses Assisted:

Names of Businesses Assisted: Provide a listing of all of the businesses assisted during the reporting period.

Unique Entity ID# (UEI) for Businesses Assisted: The [U.S. General Services Administration \(GSA\)](#) announced that all firms seeking federal financial assistance (FFA) from the U.S. Government are required to obtain an active SAM.gov registration including the issuance of a Unique Entity Identifier (UEI). For GSA, the 12-digit UEI number replaces the 9-digit DUNS number provided by Dun & Bradstreet which were previously used by the agency to uniquely identify organizations receiving FFA. The only method of getting a free UEI number is directly through the official government website [SAM.gov](#) (SAM is abbreviated for System for Award Management)

- **What’s the application process to obtain a UEI and SAM.gov registration?**

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- **First – Login.gov**
 - Login.gov (<https://login.gov/>) allows an individual to create login credentials (email, password and 2-factor authentication method) that they can use to sign into multiple U.S. government websites such as SAM.gov and the Federal Service Desk (FSD.gov)
 - The person who will be acting as your Entity Administrator is the one who should create these login credentials

- **Next – UEI and SAM.gov**
 - Though it is possible to request a unique Entity ID without doing the full SAM.gov registration, EXIM applicants/participants are required to do the full registration.
 - SAM.gov automatically obtains a Commercial and Government Entity (CAGE)code for U.S. entities. That is why they do not have to request it separately like internationalities entities do for a NATO Commercial and Government Entity (NCAGE) code. However, for EXIM customers applying for Financial Assistance Award Only registration, GSA no longer requires a CAGE code, and one will not be assigned automatically during the registration process if you do not have one.
 - Since the registration involves multiple steps/screens, it is ok to save work in progress and come back to complete it in another session.
 - When you have completed the registration and you have your UEI and annual registration expiration/renewal date, please email that to your EXIM contact so we may record it in EXIM's records.

- **Finally – Annual Recertification**
 - Entity Administrator and/or Entity Registration Representatives are responsible for ensuring the accuracy of an entity registration in SAM. An entity registration must be renewed every 365 days in order to remain active and will expire if it is not updated in a timely manner. An expired registration may affect the ability to do business with the Federal government.

VII. 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) feho@hcr.ny.gov.

VIII. 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) Section3MWBE@hcr.ny.gov.

IX. 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.

PLEASE NOTE:

EFFECTIVE APRIL 1, 2019, ALL RECIPIENTS OF NYS CDBG FUNDS WILL BE REQUIRED TO SUBMIT AN ANNUAL PROGRAM INCOME REPORT. IF A NYS CDBG FUNDED PROJECT IS SUBJECT TO REPORTING, NOTIFICATION WILL BE SUBMITTED ON OR ABOUT MARCH 1 OF EACH YEAR.