

Grantee Performance ReportReport Period (FY) 2012-13

Standard Agreement #

09-EDEF-6547

Please Check One

Annual GPR Final GPR Jurisdiction Name: COUNTY OF EL DORADOName of Contact: C.J. FREELANDAddress of Contact: 3057 BRIW ROAD, STE. A
PLACERVILLE, CA 95667

FOR 2012 REPORTS- VERY IMPORTANT - IGNORE POP-UP MESSAGES ABOUT FORM COMPATABILITY. CLICK "CONTINUE"

Telephone Number: 530-642-4863E-Mail Address: cythia.freeland@edcg**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 checked="" 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 *Janet Walker-Conroy*

Printed Name & Title Janet Walker-Conroy, Interim Director

Date 6/17/13

6/10/2008

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)

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

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 0 Loans 0
3. Indicate the total number of grants and/or loans provided for the entire contract term:
 Grants 0 Loans 0
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:	<u>variable</u>	<u>120 max</u>	<u>100,000</u>
b. Deferred Payment/ Forgiveness Loan:	<u>0</u>	<u>0</u>	<u>0</u>

DIRECT BENEFIT

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):	<u>0</u>	<u>0</u>
TOTALS	0	0

Number of Female Head of Households 0

INCOME LEVELS

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%)	<u>0</u>	<u>0</u>
Totals	0	0

Jobs

		Full Time		Part Time Weekly Hours	
		Total	Low & Mod	Total	Low & Mod
1 Proposed:	Expected to Create:	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
	Expect to Retain:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2 Actual:	Created:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Retained:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
3	What number of jobs have employer sponsored health care benefits:				
		Created: <u>0</u>		Retained: <u>0</u>	
4	What number were unemployed prior to the jobs created under this activity:	<u> </u>			
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:	
	Number of Existing:	<u>0</u>
	Number of New:	<u>0</u>
	Total:	<u>0</u>
2	Of the EXISTING Businesses assisted:	
	Number expanding:	<u>0</u>
	Number relocating:	<u>0</u>
3	The number of businesses assisted with commercial façade treatment/business building rehab:	<u>0</u>
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	<u>0</u>

5 Specify Duns number for each business assisted:

Name of Business Assisted

DUNS Number

Accomplishment Narrative (Please provide Activity Accomplishment Narrative

After working with 19 interested businesses, the County received three loan applications. One applicant rescinded their application prior to completion. The other two applicants were unable to provide required collateral for loan security even after exploring alternatives and options through our EDBG rep. Typical forms of collateral were unavailable due to the economic downturn. The County is currently seeing an economic improvement and anticipates more qualified applicants that can provide job creation in the future.

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:

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:

Use this page to report on any Micro-enterprise Technical Assistance activity and/or loans to Micro-enterprise Business Owners. Jurisdictions are required to provide information on race and income levels of all participants.

Micro-Enterprise Assistance (18C)

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. A Subrecipient Agreement for this activity, complete Appendix D.

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) _____	_____

Micro-Enterprise Financing

IDIS cdbg 5

- 1. Indicate the number of loans provided to businesses this Report Period:
Loans 0
- 2. Indicate the total number of loans provided to date (entire contract term):
Loans 0
- 3. Enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
Amortized Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on the race/ethnicity and the income levels of all micro-enterprise or persons assisted

Race & Code	Business Owners	
	Totals	
	All	Hisp
White (11):	29	2
Black/African American (12):	0	0
Asian (13):	1	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	30	2

Number of Female Head of Households 5

INCOME LEVELS

IDIS cdbg 13

The income levels of micro-enterprise program participants:

	Persons	To Date
		Total all years
Extremely Low (<30%)	11	11
Low (31%-50%)	4	4
Moderate (51%-80%)	15	15
Non-Low/Moderate Income (+80%)	0	0
Totals	30	30

Jobs

IDIS cdbg 11

	Full Time		Part Time	
	Total	Low & Mod	Weekly Hours	Low & Mod
1 Proposed:				
Expected to Create:	29	29	0	0
Expect to Retain:	9	9	0	0
2 Actual:				
Created:	2	2	0	0
Retained:	9	9	0	0

3 What number of jobs have employer sponsored health care benefits:
 Created: 0 Retained: 0

IDIS cdbg 26 & 27

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>2</u>
Professional	<u>1</u>	<u>3</u>
Technicians	<u>0</u>	<u>2</u>
Sales	<u>6</u>	<u>0</u>
Office and Clerical	<u>1</u>	<u>0</u>
Craft Workers (skilled)	<u>3</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>1</u>	<u>0</u>
Service Workers	<u>17</u>	<u>2</u>

Micro-Enterprise Business Assistance

1 **Businesses assisted:**

Number of Existing:	<u>0</u>
Number of New:	<u>0</u>
Total:	<u>0</u>

IDIS cdbg 28

2 **Of the EXISTING Businesses assisted:**

Number expanding:	<u>0</u>
Number relocating:	<u>0</u>

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

4 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

_____	_____
_____	_____
_____	_____
_____	_____

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
2012-13

Standard Agreement
09-EDEF-6547

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 _____

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:
Los Rios Com College, Northeastern Small Business Development Center

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
ECONOMIC DEVELOPMENT
Micro-Enterprise

Report Period
2012-13

Standard Agreement
09-EDEF-6547

Use this page to report on any Micro-enterprise Technical Assistance activity and/or loans to Micro-enterprise Business Owners. Jurisdictions are required to provide information on race and income levels of all participants.

Micro-Enterprise Assistance (18C)

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. A Subrecipient Agreement for this activity, complete Appendix D.

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	_____	Value of Contract
Women	_____	_____
Other (Specify) _____	_____	_____

Micro-Enterprise Financing

IDIS cdbg 6

- 1. Indicate the number of loans provided to businesses this Report Period:
Loans 0
- 2. Indicate the total number of loans provided to date (entire contract term):
Loans 0
- 3. Enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
Amortized Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on the race/ethnicity and the income levels of all micro-enterprise or persons assisted

Race & Code	Business Owners	
	All	Hisp
White (11):	30	2
Black/African American (12):	0	0
Asian (13):	1	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	31	2

Number of Female Head of Households 5

INCOME LEVELS

IDIS cdbg 13

The income levels of micro-enterprise program participants:

	Persons	To Date Total all years
Extremely Low (<30%)	11	11
Low (31%-50%)	4	4
Moderate (51%-80%)	16	16
Non-Low/Moderate Income (+80%)	0	0
Totals	31	31

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	30	30	10	10
Expect to Retain:	10	10	0	0
2 Actual:				
Created:	2	2	0	0
Retained:	10	10	0	0

3 What number of jobs have employer sponsored health care benefits:
Created: 0 Retained: 0

IDIS cdbg 26 & 27

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>1</u>	<u>4</u>
Professional	<u>2</u>	<u>2</u>
Technicians	<u>1</u>	<u>1</u>
Sales	<u>10</u>	<u>1</u>
Office and Clerical	<u>3</u>	<u>1</u>
Craft Workers (skilled)	<u>2</u>	<u>0</u>
Operatives (semi-skilled)	<u>6</u>	<u>1</u>
Laborers (unskilled)	<u>1</u>	<u>0</u>
Service Workers	<u>14</u>	<u>0</u>

Micro-Enterprise Business Assistance

1 **Businesses assisted:**

IDIS cdbg 28

Number of Existing:	<u>0</u>
Number of New:	<u>0</u>
Total:	<u>0</u>

2 **Of the EXISTING Businesses assisted:**

Number expanding:	<u>0</u>
Number relocating:	<u>0</u>

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

4 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	
_____	_____
_____	_____
_____	_____
_____	_____

Grantee Performance Report
Appendix A - One for One Replacement

Report Period
2012-13

Standard Agreement
09-EDEF-6547

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
2012-13

Standard Agreement
09-EDEF-6547

IDIS cdfbg 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 _____

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:
Los Rios Com College, Northeastern Small Business Development Center

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.