

CITY OF
ANDERSON

AGENDA ITEM

July 15, 2008 City Council Meeting



Approved for Submittal By:
City Manager <i>Scott Morgan</i>
To Be Presented By:
Susanne Lewis <i>Susanne Lewis</i>

To: Honorable Mayor and Members of the City Council

Through: Scott Morgan, City Manager
Telephone 378-6646

From: Susanne Lewis, Grants and Redevelopment Manager
Telephone 378-6676

Date: July 15, 2008

SUBJECT

Public Hearing - Annual Grantee Performance Report for Community Development Block Grants and Revolving Loan Accounts

RECOMMENDATION

1. Direct the City Council Clerk to read the published public hearing notice.
2. Conduct the public hearing.
3. Subject to testimony received at the public hearing, receive and file Annual Grantee Performance Reports.

FISCAL IMPACT

The recommended action has no fiscal impact.

DISCUSSION and BACKGROUND

The California Department of Housing and Community Development requires that recipients of Community Development Block Grants complete annual reports and allow the public the opportunity to comment on the use of these grant funds. The City's current open grants, including the revolving loan funds, are as follows:

04-STBG-1949 –Breckenridge Water Line Project /Housing Rehab
07-PTAA-3122 Fire Services Governance Study
Economic Development Revolving Loan Fund
Housing Rehabilitation Revolving Loan Fund

All of these grants are administered by city staff. The Housing Rehabilitation Program, funded by some of these grants, is administered by the Shasta County Department of Housing and Community Action Agency. The Economic Development Revolving Loan Fund had no activity for the 2007/2008 fiscal year.

The purpose of this public hearing is to give members of the community the chance to comment on these grants. The public hearing was properly noticed in the Anderson Valley Post.

Attached to this staff report are Annual Grantee Performance Reports for the above listed grants, with the exception of the PTAA grant, which does not require a report. I will be glad to answer any questions the Council has about these grants.

ATTACHMENTS

1. Annual Grantee Performance Report for 04-STBG-1949
2. Annual Grantee Performance Report for Economic Development RLF
3. Annual Grantee Performance Report for Housing Rehabilitation RLF
4. Public Hearing Notice

Grantee Performance Report
Report Period (FY) 2007/08

Standard Agreement # 04-STBG-1949

Please Check One
 Annual GPR
 Final GPR

Jurisdiction Name: City of Anderson

Name of Contact: Susanne Lewis
 Address of Contact: 1887 Howard Street
Anderson, CA 96001

Telephone Number: (530) 378-6676 E-Mail Address: slewis@ci.anderson.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

In Support
of Housing
(LMH)

- | | | | |
|--|-------------------------------------|--------|---------------------------------|
| (01) Acquisition of Real Property | <input type="checkbox"/> | Page 1 | |
| (02) Disposition | <input type="checkbox"/> | Page 1 | |
| (03) Public Facilities & Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03A) Senior Centers | <input type="checkbox"/> | Page 6 | |
| (03B) Handicapped Centers | <input type="checkbox"/> | Page 6 | |
| (03C) Homeless Facilities | <input type="checkbox"/> | Page 6 | |
| (03D) Youth Centers | <input type="checkbox"/> | Page 6 | |
| (03E) Neighborhood Facilities | <input type="checkbox"/> | Page 6 | |
| (03F) Parks, Recreation Facilities | <input type="checkbox"/> | Page 6 | |
| (03G) Parking Facilities | <input type="checkbox"/> | Page 6 | |
| (03H) Solid Waste Disposal Imp.* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03I) Flood Drainage Improvement* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03J) Water/Sewer Improvements* | <input checked="" type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03K) Street Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03L) Sidewalk Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03M) Child Care Centers | <input type="checkbox"/> | Page 6 | |
| (03N) Tree Planting | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03O) Fire Station/Equipment | <input type="checkbox"/> | Page 6 | |
| (03P) Health Facilities | <input type="checkbox"/> | Page 6 | |
| (03Q) Abused and Neglected Children Facilities | <input type="checkbox"/> | Page 6 | |
| (03R) Asbestos Removal | <input type="checkbox"/> | Page 6 | |
| (03S) Facilities for Aids Patients | <input type="checkbox"/> | Page 6 | |
| (03T) Operating Costs of Homeless/Aids | <input type="checkbox"/> | Page 6 | |
| (04) Clearance and Demolition | <input type="checkbox"/> | Page 1 | |
| (04A) Cleanup of Contaminated Sites | <input type="checkbox"/> | Page 1 | |
| (05) Public Services - General | <input type="checkbox"/> | Page 7 | |
| (05A) Senior Services | <input type="checkbox"/> | Page 7 | |
| (05B) Handicapped Services | <input type="checkbox"/> | Page 7 | |
| (05C) Legal Services | <input type="checkbox"/> | Page 7 | |
| (05D) Youth Services | <input type="checkbox"/> | Page 7 | |

(05E) Transportation Services	<input type="checkbox"/>	Page 7		
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7		
(05H) Employment Training	<input type="checkbox"/>	Page 7		
(05I) Crime Awareness	<input type="checkbox"/>	Page 7		
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7		
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7		
(05L) Child Care Services	<input type="checkbox"/>	Page 7		
(05M) Health Services	<input type="checkbox"/>	Page 7		
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7		
(05O) Mental Health Services	<input type="checkbox"/>	Page 7		
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7		
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7		
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2		
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5		
(05T) Security Deposits	<input type="checkbox"/>	Page 5		
(05U) Housing Counseling	<input type="checkbox"/>	Page 7		
(06) Interim Assistance	<input type="checkbox"/>	Page 7		
(08) Relocation*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3	
(12) Construction Housing	<input type="checkbox"/>	Page 1		
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2		
(14A) Rehabilitation - Single Unit Residential	<input checked="" type="checkbox"/>	Page 4		
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4		
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4		
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4		
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8		
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4		
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4		
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4		
(15) Code Enforcement	<input checked="" type="checkbox"/>	Page 7		
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4		
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6		
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8		
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8		
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8		
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8		
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8		
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9		
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5	

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title Scott Morgan, City Manager

Date 8-Jul-08

6/10/2008

Grantee Performance Report

Housing Rehabilitation

Report Period

2007/08

Standard Agreement

04-STBG-1949

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and Slums and Blight Area (SBA) or Slum and Blight Spot (SBS) or Urgent Need (URG) for the following. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Rehabilitation - Single Unit Residential (Matrix 14A)
- Rehabilitation - Multi - Unit Residential (Matrix 14B)
- Public Housing Modernization (Matrix 14C)
- Energy Efficiency Improvements (Matrix 14F)
- Rehabilitation - Publicly-Owner Residential Buildings (Matrix 14D)
- Acquisition for Rehabilitation (Matrix 14G)
- Lead Based Paint, Hazards Test Abatement (14I)
- Residential Historic Preservation (16A)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members _____

Women _____

Other (Specify) _____

Value of Contract

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants _____ Loans 9
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants _____ Loans 15
4. When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest Rate (%) | Number of Months (#) | Loan Amounts (\$) |
|---|-------------------|--------------------------|-------------------|
| a. Amortized Loan: | _____ | _____ | _____ |
| b. Deferred Payment/
Forgiveness Loan: | <u>3%</u> | <u>30 years deferred</u> | <u>various</u> |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	HOUSING ACTIVITIES			
	Owner		Renter	
	All	Hisp	All	Hisp
White (11):	9	0	0	0
Black/African American (12):	0	0	0	0
Asian (13):	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0	0	0
Am. Indian/Alaskan Native & White (16):	0	0	0	0
Asian & White (17):	0	0	0	0
Black/African Am. & White (18):	0	0	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS	9	0	0	0

Number of Female Head of Households 3

INCOME LEVELS

IDIS cdbg 13

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	2	0	0
Low (31%-50%)	4	0	0
Moderate (51%-80%)	3	0	0
Non-Low/Moderate Income (+80%)	0	0	0
Totals	9	0	0

REHABILITATION OF UNITS

IDIS cdbg 9

1. Indicate if the rehabilitation was offering a program with these specific services:
(May apply for activities with an national objective LMH with Matrix Code 14a, 14b,14c,14d,14f,14g or 16a)
- a. Installing security devices
 - b. Installing smoke detectors
 - c. Performing emergency housing repairs
 - d. Providing supplies and equipment for painting houses
 - e. Operating a tool lending library

REHABILITATION OF THE OWNER UNITS

IDIS cdbg 24

- 1. Enter the total number of owner units rehabilitated: 9
- 2. Of the total number of owner-occupied units rehabilitated, specify the number of:
 - a. Units occupied by elderly: 3
 - b. Units brought from substandard to standard (Meeting HQS or local code): 9
 - c. Units qualified as Energy Star: 2
 - d. Units made accessible: 9
 - e. Units in compliance with lead safety rules (24 CFR Part 35): 9

If this activity includes multi-unit housing with (2+ units) complete the rest of the following questions:

MULTI-UNIT HOUSING

IDIS cdbg 14

THIS REPORTING PERIOD	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	<u>0</u>	<u>0</u>	<u>0</u>
Number of Units Expected at Completion:	<u>0</u>	<u>0</u>	<u>0</u>
 FOR TOTAL GRANT TERM	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	<u>0</u>	<u>0</u>	<u>0</u>

(Complete the following questions if the activity includes the Rehabilitation of Rental Units)

REHABILITATION OF RENTAL UNITS

IDIS cdbg 20 & 21

- 1. What is the total number of rental units: _____
- 2. Of the total rental units, what number are: _____
 - a. Affordable units: _____
 - b. Section 504 accessible units: _____
 - c. Changed from a substandard to a standard condition, (Meeting HQS or local code requirements): _____
- 3. What number of units qualified as Energy Star: _____
- 4. What number of units are in compliance with lead safety rules (24 CFR Part 35): _____
- 5. What number of units were created through conversion of a non-residential to residential building: _____
- 6. Of the number of rehabilitated rental units designated affordable, specify:
 - a. Number of units occupied by elderly: _____
 - b. The number of years there will be affordability restrictions: _____
 - c. Units subsidized with project-based rental assistance by another federal, State or local program: _____
- 7. What number of affordable units were designated for persons with HIV/AIDS including units receiving assistance for operations: _____
 - a. Of those, what number are for chronically homeless: _____
- 8. What number of affordable units are permanent housing units for homeless persons and families, including units receiving assistance for operations: _____
 - a. Of those, the number for the chronically homeless: _____

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address _____

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date: _____

Demolition or Conversion Agreement Date: _____

Replacement
Address _____

Number of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Date units will be available: _____

Date of any exception agreement: _____

Grantee Performance Report
Appendix B - Displacement

Report Period
2007/08

Standard Agreement
04-STBG-1949

IDIS cdbg 15

Indicate the census tract of origin _____
 Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____
 Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract
 and race distribution of those relocated. _____
 Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report
Public Facilities and Improvements

Report Period
2007/08

Standard Agreement
04-STBG-1949

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- | | | |
|--|---|---|
| <input type="checkbox"/> Public Facilities and Improvements (03) | <input type="checkbox"/> Parking Facilities (03G) | <input type="checkbox"/> Tree Planting (03N) |
| <input type="checkbox"/> Senior Centers (03A) | <input type="checkbox"/> Solid Waste Disposal Imp. (03H)* | <input type="checkbox"/> Fire Station/Equipment (03O) |
| <input type="checkbox"/> Handicapped Centers (03B) | <input type="checkbox"/> Flood Drainage Improvement (03I)* | <input type="checkbox"/> Health Facilities (03P) |
| <input type="checkbox"/> Homeless Facilities (03C) | <input checked="" type="checkbox"/> Water/Sewer Improvements (03J)* | <input type="checkbox"/> Abused and Neglected Children Facilities (03Q) |
| <input type="checkbox"/> Youth Centers (03D) | <input type="checkbox"/> Street Improvements (03K)* | <input type="checkbox"/> Asbestos Removal (03R) |
| <input type="checkbox"/> Neighborhood Facilities (03E) | <input type="checkbox"/> Sidewalk Improvements (03L)* | <input type="checkbox"/> Facilities for Aids Patients (03S) |
| <input type="checkbox"/> Parks, Recreation Facilities (03F) | <input type="checkbox"/> Child Care Centers (03M) | |
|
 | | |
| <input type="checkbox"/> Operating Costs of Homeless/Aids (03T) | | |
| <input type="checkbox"/> Non-Residential Historic Preservation (16B) | | |
| <input type="checkbox"/> Privately Owned Utilities (11)* | | |

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- | | |
|---|---|
| a. One-for-One Replacement (Reconstruction) complete Appendix A. | <input type="checkbox"/> |
| b. Public improvement activity for which a Special Assessment will be levied. | <input type="checkbox"/> |
| c. Displacement of household, business, farms, nonprofits, complete Appendix B. | <input type="checkbox"/> |
| d. Creating a new Revolving Fund/Revolving Loan Account (RLA). | <input type="checkbox"/> |
| e. The designation of an economic development "Favored activity". | <input type="checkbox"/> |
| f. The funding of Colonia(s). | <input type="checkbox"/> |
| g. Brownfield Activity | Indicate the number of remediated acres: _____ <input type="checkbox"/> |
| h. Historic Preservation Area. | <input type="checkbox"/> |
| i. Presidential Declared Disaster. | <input type="checkbox"/> |
| j. Multi-Unit Housing (2+ Units/structure). | <input type="checkbox"/> |
| k. Rental Housing. | <input type="checkbox"/> |
| l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C. | <input type="checkbox"/> |
| m. A Subrecipient Agreement for this activity, complete Appendix D. | <input type="checkbox"/> |
| n. The designation of Slum and Blight, complete Appendix E. | <input type="checkbox"/> |

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

<input checked="" type="checkbox"/> Contracts were non-housing related
<input checked="" type="checkbox"/>

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Minority group members

Women

Other (Specify) _____

Value of Contract

Public Facilities and Improvements

- 1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year: 30
 - b. Now have new access to this public facility (community facility) or public improvement (public works): 30
 - c. Now have improved access to this type of public facility (community facility) or public improvement (public works): 30
 - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: 30
- 2. a. What number of homeless persons were given overnight shelter: _____
 - b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

Grantee Performance Report

Appendix A - One for One Replacement

Report Period

2007/08

Standard Agreement

04-STBG-1949

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.

IDIS cdbg 16

Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Appendix B - Displacement

Report Period

2007/08

Standard Agreement

04-STBG-1949

IDIS cdbg 15

Indicate the census tract of origin _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report
Appendix E - Slum & Blight Area

Report Period
2007/08

Standard Agreement
04-STBG-1949

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA), Urgent Need (URG). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- | | | |
|--|---|---|
| <input type="checkbox"/> Public Services - General (05) | <input type="checkbox"/> Crime Awareness (05I) | <input type="checkbox"/> Housing Counseling (05U) |
| <input type="checkbox"/> Senior Services (05A) | <input type="checkbox"/> Fair Housing Activities (05J) | <input type="checkbox"/> Interim Assistance (06) |
| <input type="checkbox"/> Handicapped Services (05B) | <input type="checkbox"/> Tenant/Landlord Counseling (05K) | <input type="checkbox"/> Relocation (08)* |
| <input type="checkbox"/> Legal Services (05C) | <input type="checkbox"/> Child Care Services (05L) | <input type="checkbox"/> Loss of Rental Income (09)* |
| <input type="checkbox"/> Youth Services (05D) | <input type="checkbox"/> Health Services (05M) | <input checked="" type="checkbox"/> Code Enforcement (15) |
| <input type="checkbox"/> Transportation Services (05E) | <input type="checkbox"/> Abused & Neglected Children (05N) | |
| <input type="checkbox"/> Substance Abuse Services (05F) | <input type="checkbox"/> Mental Health Services (05O) | |
| <input type="checkbox"/> Battered and Abused Spouses (05G) | <input type="checkbox"/> Screening Lead Paint & Hazards (05P) | |
| <input type="checkbox"/> Employment Training (05H) | <input type="checkbox"/> Subsistence Payments (05Q) | |

* For LMH activities, report on Housing Services page.

Funds used for salaries to implement code enforcement activities within a redevelopment area

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- | | |
|---|--------------------------|
| a. One-for-One Replacement (Reconstruction) complete Appendix A. | <input type="checkbox"/> |
| b. Public improvement activity for which a Special Assessment will be levied. | <input type="checkbox"/> |
| c. Displacement of household, business, farms, nonprofits, complete Appendix B. | <input type="checkbox"/> |
| d. Creating a new Revolving Fund/Revolving Loan Account (RLA). | <input type="checkbox"/> |
| e. The designation of an economic development "Favored activity". | <input type="checkbox"/> |
| f. The funding of Colonia(s). | <input type="checkbox"/> |
| g. Brownfield Activity Indicate the number of remediated acres: _____ | <input type="checkbox"/> |
| h. Historic Preservation Area. | <input type="checkbox"/> |
| i. Presidential Declared Disaster. | <input type="checkbox"/> |
| j. Multi-Unit Housing (2+ Units/structure). | <input type="checkbox"/> |
| k. Rental Housing. | <input type="checkbox"/> |
| l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C. | <input type="checkbox"/> |
| m. A Subrecipient Agreement for this activity, complete Appendix D. | <input type="checkbox"/> |
| n. The designation of Slum and Blight, complete Appendix E. | <input type="checkbox"/> |

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Minority group members _____

Women _____

Other (Specify) _____

Value of Contract

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	_____	_____	_____
b. Deferred Payment/ Forgiveness Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	0	0

The following sections do not apply to Relocation (08), Loss of Rental Income (09) and Code Enforcement (15), however the information is still required for all other activities.

PUBLIC SERVICE

IDIS cdbg 17A

- 1. Indicate the number of persons/households assisted, according to the following:
 - a. Total being served for the program year: _____
 - b. Now have new access to this type of service or benefit: _____
 - c. Now have improved access to this type of service or benefit: _____
 - d. Now receive a service or benefit that is no longer substandard: _____

- 2. a. What number of homeless persons were given overnight shelter: _____
b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

HOMELESS PREVENTION

IDIS cdbg 31

If this activity also includes the following services, address the following questions if applicable.

Legal Services (05C)

Subsistence Payments (05Q)

- 1. Indicate the total number of homeless that are benefiting from this activity: _____
- 2. Of the persons assisted, enter the number that:
 - a. Receive emergency financial assistance to prevent homelessness: _____
 - b. Received emergency legal assistance to prevent homelessness: _____

EMERGENCY ASSISTANCE (Subsistence Payments)

IDIS cdbg 30

If this activity also includes the following services, address the following questions if applicable.

Legal Services (05C)

Subsistence Payments (05Q)

- 1. Enter the total number of households receiving rental assistance: _____
- 2. Of the total households assisted, specify the number on short-term rental assistance (not more than 3 months) : _____
- 3. What number of households assisted were previously homeless: _____
- 4. Of those homeless, what number were chronically homeless: _____

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address _____

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date: _____

Demolition or Conversion Agreement Date: _____

Replacement
Address _____

Number of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Date units will be available: _____

Date of any exception agreement: _____

Grantee Performance Report

Appendix B - Displacement

Report Period

2007/08

Standard Agreement

04-STBG-1949

IDIS cdbg 15

Indicate the census tract of origin _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. _____

Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--------------------|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | |

Use Moderate Income if at a center with services,
if not center based, use Low Income

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Boundaries are the existing Southwest Redevelopment Area within the
Anderson Redevelopment Agency jurisdiction.

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report
Report Period (FY)

2007/08

Standard Agreement #
ED Revolving Loan Fund

Please Check One
 Annual GPR
 Final GPR

Jurisdiction Name: City of Anderson

Name of Contact: Susanne Lewis
 Address of Contact: 1887 Howard Street
Anderson, CA 96001

Telephone Number: (530) 378-6676 E-Mail Address: slewis@ci.anderson.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

		In Support of Housing (LMH)
(01) Acquisition of Real Property	<input type="checkbox"/> Page 1	
(02) Disposition	<input type="checkbox"/> Page 1	
(03) Public Facilities & Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03A) Senior Centers	<input type="checkbox"/> Page 6	
(03B) Handicapped Centers	<input type="checkbox"/> Page 6	
(03C) Homeless Facilities	<input type="checkbox"/> Page 6	
(03D) Youth Centers	<input type="checkbox"/> Page 6	
(03E) Neighborhood Facilities	<input type="checkbox"/> Page 6	
(03F) Parks, Recreation Facilities	<input type="checkbox"/> Page 6	
(03G) Parking Facilities	<input type="checkbox"/> Page 6	
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03I) Flood Drainage Improvement*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03J) Water/Sewer Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03K) Street Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03L) Sidewalk Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03M) Child Care Centers	<input type="checkbox"/> Page 6	
(03N) Tree Planting	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03O) Fire Station/Equipment	<input type="checkbox"/> Page 6	
(03P) Health Facilities	<input type="checkbox"/> Page 6	
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/> Page 6	
(03R) Asbestos Removal	<input type="checkbox"/> Page 6	
(03S) Facilities for Aids Patients	<input type="checkbox"/> Page 6	
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/> Page 6	
(04) Clearance and Demolition	<input type="checkbox"/> Page 1	
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/> Page 1	
(05) Public Services - General	<input type="checkbox"/> Page 7	
(05A) Senior Services	<input type="checkbox"/> Page 7	
(05B) Handicapped Services	<input type="checkbox"/> Page 7	
(05C) Legal Services	<input type="checkbox"/> Page 7	
(05D) Youth Services	<input type="checkbox"/> Page 7	

(05E) Transportation Services	<input type="checkbox"/>	Page 7		
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7		
(05H) Employment Training	<input type="checkbox"/>	Page 7		
(05I) Crime Awareness	<input type="checkbox"/>	Page 7		
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7		
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7		
(05L) Child Care Services	<input type="checkbox"/>	Page 7		
(05M) Health Services	<input type="checkbox"/>	Page 7		
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7		
(05O) Mental Health Services	<input type="checkbox"/>	Page 7		
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7		
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7		
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2		
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5		
(05T) Security Deposits	<input type="checkbox"/>	Page 5		
(05U) Housing Counseling	<input type="checkbox"/>	Page 7		
(06) Interim Assistance	<input type="checkbox"/>	Page 7		
(08) Relocation*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3	
(12) Construction Housing	<input type="checkbox"/>	Page 1		
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2		
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4		
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4		
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4		
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4		
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8		
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4		
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4		
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4		
(15) Code Enforcement	<input type="checkbox"/>	Page 7		
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4		
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6		
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8		
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8		
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8		
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8		
(18A) ED Direct Financial Assistance for For-Profits	<input checked="" type="checkbox"/>	Page 8		
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9		
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5	

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title Scott Morgan

Date 8-Jul-08

6/10/2008

Grantee Performance Report
ECONOMIC DEVELOPMENT
Business Assistance & Infrastructure

Report Period
2007/08

Standard Agreement
ED Revolving Loan Fund

This section applies to Economic Development activities that facilitate the creation of business and jobs. Check off the activity you are reporting. If more than one activity is being reported, you will need to create a duplicate sheet. Do not use this page to report on Micro Enterprise activities, use page nine (9). Page 9

- Rehabilitation Publicly/Private Commercial Industry (14E)
- Commercial/Industrial Land Acquisition/Disposition (17A)
- Commercial Industrial Infrastructure Development (17B)
- Building Acquisition, Construction, Rehabilitation (17C)
- Other Commercial/Industrial Improvements (17D)
- ED Direct Financial Assistance for For-Profits (18A)
- Health Facilities - Jobs (03P)

No reportable activities for this period for this fund

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. A designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Value of Contract

Minority group members _____

Women _____

Other (Specify) _____

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided for the entire contract term:
Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	_____	_____	_____
b. Deferred Payment/ Forgiveness Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on race/ethnicity and income levels of employees for LMJ activities and people for an LMA service area :

Race & Code	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	0	0
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

The number of employees based on income levels:

	Employees	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	0	0
Totals	0	0

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	0	0	0	0
Expect to Retain:	0	0	0	0
2 Actual:				
Created:	0	0	0	0
Retained:	0	0	0	0

3 What number of jobs have employer sponsored health care benefits:

IDIS cdbg 26 & 27

Created: 0 Retained: 0

4 What number were unemployed prior to the jobs created under this activity: _____

5 Indicate the type of jobs being created or retained:

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>0</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

Business Assistance

1 **Businesses assisted:**

IDIS cdbg 28

Number of Existing: 0
 Number of New: 0
 Total: 0

2 **Of the EXISTING Businesses assisted:**

Number expanding: 0
 Number relocating: 0

3 The number of businesses assisted with commercial façade treatment/business building rehab: 0

4 If the activity is serving a Low and Moderate Area, indicate the number of businesses that provide goods or services to meet the needs of a service area, neighborhood or community 0

5 Specify Duns number for each business assisted:
Duns Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF JOBS

If the activity has a matrix code from the 03 series (03A-03T) and creates jobs, than complete the following questions:

IDIS cdbg 17B

- 1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year _____
 - b. Now have new access to this public facility (community facility) or infrastructure improvement (public works): _____
 - c. Now have improved access to this type of public facility (community facility) or infrastructure improvement (public works): _____
 - d. That are served by the public facility (community facility) or infrastructure improvement (public works) that is no longer substandard: _____
- 2. If the activity provides beds and shelter to the homeless,
 - a. What number of homeless persons were given overnight shelter: _____
 - b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address _____

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date: _____

Demolition or Conversion Agreement Date: _____

Replacement
Address _____

Number of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Date units will be available: _____

Date of any exception agreement: _____

Grantee Performance Report

Appendix B - Displacement

Report Period

2007/08

Standard Agreement

ED Revolving Loan Fund

IDIS cdbg 15

Indicate the census tract of origin: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City: _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--------------------|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | |

Use Moderate Income if at a center with services,
if not center based, use Low Income

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report

Report Period (FY) 2007/08

Standard Agreement #

Housing Rehab RLF

Please Check One

Annual GPR

Final GPR

Jurisdiction Name: City of Anderson

Name of Contact: Susanne Lewis

Address of Contact: 1887 Howard Street

Anderson, CA 96001

Telephone Number: (530) 378-6676

E-Mail Address: stewis@ci.anderson.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

	<input type="checkbox"/>		<input type="checkbox"/>	In Support of Housing (LMH)
(01) Acquisition of Real Property	<input type="checkbox"/>	Page 1		
(02) Disposition	<input type="checkbox"/>	Page 1		
(03) Public Facilities & Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03A) Senior Centers	<input type="checkbox"/>	Page 6		
(03B) Handicapped Centers	<input type="checkbox"/>	Page 6		
(03C) Homeless Facilities	<input type="checkbox"/>	Page 6		
(03D) Youth Centers	<input type="checkbox"/>	Page 6		
(03E) Neighborhood Facilities	<input type="checkbox"/>	Page 6		
(03F) Parks, Recreation Facilities	<input type="checkbox"/>	Page 6		
(03G) Parking Facilities	<input type="checkbox"/>	Page 6		
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03I) Flood Drainage Improvement*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03J) Water/Sewer Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03K) Street Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03L) Sidewalk Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03M) Child Care Centers	<input type="checkbox"/>	Page 6		
(03N) Tree Planting	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3
(03O) Fire Station/Equipment	<input type="checkbox"/>	Page 6		
(03P) Health Facilities	<input type="checkbox"/>	Page 6		
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/>	Page 6		
(03R) Asbestos Removal	<input type="checkbox"/>	Page 6		
(03S) Facilities for Aids Patients	<input type="checkbox"/>	Page 6		
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/>	Page 6		
(04) Clearance and Demolition	<input type="checkbox"/>	Page 1		
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/>	Page 1		
(05) Public Services - General	<input type="checkbox"/>	Page 7		
(05A) Senior Services	<input type="checkbox"/>	Page 7		
(05B) Handicapped Services	<input type="checkbox"/>	Page 7		
(05C) Legal Services	<input type="checkbox"/>	Page 7		
(05D) Youth Services	<input type="checkbox"/>	Page 7		

- (05E) Transportation Services (Page 7)
- (05F) Substance Abuse Services (Page 7)
- (05G) Battered and Abused Spouses (Page 7)
- (05H) Employment Training (Page 7)
- (05I) Crime Awareness (Page 7)
- (05J) Fair Housing Activities (Page 7)
- (05K) Tenant/Landlord Counseling (Page 7)
- (05L) Child Care Services (Page 7)
- (05M) Health Services (Page 7)
- (05N) Abused & Neglected Children (Page 7)
- (05O) Mental Health Services (Page 7)
- (05P) Screening Lead Paint & Hazards (Page 7)
- (05Q) Subsistence Payments (Page 7)
- (05R) Homeownership Assistance - not direct (Page 2)
- (05S) Rental Housing Subsidies (Page 5)
- (05T) Security Deposits (Page 5)
- (05U) Housing Counseling (Page 7)
- (06) Interim Assistance (Page 7)
- (08) Relocation* (Page 7) (Page 5)
- (09) Loss of Rental Income* (Page 7) (Page 5)
- (11) Privately Owned Utilities* (Page 6) (Page 3)
- (12) Construction Housing (Page 1)
- (13) Direct Homeownership Assistance (Page 2)
- (14A) Rehabilitation - Single Unit Residential (Page 4)
- (14B) Rehabilitation - Multi - Unit Residential (Page 4)
- (14C) Public Housing Modernization (Page 4)
- (14D) Rehabilitation - Publicly-Owner Residential Buildings (Page 4)
- (14E) Rehabilitation Publicly/Private Commercial Industry (Page 8)
- (14F) Energy Efficiency Improvements (Page 4)
- (14G) Acquisition for Rehabilitation (Page 4)
- (14I) Lead Based Paint, Hazards Test Abatement (Page 4)
- (15) Code Enforcement (Page 7)
- (16A) Residential Historic Preservation (Page 4)
- (16B) Non-Residential Historic Preservation (Page 6)
- (17A) CI Land Acquisition/Disposition (Page 8)
- (17B) CI Infrastructure Development (Page 8)
- (17C) Building Acquisition, Construction, Rehabilitation (Page 8)
- (17D) Other Commercial/Industrial Improvements (Page 8)
- (18A) ED Direct Financial Assistance for For-Profits (Page 8)
- (18C) Micro-Enterprise Assistance (Page 9)
- (19E) Operation and Repair Foreclosed Property (Page 5)

In Support
of Housing
(LMH)

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title Scott Morgan

Date 8-Jul-08

6/10/2008

Grantee Performance Report

Housing Rehabilitation

Report Period

2007/08

Standard Agreement

Housing Rehab RLF

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and Slums and Blight Area (SBA) or Slum and Blight Spot (SBS) or Urgent Need (URG) for the following. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Rehabilitation - Single Unit Residential (Matrix 14A)
- Rehabilitation - Multi - Unit Residential (Matrix 14B)
- Public Housing Modernization (Matrix 14C)
- Energy Efficiency Improvements (Matrix 14F)
- Rehabilitation - Publicly-Owner Residential Buildings (Matrix 14D)
- Acquisition for Rehabilitation (Matrix 14G)
- Lead Based Paint, Hazards Test Abatement (14I)
- Residential Historic Preservation (16A)

No reportable activities for this reporting period

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Minority group members

Women

Other (Specify) _____

Value of Contract

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	_____	_____	_____
b. Deferred Payment/ Forgiveness Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

HOUSING ACTIVITIES

Race & Code	Owner		Renter	
	All	Hisp	All	Hisp
White (11):	0	0	0	0
Black/African American (12):	0	0	0	0
Asian (13):	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0	0	0
Am. Indian/Alaskan Native & White (16):	0	0	0	0
Asian & White (17):	0	0	0	0
Black/African Am. & White (18):	0	0	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS	0	0	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	0	0	0
Low (31%-50%)	0	0	0
Moderate (51%-80%)	0	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>	<u>0</u>
Totals	0	0	0

REHABILITATION OF UNITS

IDIS cdbg 9

1. Indicate if the rehabilitation was offering a program with these specific services:
 (May apply for activities with an national objective LMH with Matrix Code 14a, 14b,14c,14d,14f,14g or 16a)
- a. Installing security devices
 - b. Installing smoke detectors
 - c. Performing emergency housing repairs
 - d. Providing supplies and equipment for painting houses
 - e. Operating a tool lending library

REHABILITATION OF THE OWNER UNITS

IDIS cdbg 24

1. Enter the total number of owner units rehabilitated: _____
2. Of the total number of owner-occupied units rehabilitated, specify the number of:
 - a. Units occupied by elderly: _____
 - b. Units brought from substandard to standard (Meeting HQS or local code): _____
 - c. Units qualified as Energy Star: _____
 - d. Units made accessible: _____
 - e. Units in compliance with lead safety rules (24 CFR Part 35): _____

If this activity includes multi-unit housing with (2+ units) complete the rest of the following questions:

MULTI-UNIT HOUSING

IDIS cdbg 14

THIS REPORTING PERIOD	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	<u>0</u>	<u>0</u>	_____
Number of Units Expected at Completion:	<u>0</u>	<u>0</u>	_____
FOR TOTAL GRANT TERM	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	<u>0</u>	<u>0</u>	_____

(Complete the following questions if the activity includes the Rehabilitation of Rental Units)

REHABILITATION OF RENTAL UNITS

IDIS cdbg 20 & 21

1. What is the total number of rental units: _____
2. Of the total rental units, what number are:
 - a. Affordable units: _____
 - b. Section 504 accessible units: _____
 - c. Changed from a substandard to a standard condition, (Meeting HQS or local code requirements): _____
3. What number of units qualified as Energy Star: _____
4. What number of units are in compliance with lead safety rules (24 CFR Part 35): _____
5. What number of units were created through conversion of a non-residential to residential building: _____
6. Of the number of rehabilitated rental units designated affordable, specify:
 - a. Number of units occupied by elderly: _____
 - b. The number of years there will be affordability restrictions: _____
 - c. Units subsidized with project-based rental assistance by another federal, State or local program: _____
7. What number of affordable units were designated for persons with HIV/AIDS including units receiving assistance for operations: _____
 - a. Of those, what number are for chronically homeless: _____
8. What number of affordable units are permanent housing units for homeless persons and families, including units receiving assistance for operations: _____
 - a. Of those, the number for the chronically homeless: _____

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address _____

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date: _____

Demolition or Conversion Agreement Date: _____

Replacement
Address _____

Number of bedroom units

0/1 Zero or One bedroom unit _____
Two Bedroom Units _____
Three Bedroom Units _____
Four Bedroom Units _____
5+ Five or more Bedroom Units _____

Date units will be available: _____

Date of any exception agreement: _____

Grantee Performance Report

Appendix B - Displacement

Report Period

2007/08

Standard Agreement

Housing Rehab RLF

IDIS cdbg 15

Indicate the census tract of origin _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the City Council of the City of Anderson will conduct a public hearing on July 15, 2008 at 7:00 PM, or as soon thereafter as the matter can be heard, in the Anderson City Council Chambers, 1887 Howard Street, Anderson, CA 96007.

The hearing will be held to discuss the annual activities, in anticipation of submitting an Annual Grantee Performance Report, of the following Community Development Block Grants:

07-PTAG-3122 -- Fire Service Governance Study
04-STBG-1949 –Breckenridge Water Line Project/Code Enforcement/Housing Rehab
Economic Development Revolving Loan Fund
Housing Rehabilitation Revolving Loan Fund

The purpose of the public hearing is to give citizens an opportunity to make their comments known. If you are unable to attend the public hearing, you may direct comments to Susanne Lewis, Grants and Redevelopment Manager, City of Anderson, 1887 Howard Street Anderson, CA 96007, telephone: (530) 378-6676, fax: (530) 378-6648. In addition, a public information file may be obtained at the above address between the hours of 8:00 AM and 5:00 PM on weekdays to find out more about the CDBG program.

The City of Anderson promotes fair housing and makes all programs available to low and moderate income families regardless of age, race, color, religion, gender, national origin, sexual preference, marital status, or handicap.

Publish June 18 and 25, 2008