

**ANNUAL PERFORMANCE REPORT  
ECONOMIC DEVELOPMENT-SMALL BUSINESS-MICROENTERPRISE 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: Recipient Information; Project Status Narrative; Project Team, Beneficiary Data and Performance Measurements; Affirmatively Furthering Fair Housing, and Certification. Recipients are required to submit a beneficiary data and performance measurement data for **each** activity funded excluding program delivery and administration. For those projects with more than one activity of the same type (i.e., two microenterprise activities with different National Objectives (LMJ vs. LMCMC)), 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 APR's MUST BE RETURNED TO [OCRREPORTS@HCR.NY.GOV](mailto:OCRREPORTS@HCR.NY.GOV), PLEASE INCLUDE THE COMMUNITY'S NAME, CDBG PROJECT NUMBER IN THE SUBJECT LINE.

ALL SENSITIVE DOCUMENTS INCLUDING FAMILY INCOME FORMS AND TAX RETURNS MUST BE UPLOADED VIA PROCOREM WORKCENTER FOR SECURITY ASSURANCE. PLEASE CONTACT YOUR DEVELOPER WITH ANY QUESTIONS.

**I. RECIPIENT 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.

No Accomplishments to Date: Select this box if there are no accomplishments to report on for this period.

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:**

A1 **Economic Development/Small Business/Microenterprise**

Economic Development and Small Business

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?
2. Has the grant /loan agreement been executed with business? If so, on what date? If not, what is the anticipated date for this milestone?
3. If construction is involved in the project, when is the anticipated bid opening? Has construction commenced? If not, when is the anticipated start date?
4. What other notable items can you provide regarding the project status?

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5. 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?
6. 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?
7. What is the total amount disbursed to date and percentage of total award?
8. Are there any upcoming events/announcements associated with the project that we should be aware of (groundbreakings, ribbon cuttings, press releases, etc.)?

Microenterprise

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?
2. Have applications been solicited? If so, on what date and what date are applications due?
3. How many applications were received? How many processed? How many awarded?
4. How many awardees are low-to moderate-income microenterprise owners and how many will be creating low- to moderate-income jobs? How many jobs are proposed to be created by the LMJ awardees? How many jobs have been created to-date?
5. What other notable items can you provide regarding the project status?
6. How many projects are more than 50% complete?
7. What is the total amount disbursed to date and percentage of total award?
8. 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

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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 can 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 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.
14. **Senate – Assembly – Congressional Update:** From the dropdown lists select current District number for respective Senate, Assembly and Congressional Representatives

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

Beneficiary data represents the number of persons and/or family that benefit from the activity. The Beneficiary Data/Performance Measurements section is divided into subsections: Economic Development and Microenterprise Activities with LMJ National Objective; Microenterprise Activities with LMC/MC National Objective. **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 Income Documentation for those qualifying as LMCMC (e.g. Tax Returns).**

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.**

Business Name: Provide the name of the assisted business.

Activity Number: This is for office use only, please do not fill out.

Income Documentation: Indicate whether income documentation has been provided for this business

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

Definitions:

**Taken By:** Jobs taken by Low/Mod income individuals, documented through a self-certification (family income form)

**Made Available To:** Job does not require special skills, certifications, or education AND first consideration was given to LMI persons. This is recorded by filling out the 'Interview Log.'

For this reporting period, the total number of:

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

Full Time Jobs Taken by or Made Available to LMI: Enter the total number of full-time jobs that were taken by or made available to low- and moderate-income (LMI) persons. **Jobs taken by LMI persons are not necessarily also made available to LMI persons (and vice versa). Use the Job Creation and Interview log to determine which jobs are taken by and/or made available to LMI persons.**

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

Part Time Jobs Taken by or Made Available to LMI: Enter the total number of part time jobs made available to LMI persons. **Jobs taken by LMI persons are not necessarily also made available to LMI persons (and vice versa). Use the Job Creation and Interview log to determine which jobs are taken by and/or made available to LMI persons.**

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. Please note: the # of hours per week should be calculated using a whole number. A range of numbers will not be accepted.

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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. Please note: the # of hours per week should be calculated using a whole number. A range of numbers will not be accepted.

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.

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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, compositors 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 job creation or retention.

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 and/or 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 job creation or retention 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 that do not provide racial category information, enter the number of persons in the Other Multi-Racial cells. The total for this column must correspond with the total number of jobs created and/or retained.

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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 job created or retained enter the total number of persons benefiting from the job creation/retention activities for each income range (0-30%, 31-50%, 51-80%, and 81% and above). For persons that do not provide income data, enter the number of persons in the 81% and above income range. Provide the total numbers for each column. The total for this column must correspond with the total number of jobs created and/or retained. Please note: when determining a persons income band you must use the home address provided on their Family Income Form.

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

**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, indicate whether the business was a:

New Business Assisted: Each business must be reported as either new or existing.

Existing Business Assisted: Each business must be reported as either new or existing.

Business Assisted that Provide Goods or Services to Meet the Needs of a Service Area, Neighborhood, or Community: The business provides essential goods or services to a specific area.

If An Existing Business:

Expanded Business: Each existing business must be reported as either expanded or relocated.

Relocated Business: Each existing business must be reported as either expanded or relocated.

**Business Assisted:**

Names of Business Assisted: Provide the name of the business assisted during the reporting period.

Unique Entity ID# (UEI) for Business 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)

**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 grant has been closed.

Business Name: Provide the name of the assisted business.

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Income Documentation: Indicate whether income documentation has been provided for this business

Business Information: Complete this section for all microenterprise LMC/MC activities including training and technical assistance. Note that a separate sheet must be provided for each assisted business DO NOT combine information for multiple businesses on one form.

For this Reporting Period, indicate whether the business was a:

New Microenterprise Assisted: Each microenterprise must be reported as either new or existing.

Existing Microenterprise Assisted: Each microenterprise must be reported as either new or existing.

Microenterprise Assisted that Provide Goods or Services to Meet the Needs of a Service Area, Neighborhood, or Community: The business provides essential goods or services to a specific area.

If An Existing Business:

Expanded Microenterprises: Each existing microenterprise must be reported as either expanded or relocated.

Relocated Microenterprises: 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 training, technical assistance or businesses assistance.

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 and/or 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 microenterprise assistance 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 that do not provide racial category information, enter the number of persons in the Other Multi-Racial cells. The total for this column must correspond with the total number of jobs created and/or retained.

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 job created or retained enter the total number of persons benefiting from the microenterprise assistance for each income range (0-30%, 31-50%, 51-80%, and 81% and above). For persons that do not provide income data, enter the number of persons in the 81% and above income range. Provide the total numbers for each column. The total for this column must correspond with the total number of jobs created and/or retained.

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

**Business Assisted**:

Names of Business Assisted: Provide the name of the business assisted during the reporting period.

Unique Entity ID# (UEI) for Business 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



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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)

**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. 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 SENT ON OR ABOUT APRIL 1 OF EACH YEAR.**