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

Recipient Name				IDIS Project # (OCR use only)
CDBG Project #				No Accomplishments to date ☐
Reporting Period		TO		Report # Select One

II. PROJECT STATUS NARRATIVE

Project Status

1. How aligned is the current status of the project with the schedule submitted with the grant agreement?

2. If the project is delayed or behind schedule, provide a brief explanation and steps being taken to remediate

Environmental Review

3. Has the Environmental Review Record (ERR) been completed and approved? Yes ☐ No ☐
   If No, estimated completion date:

4. Has the Request for Release of Funds (RROF) been approved? Yes ☐ No ☐
   If No, briefly explain reason:

5. For projects using a Tiered Review:
   Has the **Tier I Review** been completed and approved? Yes ☐ No ☐
   Has the **Tier II Site-Specific Review** been completed for all sites/activities? Yes ☐ No ☐
   If not complete, indicate # completed / total sites

Overall Activity Status

6. Have all required local contracts or agreements been executed (e.g., housing agreements, construction contracts, business assistance agreements)? Yes ☐ No ☐
   If no, # executed this year Total to date

7. For housing or microenterprise activities – How are applications being solicited, describe your marketing strategy.

8. For job creating activities – Are job creation or retention goals on track? Yes ☐ No ☐

   If No, explain:

Financial Status

9. Total CDBG funds obligated to date $ _____ Funds drawn for reporting period $ _____(___% of award)

10. Leveraged (non-CDBG) funds expended $ _____

11. On track to expend all funds by grant end date? Yes ☐ No ☐
    If No, describe reason(s): Any budget amendments or re-allocations this year?
    Yes ☐ No ☐
    If yes, brief summary:

Program Management & Oversight

12. Were subrecipients or consultants used to administer the project? Yes ☐ No ☐

    Have they been monitored Yes ☐ No ☐
    Findings/corrective actions
    Monitoring records of consultants and subrecipients must be made available to OCR upon request.
    A consultant/ subrecipient monitoring template can be found here:

13. Have all procurements been conducted in compliance with state and federal requirements?
    Yes ☐ No ☐
    If No, describe issues:

14. Have required records been maintained for each activity (eligibility docs, national objective verification, beneficiary data)?
    Yes ☐ No ☐
    If No, explain:

15. Has the Program Administrative Plan been submitted to OCR?
    Yes ☐ If yes, date of submission
    No ☐ If no, anticipated date of submission

16. Based on OCR Grant Administration Manual, has the project met the required threshold for holding the second hearing? **When at least 80% of NYS CDBG funds have been expended.*
    Yes ☐ If yes, date of public hearing
    No ☐ If no, anticipated date of public hearing, if known

17. For Recipients submitting their **Final Performance Report**, if the project will not meet the accomplishments as proposed in the application, provide an explanation as to why these accomplishments will not be met.

Issues Encountered

18. Check any issues experienced this year:
    ☐ Procurement/Contract Delay ☐ Contractor/Workforce Shortage ☐ Supply Chain Funding
    ☐ Drawdown Delay ☐ Business Performance Issues ☐ WeatherNatural Events ☐ Other
    Describe Other:

CDBG-CV funded project (CARES ONLY)

19. Did this project include CARES/COVID (CDBG-CV) funding? Yes ☐ No ☐
    If Yes, identify activity type:

20. Were there any COVID-related delays (e.g., supply chain, safety protocols, program design changes)?

21. Additional Comments/Technical Assistance Needs:
Please summarize any challenges, success stories, or technical assistance needs for OCR review

III. Project Team Update *(See Page 1-2 of the APR instructions)*

1. Municipal Information

Name			
Address		County	Select One
C/T/V		State	NY | ZIP + 4 |
Phone		Fax	
Email			
Website			
EIN		UEI	
CDBG #		FY End	

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

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

3. Local Grant Contact (Must be a municipal employee other than CEO)

Name		Title	
Phone		Fax	
Email			

4. County/City/Town/Village Clerk

Name		Title	
Phone		Fax	
Email			

5. Municipal Treasurer or Chief Financial Officer

Name		Title	
Phone		Fax	
Email			

6. Attorney

Name		Title			
Firm		Municipal Employee	Yes ☐	No ☐	
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

7. Fair Housing Officer Required for every CDBG award/project.

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

8. Section 3 Coordinator *Required for any CDBG award that funds a project with more than $200,000 in NYS CDBG funds.*

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

9. Subrecipient

Are activities to be undertaken by a Subrecipient?

Yes ☐ **No** ☐ **To be selected** ☐ **(***If yes, complete this section***)**

Name of Subrecipient					
Contact Person				Title	
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

10. Labor Standards Compliance Officer

Will any CDBG activity be subject to Davis-Bacon Prevailing Wages?

Yes ☐ **No** ☐ **(***If yes, complete this section***)**

Name		Title			
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					
	General Decision Number				
	Bid opening date				

11. Consultant

Has the Recipient retained the services of a consultant for all or part of any CDBG activity?

Yes ☐ **No** ☐ **To be selected** ☐ **(***If yes, complete this section***.)**

Name of Firm					
Contact Person				Title	
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

12. Engineer

Has the Recipient retained the services of a consultant for all or part of any CDBG activity?

Yes ☐ **No** ☐ **To be selected** ☐ **(***If yes, complete this section***.)**

Name of Firm					
Contact Person				Title	
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

13. Lead Based Paint Risk Assessor

Will any CDBG activity be subject to Lead Based Paint Regulations at 24CFR Part 35 and/or 40CFR Part 745?

Yes ☐ **No** ☐ **To be selected** ☐ **(***If yes, complete this section***)**

Name of Firm					
Contact Person				Title	
Address					
C/T/V		State		ZIP + 4	
Phone		Fax			
Email					

14.

Senate	**Assembly**	**Congressional**
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list

IV. Declaration of Interest

For all housing, public facility and imminent threat activities submitting the Final APR subject to Declaration of Interest (DOI):

1. Have all DOI recorded and submitted to the Project Manager: Yes ☐ No ☐
2. If no, when will these be submitted. ☐
2. Please provide a list of all DOI recorded for the Reporting Period:

	Street Address
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

V. Beneficiary Data and Performance Measures (by activity type)

A. Single Family Housing Rehabilitation

No Single Unit Rehabilitation ☐

IDIS Activity Number (OCR use only)		Activity Name	

	OWNERS (units)	RENTERS (units)
TOTAL NUMBER OF UNITS FOR THIS REPORTING PERIOD ONLY		

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	OWNERS (units)		RENTERS (units)	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
TOTALS	0	0	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS (units)	RENTERS (units)
0 - 30% (Extremely Low Income)		
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:		
Female Head of Household		

APPLICABLE LEAD BASED PAINT REQUIREMENTS (FOR THIS REPORTING PERIOD ONLY)	OWNERS (units)	RENTERS (units)
Housing constructed before 1978		
Exempt: housing constructed 1978 or later		
Exempt: no paint disturbed		
Otherwise exempt		
TOTALS	0	0
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Safe Work Practices (24CFR35.930(b)) (Hard costs <=$5,000)		
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs $5,000 - $25,000)		
Abatement (24 CFR 35.930(d)) (Hard costs > $25,000)		

Of the Total Number of Units, Number of:		
	OWNERS (units)	RENTER (units)
Units Occupied by the Elderly		
Units Moved from Substandard to Standard (HQS or Local Code)		
Section 504 Accessible Units		
Units Qualified as Energy Star		
Brought into Compliance with Lead Safety Rules (24CFR Part 35)		
Units Created Through Conversion of Non-Residential to Residential Buildings		
Of the Total Affordable Units, Number of:	**RENTER ONLY**	
Years of Affordability Guaranteed		
Units Subsidized with Project-Based Rental Assistance by Another Federal, State or Local Program		
Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations		
Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless		
Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations		
Of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless		

B. Multi-Family 2 – 4 Unit Housing Rehabilitation

No multi-unit 2-4 Unit Rehabilitation ☐

IDIS Activity Number (OCR use only)		Activity Name	
		OWNERS (units)	RENTERS (units)
TOTAL NUMBER OF UNITS FOR THIS REPORTING PERIOD ONLY			

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	OWNERS (units)		RENTERS (units)	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
TOTALS	0	0	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS (units)	RENTERS (units)
0 - 30% (Extremely Low Income)		
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:		
Female Head of Household		

APPLICABLE LEAD BASED PAINT REQUIREMENTS (FOR THIS REPORTING PERIOD ONLY)	OWNERS (units)	RENTERS (units)
Housing constructed before 1978		
Exempt: housing constructed 1978 or later		
Exempt: no paint disturbed		
Otherwise exempt		
TOTALS	0	0
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Safe Work Practices (24CFR35.930(b)) (Hard costs <=$5,000)		
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs $5,000 - $25,000)		
Abatement (24 CFR 35.930(d)) (Hard costs > $25,000)		

Of the Total Number of Units, Number of:		
	OWNERS (units)	RENTER (units)
Units Occupied by the Elderly		
Units Moved from Substandard to Standard (HQS or Local Code)		
Section 504 Accessible Units		
Units Qualified as Energy Star		
Brought into Compliance with Lead Safety Rules (24CFR Part 35)		
Units Created Through Conversion of Non-Residential to Residential Buildings		
Of the Total Affordable Units, Number of:	**RENTER ONLY**	
Years of Affordability Guaranteed		
Units Subsidized with Project-Based Rental Assistance by Another Federal, State or Local Program		
Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations		
Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless		
Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations		
Of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless		

C. Multi-Family 5 or More Unit Housing Rehabilitation

No Multi-Unit 5 or more Unit Rehabilitation ☐

IDIS Activity Number (OCR use only)		Activity Name	
Address:		OWNERS (units)	RENTERS (units)
TOTAL NUMBER OF UNITS FOR THIS REPORTING PERIOD ONLY			

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	OWNERS (units)		RENTERS (units)	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
TOTALS	0	0	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS (units)	RENTERS (units)
0 - 30% (Extremely Low Income)		
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:		
Female Head of Household		

APPLICABLE LEAD BASED PAINT REQUIREMENTS (FOR THIS REPORTING PERIOD ONLY)	OWNERS (units)	RENTERS (units)
Housing constructed before 1978		
Exempt: housing constructed 1978 or later		
Exempt: no paint disturbed		
Otherwise exempt		
TOTALS	0	0
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Safe Work Practices (24CFR35.930(b)) (Hard costs <=$5,000)		
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs $5,000 - $25,000)		
Abatement (24 CFR 35.930(d)) (Hard costs > $25,000)		

Of the Total Number of Units, Number of:		
	OWNER (units)	RENTER (units)
Units Occupied by the Elderly		
Units Moved from Substandard to Standard (HQS or Local Code)		
Section 504 Accessible Units		
Units Qualified as Energy Star		
Brought into Compliance with Lead Safety Rules (24CFR Part 35)		
Units Created Through Conversion of Non-Residential to Residential Buildings		
Of the Total Affordable Units, Number of:	**RENTER ONLY**	
Years of Affordability Guaranteed		
Units Subsidized with Project-Based Rental Assistance by Another Federal, State or Local Program		
Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations		
Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless		
Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations		
Of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless		

D. Infrastructure in Support of Existing Housing

No Infrastructure in Support of Existing Housing ☐

IDIS Activity Number (OCR use only)		Activity Name	
Address:		OWNERS (units)	RENTERS (units)
TOTAL NUMBER OF UNITS FOR THIS REPORTING PERIOD ONLY			

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	OWNERS (units)		RENTERS (units)	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
TOTALS	0	0	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS (units)	RENTERS (units)
0 - 30% (Extremely Low Income)		
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:		
Female Head of Household		

APPLICABLE LEAD BASED PAINT REQUIREMENTS (FOR THIS REPORTING PERIOD ONLY)	OWNERS (units)	RENTERS (units)
Housing constructed before 1978		
Exempt: housing constructed 1978 or later		
Exempt: no paint disturbed		
Otherwise exempt		
TOTALS	0	0
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Safe Work Practices (24CFR35.930(b)) (Hard costs <=$5,000)		
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs $5,000 - $25,000)		
Abatement (24 CFR 35.930(d)) (Hard costs > $25,000)		

Of the Total Number of Units, Number of:	OWNER (units)	RENTER (units)
Units Occupied by the Elderly		
Units Moved from Substandard to Standard (HQS or Local Code)		
Section 504 Accessible Units		
Units Qualified as Energy Star		
Brought into Compliance with Lead Safety Rules (24CFR Part 35)		
Units Created Through Conversion of Non-Residential to Residential Buildings		
Of the Total Affordable Units, Number of:	**RENTER ONLY**	
Years of Affordability Guaranteed		
Units Subsidized with Project-Based Rental Assistance by Another Federal, State or Local Program		
Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations		
Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless		
Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations		
Of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless		

E. Mobile and Manufactured Housing Replacement (MMHR) No MMHR ☐

IDIS Activity Number (OCR use only)		Activity Name	
			OWNERS
TOTAL NUMBER OF UNITS FOR THIS REPORTING PERIOD ONLY			

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	OWNERS	
	RACIAL GROUP	HISPANIC*
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Totals	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household or person can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS
0 - 30% (Extremely Low Income)	
31 - 50 % (Very Low Income)	
51-80 % (Low Income)	
81% and Above	
TOTALS	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	
Female Head of Household	

APPLICABLE LEAD BASED PAINT REQUIREMENTS (FOR THIS REPORTING PERIOD ONLY)	OWNERS
Housing constructed before 1978	
Exempt: housing constructed 1978 or later	
Exempt: no paint disturbed	
Otherwise exempt	
TOTALS	0
Lead Hazard Remediation Action (For rehabilitation only)	
Lead Hazard Remediation Action (For rehabilitation only)	
Lead Safe Work Practices (24CFR35.930(b)) (Hard costs <=$5,000)	
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs $5,000 - $25,000)	
Abatement (24 CFR 35.930(d)) (Hard costs > $25,000)	

Of the Total Number of Units, Number of:	
	OWNERS
Units Occupied by the Elderly	
Units Moved from Substandard to Standard (HQS or Local Code)	
Section 504 Accessible Units	
Units Qualified as Energy Star	
Brought into Compliance with Lead Safety Rules (24CFR Part 35)	

F. Public Infrastructure/Public Facility/Public Services

No Public infrastructure, Public Facility or Public Services ☐

IDIS Activity Number (OCR use only)		Activity Name	

FOR THIS REPORTING PERIOD ONLY	
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:	
With **new** access to facility, infrastructure, service, or benefit	
With **improved** access to facility, infrastructure, service, or benefit	
Served by facility, infrastructure, service, or benefit that is **no longer substandard**	

Did the public infrastructure activity include lateral connection assistance?	YES ☐	NO ☐
If YES, please complete Part a Lateral Assistance Activities Beginning on Next Page		

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	PERSONS	
	RACIAL GROUP	HISPANIC*
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Totals	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)	
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	**PERSONS**
0 - 30% (Extremely Low Income)	
31 - 50 % (Very Low Income)	
51-80 % (Low Income)	
81% and Above	
TOTALS	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	
Female Head of Household	

Please note, this page is only for water/sewer projects that have lateral connections as an ancillary activity

F(a). Lateral Connection Assistance No Lateral Connection Assistance with Public Infrastructure ☐

IDIS Activity Number (OCR use only)		Activity Name	

	OWNERS	RENTERS
TOTAL NUMBER OF UNITS FOR THIS REPORTING PERIOD ONLY		

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
Totals	0	0	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group. a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS	RENTERS
0 - 3 0% (Extremely Low Income)		
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:		
FEMALE HEAD OF HOUSEHOLD		

APPLICABLE LEAD BASED PAINT REQUIREMENTS (FOR THIS REPORTING PERIOD ONLY)	OWNERS	RENTERS
Housing constructed before 1978		
Exempt: housing constructed 1978 or later		
Exempt: no paint disturbed		
Otherwise exempt		
TOTALS	0	0
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Hazard Remediation Action (For rehabilitation only)		
Lead Safe Work Practices (24CFR35.930(b)) (Hard costs <=$5,000)		
Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs $5,000 - $25,000)		
Abatement (24 CFR 35.930(d)) (Hard costs > $25,000)		

Of the Total Number of Units, Number of:		
	OWNER	**RENTER**
Units Occupied by the Elderly		
Units Moved from Substandard to Standard (HQS or Local Code)		
Section 504 Accessible Units		
Units Qualified as Energy Star		
Brought into Compliance with Lead Safety Rules (24CFR Part 35)		
	RENTER ONLY	
Of the Total Affordable Units, Number of:		
Years of Affordability Guaranteed		
Units Subsidized with Project-Based Rental Assistance by Another Federal, State or Local Program		
Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations		
Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless		
Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations		
Of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless		

G. Economic Development and Microenterprise Activities

No ED/SB/ME ☐

One form must be submitted for each activity/business funded except Program Delivery and Grant Administration.

IDIS Activity Number (OCR use only)		Activity Name	

Income Documentation Has Been Submitted (Family Income Forms): Yes ☐ No ☐ If NO, STOP, do not proceed.

Complete the Racial/Ethnic Composition and Income Data for the persons filling the jobs created or retained. Do not include business information.

RACIAL/ETHNIC COMPOSITION	(FOR THIS REPORTING PERIOD ONLY)	
RACIAL CATEGORIES	PERSONS	
	RACIAL GROUP	*HISPANIC
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Totals	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group, a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	PERSONS	
0 - 30% (Extremely Low Income)		FOR THIS REPORTING PERIOD ONLY
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	
OF THE TOTAL BENEFITING, THE NUMBER OF:	**PERSONS**	
FEMALE HEAD OF HOUSEHOLD		

JOB CREATION		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS TAKEN BY OR MADE AVAILABLE TO LMI PERSONS		
PART TIME JOBS		
PART TIME JOBS TAKEN BY OR MADE AVAILABLE TO LMI PERSONS		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL JOBS TAKEN BY PREVIOUSLY UNEMPLOYED PERSONS		
TOTAL PART-TIME HOURS *# OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK*		*For OFFICE USE ONLY*
TOTAL FTE JOBS CREATED		*For OFFICE USE ONLY*
JOB RETENTION (ED & SB PROJECTS ONLY)		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
FULL TIME JOBS		FOR THIS REPORTING PERIOD ONLY
FULL TIME JOBS HELD BY LMI		
PART TIME JOBS		
PART TIME JOBS HELD BY LMI		
AVERAGE # OF HOURS WORKED PER WEEK FOR THE PART-TIME JOBS		
TOTAL JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS		
TOTAL PART-TIME HOURS *# OF PART-TIME JOBS X AVERAGE # OF HOURS (PART-TIME) WORKED PER WEEK*		*For OFFICE USE ONLY*
TOTAL FTE JOBS RETAINED		*For OFFICE USE ONLY*

JOB CLASSIFICATIONS	**(FOR REPORTING PERIOD ONLY)**	
PROVIDE THE TOTAL NUMBER OF JOBS CREATED AND RETAINED FOR EACH	**CREATED**	**RETAINED**
OFFICIALS AND MANAGERS		
PROFESSIONAL		
TECHNICIANS		
SALES		
OFFICE AND CLERICAL		
CRAFT WORKERS (SKILLED)		
OPERATIVES (SEMI-SKILLED		
LABORERS (UNSKILLED)		
SERVICE WORKERS		
TOTALS	0	0
BUSINESS INFORMATION		
NEW BUSINESS ASSISTED		FOR THIS REPORTING PERIOD ONLY
EXISTING BUSINESS ASSISTED		
BUSINESS ASSISTED WITH COMMERCIAL FAÇADE TREATMENT AND/OR REHAB		
BUSINESS ASSISTED THAT PROVIDE GOODS OR SERVICES TO MEET THE NEEDS OF A SERVICE AREA, NEIGHBORHOOD, OR COMMUNITY		
IF EXISTING		
EXPANDED BUSINESS		
RELOCATED BUSINESS		
NAME OF BUSINESS ASSISTED	**UEI# FOR BUSINESS ASSISTED**	

H. LMC/MC Microenterprise Activities

No LMC/MC ☐

One form must be submitted for each activity/business funded except Program Delivery and Grant Administration.

IDIS Activity Number (OCR use only)		Activity Name	

*ALL PERSONS OR BUSINESSES ASSISTED UNDER THE LMC/MC NATIONAL OBJECTIVE **MUST** BE LOW- AND MODERATE-INCOME (LMI)*

Income Documentation Has Been Submitted (e.g. Tax Returns): Yes ☐ No ☐ If NO, STOP, do not proceed.

Complete the Racial/Ethnic Composition and Income Data for the LMI persons receiving technical assistance and/or training for the LMI business owners. If there are multiple activities for LMC/MC, a separate form must be submitted for each activity.

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	**PERSONS**	
	RACIAL GROUP	***HISPANIC**
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Totals	0	0

HISPANIC* = HUD has designated Hispanic as an ethnic group, a household can be identified as both a member of a racial group and an ethnic group but cannot be designated only as an ethnic group.

BENEFICIARY INCOME DATA		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	**PERSONS**	
0 - 30% (Extremely Low Income)		FOR THIS REPORTING PERIOD ONLY
31 - 50 % (Very Low Income)		
51-80 % (Low Income)		
81% and Above		
TOTALS	0	
OF THE TOTAL BENEFITING, THE NUMBER OF:	**PERSONS**	
FEMALE HEAD OF HOUSEHOLD		
BUSINESS INFORMATION		
NEW MICROENTERPRISES ASSISTED		FOR THIS REPORTING PERIOD ONLY
EXISTING MICROENTERPRISE ASSISTED		
MICROENTERPRISE ASSISTED WITH COMMERCIAL FAÇADE TREATMENT AND/OR REHAB		
MICROENTERPRISE PROVIDES GOODS OR SERVICES TO MEET THE NEEDS OF A SERVICE AREA, NEIGHBORHOOD, OR COMMUNITY		
IF EXISTING		
EXPANDED MICROENTERPRISE		
RELOCATED MICROENTERPRISE		
NAME OF BUSINESS ASSISTED	**UEI # FOR BUSINESS ASSISTED**	

I. Demolition and Clearance Program

No Demolition – Clearance Activities ☐

For projects that are completing IT related to emergency response, please complete the appropriate activity page.

IDIS Activity Number (OCR use only)		Activity Name	

FOR THIS REPORTING PERIOD ONLY

THE TOTAL NUMBER OF DEMOLITION - CLEARANCE PROJECTS COMPLETED:

Housing Units	
Businesses	
Public Facility	

WHAT IS THE NATIONAL OBJECTIVE CLAIMED FOR THIS ACTIVITY:

Select One

VI. Affirmatively Furthering Fair Housing

Fair and Equitable Housing Office

hcr.ny.gov/fair-housing

E-mail: FEHO@hcr.ny.gov

Recipients of federal funds have a duty to affirmatively further fair housing (AFFH) pursuant to the Fair Housing Act. New York State will monitor the efforts of local government grantees to satisfy and certify their own duty to AFFH. In general, activities that AFFH should promote non-discrimination and ensure fair and equal access to housing opportunities for all. The Grant Administration Manual, Chapter 5 Section VII(E), provides additional information regarding fair housing obligations. To ensure compliance with the AFFH requirements the Recipient is required to:

a. Display fair housing posters and distribute fair housing materials prepared by New York State, the municipality, US Department of Housing and Urban Development (HUD), or fair housing organizations to community residents, landlords, real estate professionals and lenders.
b. Pass a fair housing resolution that demonstrates a "good faith effort" in complying with fair housing requirements. The fair housing resolution adopted by the Recipient must also be publicized and promoted within the community; and
c. Designate a fair housing officer who is familiar with the fair housing regulation, have him or her trained on their duties and responsibilities as a fair housing officer, and, through means reasonably calculated to reach the community, publicize the existence of the fair housing officer as the primary point of contact for all fair housing related issues.

The Recipient shall carry out the AFFH actions within one (1) year of the award of funds and provide to HCR's Office of Community Renewal proof of the activities undertaken as a record of the municipality's activities to satisfy its AFFH requirements.

In addition to the abovementioned required activities, the Recipient's AFFH Checklist should identify which of the below activities will also be undertaken. The below checklist does not include every fair housing activity that a municipality could or should undertake. It is however a good starting point of increasing community awareness, ensuring that clear procedures exist for addressing fair housing complaints, expanding the types of housing choice within the municipality, and generally providing all people with the opportunity to live in a community of their choice without discrimination.

Questions related to fair housing obligations and/or the AFFH Checklist must be addressed to HCR's Fair and Equitable Housing Office at (518) 473-3089 or FEHO@hcr.ny.gov.

Recipients must be prepared to begin reporting on efforts to Affirmatively Further Fair Housing on an annual basis. Reporting will occur on an annual basis through the OCR Annual Performance Report (APR) that is due in January of every year or when submitting a FINAL APR.

AFFH Checklist of Actions that may Affirmatively Further Fair Housing:

1.Encourage community input on fair housing matters.

1. Hold an annual public meeting on fair housing. Provide to HCR an agenda, meeting notes, and reports concerning the steps that will be taken to address fair housing issues raised at these meetings. Include list of attendees/sign-in sheet, location and date.

2. Ensure public policy affirmatively furthers fair housing.

1. Sponsor, or work with a community development/planning organization, rural/neighborhood preservation, or fair housing organization to conduct a survey to assess the community's housing needs, including barriers to fair housing choice.

2. Survey special housing needs of minorities and women to determine possible effects of discrimination.

3. Promote fair housing education.

1. Elected officials, municipality staff in charge of planning, zoning, building, housing, community and economic development, and their third-party consultants attend a fair housing training program.

2. Expert provides a fair housing education and training program for real estate professionals, including developers, sales and rental agents, lenders, and property managers.

3. Conduct a meeting with financial institutions that serve the community to discuss the importance of providing financial assistance for housing in all geographic areas and to all residents in the community.

Please identify the Fair Housing Officer: _____

Was the Fair Housing Officer appointed by resolution? Yes ☐ No ☐

If yes, what was the date of the resolution? _____

Has a Fair Housing Plan been adopted? Yes ☐ No ☐

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

VII. Section 3 Reporting Requirements

SECTION 3 REQUIREMENTS

https://hcr.ny.gov/section-3-compliance
E-mail: section3mwbe@hcr.ny.gov

ONLY COMPLETE THIS SECTION IF YOU HAVE A SECTION 3 PROJECT THAT CHECKS *BOTH* BOXES BELOW. *SKIP AND GO TO VII* IF SECTION 3 DOES NOT APPLY TO YOUR FUNDING.

Projects that must comply with Section 3 requirements are those that:

☐ Are housing construction or rehabilitation or other public works projects, and
☐ Use more than $200,000 in HUD funding (e.g. HOME, CDBG, federal Housing Trust Fund) for *one* project.

Please note: Micro Enterprise (ME), Small Business (SB) and Economic Development (ED) projects are generally not subject to Section 3.

IF SECTION 3 DOES APPLY, you must complete the online Consolidated reporting form available here: Section 3 Consolidated Reporting Form

☐ I certify that the online Consolidated Section 3 Awardee Reporting Form and all supporting documentation has been completed and submitted on _____ (date).

ATTENTION: The Section 3 portion of this APR will not be approved/accepted if the Consolidated Section 3 Awardee Reporting Form is not submitted ***electronically***, as outlined in the paragraph above.

IF YOU HAVE A SECTION 3 PROJECT,
DID YOU COMPLETE THE REQUIRED ONLINE REPORTING FORM?

VIII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT *(See page 6 of the APR Instructions)*

I certify that, to the best of my knowledge, this report is correct and complete; and that all expenditures were for eligible NYS CDBG activities and deposited and disbursed, according to requirements of Title I of the Housing and Community Development Act of 1974, and the grant agreement executed with the NYS Office of Community Renewal and the policies and program requirements governing the NYS CDBG Program.

Typed Name of Chief Elected Official	☐ Check box if Chief Elected Official has changed since last reporting period and provide name of former CEO above
Signature of Chief Elected Official	Date Report Signed by CEO
Telephone	CEO E-mail Address
Name of Person who prepared this report	Preparer Email Address

ANNUAL PERFORMANCE REPORT

The Annual Performance Report (APR) is the instrument used by the Office of Community Renewal (OCR) to collect required performance data from Recipients. The information gathered through the APR is submitted annually to the U.S. Department of Housing and Urban Development (HUD) as part of New York State's Consolidated Annual Performance and Evaluation Report (CAPER).

Recipients are required to complete an APR for each project for which a Final Performance Report has not yet been submitted to OCR. The APR consists of seven sections: **Recipient Information; Project Status Narrative; Project Team; Beneficiary Data and Performance Measures; Affirmatively Furthering Fair Housing; Section 3 Summary Information;** and **Certification.**

Beneficiary and performance measurement data must be reported for each funded activity, excluding program delivery and administration. Projects containing multiple activities that meet different National Objective criteria (for example, homeownership assistance and housing rehabilitation) must complete a separate Beneficiary Data and Performance Measurement subsection for each activity.

Recipients should refer to the APR Reminder email for a listing of activities and associated IDIS Activity Numbers funded by OCR. The full APR package must be returned, including all forms, even those not applicable to a Recipient's specific grant.

ALL APRs MUST BE RETURNED DIRECTLY TO OCRREPORTS@HCR.NY.GOV. PLEASE INCLUDE THE COMMUNITY'S NAME, CDBG PROJECT NUMBER AND APR IN THE SUBJECT LINE. DO NOT COPY THE PROJECT MANAGER OR ANY OTHER OCR STAFF.

I. PROJECT INFORMATION:

Recipient Name: Provide the Name of the Recipient (i.e. Town/Village/City/County of (Name of Community).
IDIS Project #: Leave blank, OCR use only
Project #: Enter the Office of Community Renewal assigned project number.
No Accomplishments to Date: Check only if no accomplishments are being reported for the period
Reporting Period: MONTH/DAY/YEAR – MONTH/DAY/YEAR.
Report #: From the dropdown list, select the number of the report submitted.

II. PROJECT STATUS NARRATIVE:

Provide responses to questions as applicable to the project. Note that some fields are character limited, be succinct.

Answer all questions for the following:

- Project Status
- Environmental Review
- Overall Activity Status
- Financial Status
- Program Management & Oversight
- Issues Encountered
- Additional Comments/Technical Assistance Needs

For clarification on any other questions, please contact your OCR Project Manager.

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.
5. (This is not the Clerk of the Board or Clerk to the CEO).
6. **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.
7. **Municipal Attorney:** Identify the County/City/Town/Village Attorney
8. **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.
9. **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.
10. **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.
11. **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 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.
12. **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.
13. **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.
14. **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.
15. **Senate – Assembly – Congressional Update:** From the dropdown lists select current District number for respective Senate, Assembly and Congressional Representatives.

IV. Declaration of Interest

This applies to projects submitting FINAL APR's.

For housing and public facility projects, including demolition and clearance program, confirm that all DOI's have been submitted to the Project Manager via Procorem.

For all DOI's for completed projects, and that have been recorded, provide a list of all project addresses

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

This section must be completed according to:

1. Single Family Housing Rehabilitation
2. Multi-Family Housing Rehabilitation 2-4 units in a single building.
3. Multi-Family Housing Rehabilitation 5 or more units in a single building.
    a. Each building with 5 or more units must be reported as separate activities.
4. Infrastructure in Support of Existing Housing
5. Mobile and Manufactured Housing Replacement
6. Public Infrastructure/Public Facility/Public Services
    a. Lateral Connection Assistance
7. Economic Development and Microenterprise Activities
    a. Microenterprise LMC/MC
8. Demolition and Clearance Program

A – E All Housing Rehabilitation Activities

Recipients undertaking **housing rehabilitation** (single-unit or multi-unit), **installation of private wells, septic systems, or laterals**, **replacement of manufactured homes**, or **conversion of non-residential structures to residential use** must complete this subsection.

If both **single-unit** and **multi-unit** rehabilitation activities are being undertaken, submit a **separate form for each activity**.

A housing rehabilitation activity is considered **complete** when all rehabilitation work is finished, liens are released, final contractor payments have been made, and any rental or previously vacant units have been occupied.

Activity Name: Enter the name of the activity.

All Housing Activity Types:

Complete this section for units that are owner-occupied and rental occupied.

Activity Name: Provide the name of the activity, for example, Village of Upstate Housing Rehabilitation Program.

For this reporting period, the total number of:

Total Number of Units for this Reporting Period Only: Enter the total number of owner-occupied units and the total number of rentals units that were rehabilitated during the reporting period.

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 units (owner or rental) enter the total number of units that were Female Head of Household.

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

Ensure that the total number of **pre-1978, post 1978, and exempt units** equals the **total number of units reported** for the period.

Ensure that the total number of units completed in compliance with **24 CFR 35.930(b)** and **24 CFR 35.930(d)** equals the **total number of pre-1978 units reported** for the period.

# of Units Constructed Pre-1978. Enter the total number of units by owners and renters.

# of Units Constructed Post-1978. Enter the total number of units by owners and renters.

# of Units no Paint Disturbed. Enter the total number of units with no paint disturbed by owners and renters. OCR reserves the right to request additional documentation.

# of Units Otherwise Exempt. Enter the total number of units that meet the HUD and EPA classification of Otherwise Exempt. OCR reserves the right to request additional documentation.

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).

- 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 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.

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

Section 504 Accessible Units: Enter the total number of rehabilitated units where accessibility improvements were made (i.e. installation of grab bars, ramps, etc.)

Units Qualified as 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.

Brought into Compliance with Lead Safety Rules: This is equal to the total number of units that addressed lead-based paint as part of the housing rehabilitation.

Units Created Through Conversion of Non-Residential to Residential Buildings: Enter the total number of units created through conversion.

For Rental Units Only:

Complete this section for units that are renter occupied.

Of the Total Affordable Units, number of:

Years of Affordability Guaranteed: Refer to the Declaration of Interest in Property.

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.

Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations: Enter the total number of permanent rental units designated specifically for the homeless.

Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless: Enter the total number of applicable units.

Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations: Enter the total number of applicable units.

Of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless: Enter the total number of applicable units.

F. Public Infrastructure/Public Facility/Services

Activity Number: Leave blank, OCR use only. Activity Name: Enter the name of the activity.

Of the Total Persons Assisted, the Number of Persons:
SELECT ONLY ONE OF THE FOLLOWING, this must match the proposed beneficiaries in the application.

- 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).

Did the public infrastructure activity include lateral connection assistance, select YES or NO.

If YES, please complete part a, Lateral Connection Assistance

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 row.

Of the total units enter the total number of units that were Female Head of Household.

a. Lateral Connection Assistance

   For all other criteria, follow housing instruction and guidance above.

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

Activity/Business Name: Provide the name of the assisted business.

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

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.

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 female head of household.

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.

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.

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.

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

- Expanded Business: The business is hiring new staff, increasing productivity, offering new products/services, etc.
- Relocated Business: The business has moved to a new location.

Business Assisted:

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

Unique Entity ID# (UEI) for Business Assisted: All firms seeking federal financial assistance must obtain an active **SAM.gov** registration, which includes issuance of a **Unique Entity Identifier (UEI)**. The UEI is a 12-character identifier assigned through the official government website **SAM.gov** (System for Award Management). This is the only authorized method for obtaining a free UEI.

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 and jobs have been reported.

Business Name: Provide the name of the assisted business.

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

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 female head of household.

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.

Business Assisted:

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

Unique Entity ID# (UEI) for Business Assisted: All firms seeking federal financial assistance must obtain an active **SAM.gov** registration, which includes issuance of a **Unique Entity Identifier (UEI)**. The UEI is a 12-character identifier assigned through the official government website **SAM.gov** (System for Award Management). This is the only authorized method for obtaining a free UEI.

Imminent Threat/Demolition Clearance Instructions

Activity Number: Leave blank, OCR use only. Activity Name: Enter the name of the activity.

For the reporting period only:

1. Housing Units — enter the total number of units cleared or demolished
2. Businesses — enter the total of businesses cleared or demolished
3. Public Facility — enter the total number of facilities cleared or demolished

VI. 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.

a. Identify the Fair Housing Office, required for all NYS CDBG funded activities and projects.
b. Indicate if the appointment was by municipal resolution and the date.
c. Indicate of a Fair Housing Plan was adopted.
d. Provide a description of actions taken to Affirmatively Further Fair Housing.

VII. Utilization of Section 3 Residents & Business Report

Please review this section carefully. Reporting for Section 3 applies to all NYS CDBG awards and with any construction contract in excess of $200,000. For any questions regarding Section 3 Utilization or completing this section, please contact the Fair and Equitable Housing Office (FEHO) at Section3MWBE@hcr.ny.gov.

VIII. 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.