

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

PFT

U.S. Department of Housing and Urban Development
Consolidated Annual Performance and Evaluation Report (CAPER)

NASSAU URBAN COUNTY CONSORTIUM



September 1, 2014 – August 31, 2015

40th Program Year

Name of Municipality/Organization

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

GENERAL INFORMATION

MUNICIPALITY/ORGANIZATION:
TOWN OF NORTH HEMPSTEAD CDA

ADDRESS: 51 ORCHARD STREET ROSLYN HEIGHTS, NY 11577

CONTACT PERSON: DERMOT F. KELLY

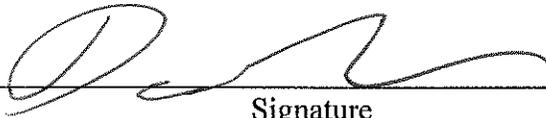
TELEPHONE NUMBER: 516 869 7714

EMAIL ADDRESS: KELLYD@NORTHHEMPSTEADNY.GOV

CAPER Reporting Forms Officially Submitted by:

Dermot F. Kelly

Printed Name and Title of Authorized Representative



Signature

EDWARD P. MANGANO
COUNTY EXECUTIVE



JOHN R. SARCONI
DIRECTOR

KEVIN J. CREAN
DEPUTY DIRECTOR

NASSAU COUNTY OFFICE OF HOUSING and COMMUNITY DEVELOPMENT

40 MAIN STREET
HEMPSTEAD, NY 11550
516-572-1915
Facsimile: 516-572-1983

Website: <http://www.nassaucountyny.gov/agencies/OCD/index.php>

August 17, 2015

Dermot Kelly
Town of North Hempstead
51 Orchard Street
Roslyn Heights, New York 11577

Dear Ms. Kelly:

**SUBJECT: Community Development Block Grant (CDBG) Program
End of Program Year Accomplishments Reporting**

As you are aware, the 2014-2015 Program Year for the Nassau Urban County Consortium is coming to an end. The Office of Housing and Community Development is now in the process of preparing the Consolidated Annual Performance and Evaluation Report (CAPER) for submission to the U.S. Department of Housing and Urban Development (HUD). The cooperation of each consortium member is required to ensure proper reporting information is included in the CAPER.

Attached to this e-mail you will find the accomplishments reporting forms (both in Word and Fillable PDF), along with detailed reporting instructions to be used for all activities under which Community Development Block Grant (CDBG) funds were expended during the reporting year.

The following are the list of activities for which you must provide accomplishment reporting:

Activity Code(s)

NH36-06, NH38-04, NH39-04
NH37-03
NH37-05, NH38-05
NH37-11, NH38-09, NH39-09
NH38-02, NH39-02
NH38-03, NH39-03
NH38-06, NH39-06
NH39-05
NH38-10, NH39-10, NH40-10
NH39-07
NH39-08, NH39-08
NH40-11A

Activity

Economic Development ✓
Demolition & Clearance ✓
PF&I ✓
Downpayment Assistance ✓
Acquisition ✓
Code Enforcement ✓
Relocation ✓
PF&I Street Improvements ✓
Commercial Rehabilitation ✓
Residential Rehabilitation ✓
Disposition ✓
UNCCRC

Please note that if you expended funds on one activity over multiple funding years, you need only to submit one CAPER form (for example, NC37-01, NC38-01 – PF&I Downtown - two years' worth of funding was expended, but only one CAPER form should be submitted.)

Additionally, while we understand that many municipalities charge project delivery costs to different activity lines (i.e. commercial rehabilitation); you **MUST** provide detailed information on how the project delivery costs assisted the low/mod income population.

In order to ensure that this Office has sufficient time to enter all of the required data into the HUD system, **it is critical that all completed accomplishments reporting forms be returned to my attention, no later than Wednesday September 16, 2015.** If you are reporting on several activities, please return forms for individual activities *as they are completed*, rather than waiting for all activities to be finished so as not to delay the entering of data.

Your cooperation is greatly appreciated. If you have any questions with regard to this letter or the reporting forms, please do not hesitate to contact me.

Respectfully,



Michelle Bardi
Program Coordinator

Cc: Kevin J. Crean, Deputy Director
Theresa Dukes, Program Development Supervisor

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Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ED.

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: Town of North Hempstead CDA

ACTIVITY CODE: NH 36-06, NH 38-04, NH 39-04

ACTIVITY NAME: Economic Development

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$19,313.00

BENEFICIARY TYPE:

One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) _____ Are funds remaining? (Yes/No) _____

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ECONOMIC DEVELOPMENT WORKSHEET – FOR LOW/MOD AREA /JOBS BENEFIT

Assistance to Businesses:

	Total	Number Expanding	Number Relocating
New Businesses Assisted	Franks Barber Shop and	4 Franks 13 SLOD	
Existing Businesses Assisted			
Total			

Number of businesses assisted that provide goods or services to meet the needs of a service area, neighborhood, or community: 2

Job Creation/Retention:

	Total Job Count		Total Weekly Hours	
	Full Time	Full Time Low/Mod	Part Time	Part Time Low/Mod
Actually Created	17	17		
Actually Retained				

<i>Jobs Created:</i>	Total
Of the jobs created, number of jobs with employer sponsored health care benefits	13
Of the jobs created, number of persons unemployed prior to taking jobs created under this activity	0

<i>Jobs Retained:</i>	Total
Of the jobs retained, number of jobs with employer sponsored health care benefits	na

Community Development Block Grant (CDBG) Program Accomplishments Reporting

DATE: 03/20/01

Types of Jobs Created/Retained:

Job Category	# Jobs Created	# Jobs Retained
Officials and Managers	4	
Professional	4	
Technicians		
Sales		
Office and Clerical	1	
Craft Workers (skilled)	6	
Operatives (semi-skilled)		
Laborers (unskilled)		
Service Workers		

Name and Address of Business	Project Description and Use of Funding	Duns #
Franks Barber Shop 701 prospect Avenue Westbury, NY	Lent technical assistance to Franks in navigating municipi	
School for language and Communication Assistance	Assisted the School in negotiating lease and lending tech	

DATE: 03/20/01

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: _____
Town of North Hempstead Community Development Agency

ACTIVITY CODE: NH37-03

ACTIVITY NAME: Demo and Clearance

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$7,952.23

BENEFICIARY TYPE:

One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) Yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Housing Units Number: 2

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Project delivery work related to asbestos abatement and lead abatement for (2) owner occupied affordable homes located at 876 Brush Hollow Road and 3rd Place in the New Cassel Urban Renewal Area.

[Faint, illegible handwritten text]

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition
- Disposition
- Clearance
- Code Enforcement
- Relocation
- Public Facility Improvements ("PF&I")
- Public Service

LOCATION OF ACTIVITY: 876 Brush Hollow and 3rd Place Westbury New York 11590

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

Development of 2 owner occupied affordable homes

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

3042.01	5 and 6		

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: September 1, 2014 - August 31, 2015

PF&I

CONSORTIUM MEMBER or ORGANIZATION NAME:

NHCDA

ACTIVITY CODE: NH37-07 NH38-09, NH 39-09

ACTIVITY NAME: PF & I

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: 5,519.53

BENEFICIARY TYPE:

One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) _____ Are funds remaining? (Yes/No) _____

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition _____
- Disposition _____
- Clearance _____
- Code Enforcement _____
- Relocation _____
- Public Facility Improvements ("PF&I") x
- Public Service _____

LOCATION OF ACTIVITY: Main Street Port Washington

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.
Improve Pedestrian Access, enhance aesthetics. ADA compliant giving the area of a more down fee to attract business and improve local employment.

FOR PF&me ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

- Now have new access to this type of public facility or infrastructure improvement: _____
- Now have improved access to this type of public facility or infrastructure improvement: _____
- Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS TRACT	BLOCK GROUP(S)					
3043.01	5 & 6					

Community Development Block Grant (CDBG) Program Accomplishments Reporting

PUBLIC SERVICES WORKSHEET

Instructions: This form must be completed for every public service activity that receives CDBG funding.

- A. Entity Carrying Out Public Service:**
(e.g., Name of Non-Profit or Municipal Agency) _____
- B. Name of Public Service Activity:** Town of North Hempstead
- C. Address of Public Service:** Plandome Road Manhasset _____
- D. Public Service Administrator or Director:** Michel Levine , Commissioner of Planning Public Service organization phone number: (516 869 7714 _____)

F. List all funding sources for subject activity below (Attach Additional Sheets if Necessary)

Federal Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) CDBG -	Grant	\$78,000	Yes
2)			
3)			
State Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
Local (County/Town/Village) Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
Private Funding Sources (Include fund raising, foundation grants, annual pledges, etc.)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			

Community Development Block Grant (CDBG) Program Accomplishments Reporting

PUBLIC SERVICES WORKSHEET

Instructions: This form must be completed for every public service activity that receives CDBG funding.

- A. Entity Carrying Out Public Service:**
(e.g., Name of Non-Profit or Municipal Agency)
- B. Name of Public Service Activity:** Town of North Hempstead
- C. Address of Public Service:** Plandome Road Manhasset _____
- D. Public Service Administrator or Director:** Michel Levine , Commissioner of Planning Public Service organization phone number: (516 869 7714 _____) _____

F. List all funding sources for subject activity below (Attach Additional Sheets if Necessary)

Federal Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) CDBG -	Grant	\$78,000	Yes
2)			
3)			
State Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
Local (County/Town/Village) Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
Private Funding Sources (Include fund raising, foundation grants, annual pledges, etc.)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

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ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: Town of North Hempstead CDA

ACTIVITY CODE: NH 37-11, NH-38-09, NH 39-09

ACTIVITY NAME: Down Payment Assistance

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$41.38

BENEFICIARY TYPE:

✓ One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) no Are funds remaining? (Yes/No) yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Housing Units Number: 15

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Home ownership purchase assistance to 15 first time low to moderate income 80%AMI home buyers in the New Cassel Urban Renewal Area for 14 (3) bedroom houses with garages and on one (9# bedroom)house without a garage.

City of New Cassel
New Cassel, NY 11746
Phone: (516) 461-1000
Fax: (516) 461-1001

Community Development Block Grant (CDBG) Program Accomplishments Reporting

DIRECT BENEFIT WORKSHEET

BENEFICIARY TOTALS BY INCOME GROUP:

<u>Income Category</u>	<u>Number</u>
Total Non-Low/Mod Income:	_____
Total Moderate Income (<50% AMI ≥ 80% AMI):	_____ 15 _____
Total Low Income (≤ 50% AMI):	_____
Total Extremely Low Income (<30% AMI):	_____

BENEFICIARY TOTAL BY RACIAL/ETHNIC GROUP: Information regarding racial/ethnic breakdown on beneficiaries. Because HUD defines “Hispanic” as an *ethnic* group and not a *race*, you must classify which racial group you are reporting on is also Hispanic. For example someone could be classified as White, but also be Hispanic. In this case you would place a number one (1) next to White and a number one (1) next to Hispanic.)

<u>Classification Categories</u>	<u>Number</u>	<u>Number that are also Hispanic</u>
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indian/Alaska Native	_____	_____
Native Hawaii/Other Pacific Islander	_____	_____
American Indian/Alaska Native & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
American Indian/Alaska Native & Black	_____	_____
Other Multi-Racial	_____	_____
Total Number of Persons Assisted	_____ TBD _____	

DATA COLLECTION SOURCE/ELIGIBILITY INFORMATION

Please explain how income eligibility information was collected (i.e. Referral Agency – NC DSS, Household Income etc.) Be specific about what records are kept to determine eligibility of clientele:

Long Island Housing Partnership will collect and analysis data to ensure all clients meet required criteria.

Acq.

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: September 1, 2014 – August 31, 2015

CONSORTIUM MEMBER or ORGANIZATION NAME: Town of North Hempstead CDA

ACTIVITY CODE: NH 36-02, NH 38-02, NH 39-02

ACTIVITY NAME: Acquisition

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$446,974.72

BENEFICIARY TYPE:

One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) no _____ Are funds remaining? (Yes/No) yes _____

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Housing Units Number: 3

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Purchase of 220 Sheridan Street which is being sub-divided in 2 building sites where 2 individual 3 bedroom single family homes will be built and sold as affordable. Purchase of 160 Urban Avenue a 4 bedroom house which will be renovated and sold as a affordable one family home.

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition ___X___
- Disposition ___
- Clearance ___
- Code Enforcement ___
- Relocation ___
- Public Facility Improvements ("PF&I") ___
- Public Service ___

LOCATION OF ACTIVITY: New Cassel URA

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.
Purchase of 220 Sheridan Street which is being sub-divided in 2 building sites where 2 individual 3 bedroom single family homes will be built and sold as affordable. Purchase of 160 Urban Avenue a 4 bedroom house which will be renovated and sold as a affordable one family home.

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

- Now have new access to this type of public facility or infrastructure improvement: _____
- Now have improved access to this type of public facility or infrastructure improvement: _____
- Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

3042.01	5 & 6					

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: _____
Town of North Hempstead Community Development Agency

ACTIVITY CODE: NH38-03, NH39-03

ACTIVITY NAME: Code Enforcement

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$14,004.34

BENEFICIARY TYPE:

- One
 Direct Benefit – Attach Public Services and Direct Benefit Worksheet
 Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) Yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: People and Businesses Number: 20,000

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Staff work for prevention, elimination and correction of violations including, illegal housing, overcrowding, blight, garbage, and dumping.

City of [unclear]
[unclear]

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition
- Disposition
- Clearance
- Code Enforcement
- Relocation
- Public Facility Improvements ("PF&I")
- Public Service

LOCATION OF ACTIVITY: New Cassel Urban Renewal Area

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

3042.01	5 and 6					

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

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ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: September 1, 2014 – August 31, 2015

CONSORTIUM MEMBER or ORGANIZATION NAME: Town of North Hempstead CDA

ACTIVITY CODE: NH 38-06, NH 39-06

ACTIVITY NAME: Relocation _____

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$16,872.63

BENEFICIARY TYPE:

One

_____ Direct Benefit – Attach Public Services and Direct Benefit Worksheet

_____ Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) no _____ Are funds remaining? (Yes/No) yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Housing Units Number: 3

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Project delivery costs for relocation for vested occupants of 876 Brush Hollow Road and 336 Rose Place

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition _____
- Disposition _____
- Clearance _____
- Code Enforcement _____
- Relocation _____x_____
- Public Facility Improvements ("PF&I") _____
- Public Service _____

LOCATION OF ACTIVITY: 876 Brush Hollow Road and 336 Rose Place Westbury _____

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

Project delivery costs for relocation work in connection to the construction of 15 homes.

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

3042.01	5 & 6		

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: _____
Town of North Hempstead Community Development Agency

ACTIVITY CODE: NH38-10, NH39-10, NH40-10

ACTIVITY NAME: Commercial Rehabilitation

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: 23,473.71

BENEFICIARY TYPE:

- One
 Direct Benefit – Attach Public Services and Direct Benefit Worksheet
 Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) Yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Businesses Number: 2

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

A \$2,500 grant for businesses signs and awnings in Port Washington and Westbury downtown areas encouraging merchants to improve their storefronts creating a pleasant walkable community.

Received and approved (3) sign and awning grant applications.

Completed (2) signs and (1) pending completion.

Project delivery costs for program monitoring and outreach for above signs and other signs.

Community Development Block Grant (CDBG) Program Accomplishments Reporting

COMMERCIAL REHABILITATION WORKSHEET

Please list all projects for which funds were expended during the reporting period. Attach additional sheets if necessary.

Total number of business facades/buildings rehabilitated: _____

Assistance to Businesses:

	Total	Number Expanding	Number Relocating
New Businesses Assisted			
Existing Businesses Assisted			
Total			

Number of businesses assisted that provide goods or services to meet the needs of a service area, neighborhood, or community: _____

Name of Business	Address	Census Tract (s)	Loan or Grant	DUNS #
Franks Barbar	715 Prospect Ave	3042.0 Track 5 and 6	Grant	079720649
Food Basket	735 Prospect Ave	3042.0 Track 5 and 6	Grant	070981042

Business's "DUNS #": DUNS stands for "data universal numbering system." DUNS numbers are issued by Dun and Bradstreet (D&B) and consist of nine digits. **THIS IS MANDATORY UNDER HUD REGULATIONS.** If the business does not have a DUNS #, they must apply for one. Register at <https://eupdate.dnb.com/requestoptions.html>. Choose the "DUNS number only" option.

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: _____
Town of North Hempstead Community Development Agency

ACTIVITY CODE: NH39-07

ACTIVITY NAME: Residential Rehabilitation

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$39,605.12

BENEFICIARY TYPE:

- One
 Direct Benefit – Attach Public Services and Direct Benefit Worksheet
 Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) Yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: **People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans** and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Households Number: 7

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Project delivery costs and expenses for Residential Rehabilitation projects eliminate slum and blight and provide Housing Quality Standards safe decent housing to households occupied by families with 80% area medium income or less.

Regular Rehab; (2) household applications in review, pending approval.

Regular Rehab; (1) household approved and in contractor procurement phase.

Regular Rehab; (2) households completed.

876 Brush Hollow Road Substantial Rehab; completed financing commitments (HOME, CDBG), town and county zoning and subdivision approvals, marketing home, buyer lottery/selection, home buyer training, home buyer mortgage pre-approvals, DOB permits filed and approved pending contractor insurances, and awarded general contract for reconstruction. Construction scheduled to start 2015 and finish in 2016, sale of hose to family with 80% household area medium income or less to occur in 2016.

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: _____
Town of North Hempstead Community Development Agency

ACTIVITY CODE: NH38-08, NH39-08,

ACTIVITY NAME: Disposition

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$112,150.31

BENEFICIARY TYPE:

One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) No

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: People Number: 60

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Disposition project delivery costs and expenses for the below projects benefit area low mod population by eliminating blight, providing replacement housing, additional new housing and economic opportunities to families with 80% area medium household income.

Site I and Scattered Sites consisting of (11) Town Houses, (3) new houses and (1) fully renovated house. Previous year(s) completed acquisition and property assembly, redevelopment programing approvals, asbestos testing/scope, and local zoning changes. This reporting period; completed financing commitments (HOME, AHC, CDBG, NYS, Construction), redeveloper procurement, town and county zoning approvals, marketing homes, buyer lottery/selection, home buyer training, home buyer mortgage pre-approvals, DOB permits filed and some approvals received and County subdivision approved. Anticipate receiving new titles, remainder of permits, completing relocation, starting and finishing construction, sale of homes and buyer occupancy 2015 through 2016.

Site D- 12 Affordable apartment rentals and first floor retail: Continued monitoring and providing inter municipal technical assistance to restart construction and banks assignment of new developer. New developer assigned, converting retail space to (6) additional apartments, permit applications updated and pending approvals, anticipate work starting 2016 or sooner.

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition
- Disposition
- Clearance
- Code Enforcement
- Relocation
- Public Facility Improvements ("PF&I")
- Public Service

LOCATION OF ACTIVITY: Rose, Sohmer, Brush Hollow, 3rd, Covert, Brooklyn

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

Funding for project delivery is an eligible expense for disposing of real property acquired with CDBG funds, when use of the property after disposition meet one or more national objectives of the CDBG program.

Properties will be developed with 15 owner occupied homes and meeting two or more national objectives; elimination and prevention of slum and blight and creation of replacement housing and new housing for families with 80% area medium household income. ☒

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

3042.01	5 and 6		

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: _____
Town of North Hempstead Community Development Agency

ACTIVITY CODE: NH38-08, NH39-08,

ACTIVITY NAME: Disposition

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$112,150.31

BENEFICIARY TYPE:

- One
 Direct Benefit – Attach Public Services and Direct Benefit Worksheet
 Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) No

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: People Number: 60

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Disposition project delivery costs and expenses for the below projects benefit area low mod population by eliminating blight, providing replacement housing, additional new housing and economic opportunities to families with 80% area medium household income.

Site I and Scattered Sites consisting of (11) Town Houses, (3) new houses and (1) fully renovated house. Previous year(s) completed acquisition and property assembly, redevelopment programing approvals, asbestos testing/scope, and local zoning changes. This reporting period; completed financing commitments (HOME, AHC, CDBG, NYS, Construction), redeveloper procurement, town and county zoning approvals, marketing homes, buyer lottery/selection, home buyer training, home buyer mortgage pre-approvals, DOB permits filed and some approvals received and County subdivision approved. Anticipate receiving new titles, remainder of permits, completing relocation, starting and finishing construction, sale of homes and buyer occupancy 2015 through 2016.

Site D- 12 Affordable apartment rentals and first floor retail: Continued monitoring and providing inter municipal technical assistance to restart construction and banks assignment of new developer. New developer assigned, converting retail space to (6) additional apartments, permit applications updated and pending approvals, anticipate work starting 2016 or sooner.

FOR SUBMITTING:

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition
- Disposition
- Clearance
- Code Enforcement
- Relocation
- Public Facility Improvements ("PF&I")
- Public Service

LOCATION OF ACTIVITY: Rose, Sohmer, Brush Hollow, 3rd, Covert, Brooklyn

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

Funding for project delivery is an eligible expense for disposing of real property acquired with CDBG funds, when use of the property after disposition meet one or more national objectives of the CDBG program.

Properties will be developed with 15 owner occupied homes and meeting two or more national objectives; elimination and prevention of slum and blight and creation of replacement housing and new housing for families with 80% area medium household income. ■

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

3042.01	5 and 6				

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: Town of North Hempstead CDA

ACTIVITY CODE: NH 40-11A

ACTIVITY NAME: Unified New Cassel Community Revitalization Corp

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$41,000.00

BENEFICIARY TYPE:

✓ One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) No Are funds remaining? (Yes/No) Yes

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: People Number: 13,750

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

Functions under a M. O. U. with the CDA and the Town of North Hempstead for the revitalization for the New Cassel Vision Plan. Assists CDA in Marketing Lottery and Housing programs

Hands out information to achieve community involvement and awareness regarding the revitalization in New Cassel; assists in marketing and holding workshops and sending out mailers to area residents for the Commercial, Residential Rehabilitation and the Sign and Awning Program offered by the CDA.

Continued success in the Young Adult Entrepreneurial Program that allows young adults to work and volunteer in connection with New Cassel Farmers Market. The market helps increase the economic improvement of activity for Long Island farmers; in addition the market offers nutritional counseling and tasting discussions onsite assisting families maintaining healthy diets

CDI
Office of Community Development

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition
- Disposition
- Clearance
- Code Enforcement
- Relocation
- Public Facility Improvements ("PF&I")
- Public Service

LOCATION OF ACTIVITY: _____

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS TRACT	BLOCK GROUP(S)				

Community Development Block Grant (CDBG) Program Accomplishments Reporting

PUBLIC SERVICES WORKSHEET

Instructions: This form must be completed for every public service activity that receives CDBG funding.

- A. Entity Carrying Out Public Service:** Town of North Hempstead Community Development Agency
(e.g., Name of Non-Profit or Municipal Agency)
- B. Name of Public Service Activity:** Unified New Cassel Community Revitalization Corp
- C. Address of Public Service:** 211 Garden Street , Westbury New York 11590
- D. Public Service Administrator or Director:** Kennetha Pettus
- E. Public Service organization phone number:** (516) 997 9399
- F. List all funding sources for subject activity below (Attach Additional Sheets if Necessary)**

Federal Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
State Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
Local (County/Town/Village) Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) 1) Town of N. Hempstead CDA	Grant	\$41,000	Yes
2)			
3)			
Private Funding Sources (Include fund raising, foundation grants, annual pledges, etc.)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			

Community Development Block Grant (CDBG) Program Accomplishments Reporting

DIRECT BENEFIT WORKSHEET

BENEFICIARY TOTALS BY INCOME GROUP:

<u>Income Category</u>	<u>Number</u>
Total Non-Low/Mod Income:	<u>17</u>
Total Moderate Income (<50% AMI ≥ 80% AMI):	<u>12</u>
Total Low Income (≤ 50% AMI):	<u> </u>
Total Extremely Low Income (<30% AMI):	<u> </u>

BENEFICIARY TOTAL BY RACIAL/ETHNIC GROUP: Information regarding racial/ethnic breakdown on beneficiaries. Because HUD defines “Hispanic” as an *ethnic* group and not a *race*, you must classify which racial group you are reporting on is also Hispanic. For example someone could be classified as White, but also be Hispanic. In this case you would place a number one (1) next to White and a number one (1) next to Hispanic.)

<u>Classification Categories</u>	<u>Number</u>	<u>Number that are also Hispanic</u>
White	<u> </u>	<u> </u>
Black/African American	<u>25</u>	<u>15</u>
Asian	<u> </u>	<u> </u>
American Indian/Alaska Native	<u> </u>	<u> </u>
Native Hawaii/Other Pacific Islander	<u> </u>	<u> </u>
American Indian/Alaska Native & White	<u> </u>	<u> </u>
Asian & White	<u> </u>	<u> </u>
Black/African American & White	<u> </u>	<u> </u>
American Indian/Alaska Native & Black	<u> </u>	<u> </u>
Other Multi-Racial	<u> </u>	<u> </u>
Total Number of Persons Assisted	<u> </u>	<u> </u>

DATA COLLECTION SOURCE/ELIGIBILITY INFORMATION

Please explain how income eligibility information was collected (i.e. Referral Agency – NC DSS, Household Income etc.) Be specific about what records are kept to determine eligibility of clientele:

Community Development Block Grant (CDBG) Program Accomplishments Reporting

Are activity beneficiaries presumed to be low/mod income? If yes, please indicate the eligible category:
(Abused Children, Battered Spouses, Elderly, Severely Disabled Adults, Homeless, Illiterate Persons,
Persons Living With AIDS, Migrant Farm Workers): Yes

Is the activity eligible based on the nature and location of the activity? (The CDBG regulations at 24CFR 570.208(a)(2)(i)(A) state that a public service activity can be deemed eligible because the public service can be of such a nature and be in such a location that it may be concluded that the activity's clientele will be low income persons (i.e., funding a day laborer site located in a low income area). Yes

If yes, please explain:

The success of the Farmers Market organization builds effective partnerships as well as durable cultivated economy and culture. With the health workshops, and assisting the CDA with marketing their Commercial, Residential Rehab Sign and Awning Programs are eligible activities that help build a strong local economy for the community and is efficient in public services.

Of the total benefiting for Program Year 2014, enter the number that:

Now has new or continuing access to this service or benefit: _____

Now has improved access to this service or benefit: _____

Now receive a service or benefit that is no longer substandard: _____

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2014 – August 31, 2015**

CONSORTIUM MEMBER or ORGANIZATION NAME: Town of North Hempstead CDA

ACTIVITY CODE: NH40-11B

ACTIVITY NAME: Concerned Citizens for Roslyn Youth, Inc.

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: \$7,100.00

BENEFICIARY TYPE:

✓ One

Direct Benefit – Attach Public Services and Direct Benefit Worksheet

Area Benefit – Attach Area Benefit Reporting Form

Is activity complete? (Yes/No) Yes Are funds remaining? (Yes/No) No

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ACTUAL ACCOMPLISHMENTS: Please report on the actual accomplishments of the subject activity by inserting the corresponding accomplishment type and the number on the line provided.

Please chose accomplishment type: People, Youth, Elderly, Households, Business, Housing Units, Public Facilities, Jobs, or Loans and insert the corresponding number (i.e., Accomplishment Type: Youth, Number: 25)

Accomplishment Type: Youth Number: 100

ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY (Please be specific. If funds were used for project delivery costs, please indicate exactly how the funds benefitted the low/mod population):

- * After school program & academic support from grades 5th – 9th grade.
- * Professional, ethnic services and mentoring, for youths ranging from ages 14-21.
- * Adolescence development, recreation, summer and employment training.
- * Parent Group meetings for the Safe Place after School Program
- * Substance and Alcohol abuse recommendation as well as support services and referral for offenders and ex-offenders.
- * Support and referral for resume writing and employment, ; assist with apartment recertification submission; Computer and Internet services; Social Services advocacy & support; and Notary services.

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

- ✓ One
- Acquisition
- Disposition
- Clearance
- Code Enforcement
- Relocation
- Public Facility Improvements ("PF&I")
- Public Service

LOCATION OF ACTIVITY: Roslyn Community Center 53 Orchard St Roslyn Heights NY

PLANNED USE OF PROPERTY/FACILITY: For Acquisition/Disposition/Clearance/Relocation Activities, indicate the proposed use of the property, and how it is eligible under the CDBG Program. For Public Facilities Improvements Activities, indicate how the public facility and the improvements benefit an eligible population.

FOR PF&I ACTIVITY ONLY:

Of the total number of persons assisted, enter the number that:

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

Are served by public facility or infrastructure that is no longer substandard: _____

CENSUS DATA (please provide only if not included in your CDBG Application)

CENSUS
TRACT

BLOCK GROUP(S)

Community Development Block Grant (CDBG) Program Accomplishments Reporting

PUBLIC SERVICES WORKSHEET

Instructions: This form must be completed for every public service activity that receives CDBG funding.

- A. Entity Carrying Out Public Service:** Town of North Hempstead CDA
(e.g., Name of Non-Profit or Municipal Agency)
- B. Name of Public Service Activity:** Concerned Citizens for Roslyn Youth, Inc
- C. Address of Public Service:** PO Box 124, Roslyn Heights, NY 11577-0124
- D. Public Service Administrator or Director:** Janice Miles, Executive Director
- E. Public Service organization phone number:** (516) 621 3419
- F. List all funding sources for subject activity below (Attach Additional Sheets if Necessary)**

Federal Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1)			
2)			
3)			
State Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) NYS Member Item	Grant	4,500	Yes
2)			
3)			
Local (County/Town/Village) Funding Sources (List Agency & Program Names)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) Town of North Hempstead CDA	Grant	7,100	Yes
2) Nassau County Office of Youth Services	Grant	143,923	Yes
3)			
Private Funding Sources (Include fund raising, foundation grants, annual pledges, etc.)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) Fundraising	Grant	8,400	Yes
2)			
3)			

Community Development Block Grant (CDBG) Program Accomplishments Reporting

DIRECT BENEFIT WORKSHEET

BENEFICIARY TOTALS BY INCOME GROUP:

<u>Income Category</u>	<u>Number</u>
Total Non-Low/Mod Income:	_____
Total Moderate Income (<50% AMI ≥ 80% AMI):	_____
Total Low Income (≤ 50% AMI):	98
Total Extremely Low Income (<30% AMI):	_____

BENEFICIARY TOTAL BY RACIAL/ETHNIC GROUP: Information regarding racial/ethnic breakdown on beneficiaries. Because HUD defines “Hispanic” as an *ethnic* group and not a *race*, you must classify which racial group you are reporting on is also Hispanic. For example someone could be classified as White, but also be Hispanic. In this case you would place a number one (1) next to White and a number one (1) next to Hispanic.)

<u>Classification Categories</u>	<u>Number</u>	<u>Number that are also Hispanic</u>
White	14	_____
Black/African American	65	_____
Asian	2	_____
American Indian/Alaska Native	_____	_____
Native Hawaii/Other Pacific Islander	_____	_____
American Indian/Alaska Native & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
American Indian/Alaska Native & Black	_____	_____
Other Multi-Racial	_____	17
Total Number of Persons Assisted	98	_____

DATA COLLECTION SOURCE/ELIGIBILITY INFORMATION

Please explain how income eligibility information was collected (i.e. Referral Agency – NC DSS, Household Income etc.) Be specific about what records are kept to determine eligibility of clientele:

JMI Management, Laurel Homes & Roslyn Plaza Gardens provides The income eligibility guidelines for residences for 98% of the organization's children and families.

Community Development Block Grant (CDBG) Program Accomplishments Reporting

Are activity beneficiaries presumed to be low/mod income? If yes, please indicate the eligible category:
(Abused Children, Battered Spouses, Elderly, Severely Disabled Adults, Homeless, Illiterate Persons,
Persons Living With AIDS, Migrant Farm Workers): _____ No _____

Is the activity eligible based on the nature and location of the activity? (The CDBG regulations at 24CFR 570.208(a)(2)(i)(A) state that a public service activity can be deemed eligible because the public service can be of such a nature and be in such a location that is may be concluded that the activity's clientele will be low income persons (i.e., funding a day laborer site located in a low income area). _____ No _____

If yes, please explain:

Of the total benefiting for Program Year 2014, enter the number that:

Now has new or continuing access to this service or benefit:	<u>98</u>
Now has improved access to this service or benefit:	<u>98</u>
Now receive a service or benefit that is no longer substandard:	<u>98</u>