

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

Accomplishments Reporting Form

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

September 1, 2012 – August 31, 2013

38th Program Year

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

GENERAL INFORMATION

ORGANIZATION: Town Of North Hempstead Community Development Agency

ADDRESS: 51 Orchard Street Roslyn Heights, NY11577

CONTACT PERSON: Dermot F. Kelly

TELEPHONE NUMBER: (516) 869 7714

EMAIL ADDRESS: kellyd@northhempsteadny.com

CAPER Reporting Forms Officially Submitted by:

Dermot F. Kelly Executive Director
Printed Name and Title of Authorized Municipal Representative


Signature

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

MB 10-7-13

PERIOD COVERED: September 1, 2012 – August 31, 2013

CONSORTIUM MEMBER or ORGANIZATION NAME: own Of North Hempstead Community Development

ACTIVITY CODE: ~~NH 34-02~~ NH 35- 04 Nh36-06 NH37-06 NH38-04

ACTIVITY NAME: ECONOMIC DEVELOPMENT

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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) Yes

**Community Development Block Grant (CDBG) Program
Accomplishments Reporting**

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

Assistance to Businesses:

	Total	Number Expanding	Number Relocating
New Businesses Assisted	1		
Existing Businesses Assisted	1	1	
Total	2	1	

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

Name of Business	Project Description and Use of Funding	Duns #
Worthy	Business expansion and relocation within the Urban Renewal Area	
Mannu Singh	Will open new business in former Worthy location.	

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ECONOMIC DEVELOPMENT WORKSHEET -- FOR LOW/MOD JOBS BENEFIT

Assistance to Businesses:

	Total	Number Expanding	Number Relocating
New Businesses Assisted	1		
Existing Businesses Assisted	1		
Total	5		

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

Job Creation/Retention:

	Total Job Count		Total Weekly Hours	
	Full Time	Full Time Low/Mod	Part Time	Part Time Low/Mod
Actually Created	3	3		
Actually Retained	2	2		

<i>Jobs Created:</i>	Total
Of the jobs created, number of jobs with employer sponsored health care benefits	
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	0

Community Development Block Grant (CDBG) Program Accomplishments Reporting

Types of Jobs Created/Retained:

Job Category	# Jobs Created	# Jobs Retained
Officials and Managers		1
Professional		
Technicians		
Sales		
Office and Clerical	2	2
Craft Workers (skilled)		
Operatives (semi-skilled)		
Laborers (unskilled)		
Service Workers		

Name of Business	Project Description and Use of Funding	Duns #
Worthy	ED loan to assist in purchasing new location with twice as much space 1500 to 3600sf	

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

MB 10-8-13

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH36-07, NH37-07 and NH33-PI

ACTIVITY NAME: Residential Rehabilitation

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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):

Fourteen residential rehab projects have been addressed, including a carry over and two acquisition-rehabilitation projects. Three applications were determined not eligible, three applications are pending eligibility determination (owners submission of remainder of documents etc.), eight have proceeded with assistance and are in various stages of the rehab process a follows;

Two households are in write-up/bidding stage,

One household is approximately 70% percent-complete,

Three households are 100% complete, and

Two households (acquisition-rehabilitation-projects) have been acquired to eliminate substandard housing conditions eliminating serious code and zoning violations. These housing units will be redevelopment in to two affordable owner occupied homes. This project is in the pre-construction phase. Asbestos testing and report is complete, architect procurement completed, as-of-right subdivision documents and applications for subdivisions are completed and submitted to Town of North Hempstead and Nassau County for final approval, renovation and construction design development is complete, interim property maintenance and relocation activities are underway.

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 under the CDBG program.

A. Municipality:

B. Entity Carrying Out Public Service:

(e.g., Name of Non-Profit or Municipal Agency)

C. Name of Public Service:

D. Address of Public Service: _____

E. Public Service Administrator or Director: _____

F. Public Service organization phone number: (____) _____

G. 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)			
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:	_____
Total Moderate Income (<50% AMI ≥ 80% AMI):	_____
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	_____	

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): _____

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). _____

If yes, please explain:

Of the total benefiting for Program Year 2012, 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

RESIDENTIAL REHABILITATION WORKSHEET

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

Total # of residences rehabilitated during PY2012: 7 _____

Of the residences assisted, enter the number of:

Units occupied by the Elderly:	2 _____
Units with Female Head of Household:	4 _____
Units that were brought into compliance with lead safety rules (24 CFR Part 35):	7 _____
Units Qualified as Energy Star:	2 _____
Units Made handicapped accessible:	1/2 _____
Units moved from substandard to standard (HQS or Local Code):	5 _____

Name of Resident	Race/Ethnicity ¹	Street Address	Funds Expended	Loan or Grant	Project Complete (Yes/No)	Extremely Low Income <30% AMI	Low Income ≤50% AMI	Moderate Income <50% & ≥80% AMI	Program Income Used?
Waterman	2	169 Elizabeth St., Westbury		Loan	No			x	No
O'Reilly	1	10 Hilton Ave., New Hyde Park		L/G	No			x	No
Cerillo	1	33 Burnham Ave., Roslyn Heights		L/G	No			x	No
Odoms	2	930 Park Ave., Westbury		L/G	Yes			x	No
Ferrara	1	142 Devonshire Dr., New Hyde Park		L/G	Yes			x	No
Nicholson	1	22 Tenth St., Carle, Place		L/G	Yes			x	No
Vdunk/Cngh	2	876 Brush Hollow Road, Westbury			No			x	Yes

¹ Race/Ethnicity Codes: 1 = White; 2 = Black/African American; 3 = Asian; 4 = American Indian/Alaskan Native; 5 = Native Hawaiian/Other Pacific Islander; 6 = American Indian/Alaskan Native & White; 7 = Asian & White; 8 = Black/African American & White; 9 = Other Multi-Racial; 10 = American Indian/Alaska Native & Black/African American. Please indicate if any residents are also Hispanic.

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 #

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 update.dnb.com/requestoptions.html. Choose the "DUNS number only" option.

Community Development Block Grant (CDBG) Program Accomplishments Reporting

ECONOMIC DEVELOPMENT WORKSHEET – FOR LOW/MOD JOBS BENEFIT

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: _____

Job Creation/Retention:

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

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

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

Community Development Block Grant (CDBG) Program Accomplishments Reporting

Types of Jobs Created/Retained:

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

Name of Business	Project Description and Use of Funding	Duns #

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

MB
10-7-13

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: September 1, 2012 – August 31, 2013

CONSORTIUM MEMBER or ORGANIZATION NAME: Concerned Citizens for Roslyn Youth

ACTIVITY CODE: NH37-09B, NH38-11B

ACTIVITY NAME: Public Service

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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) 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: Youth and Family Number: 50

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):

Activities include after school academic support for grades 5th – 9th grade, Mentoring, cultural and vocational services to in school and out of school youth ages 14 - 21. Summer Recreation & Youth Employment Program, Youth Development Training.

In addition we provide notary services, computer and internet services, family court support and advocacy, Social Service support and advocacy and CSE Hearing support and advocacy.

98% of the recipients of our services reside in Laurel Homes and Roslyn Plaza Gardens Housing Developments. These housing developments support both low - moderated income and section 8 families.

Parent Group Meetings for the Safe Places After School Program.

Apartment Recertification Application Submission and Notary.

Employment readiness, support and referral including resume writing.

Alcohol and Substance Abuse Referral.

Support services and referral for offenders and ex-offenders.

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 under the CDBG program.

- A. Municipality: _____
- B. Entity Carrying Out Public Service:
(e.g., Name of Non-Profit or Municipal Agency) _____
- C. Name of Public Service: _____
- D. Address of Public Service: _____
- E. Public Service Administrator or Director: _____
- F. Public Service organization phone number: (____) _____
- G. 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) Town of North Hempstead, NC Block Grant	GRANT		
2) Nassau County DOH Office of Youth Services	GRANT	128,923	No
3) Nassau County DOHOYS Special Summer	GRANT	15,000	Yes
Private Funding Sources (Include fund raising, foundation grants, annual pledges, etc.)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) The 100 Mile Man Foundaton	GRANT	5000	Yes
2) Fundraiser	GRANT	4000	Yes
3)			

Per CCLY

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):	_____
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	4	_____
Black/African American	42	_____
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	4	_____
Total Number of Persons Assisted	50	_____

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 provides income eligibility guidelines for the residences where our 98% of our children and families reside, Laurel Homes and Roslyn Plaza Gardens.

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH 37-02 NH 38-02

ACTIVITY NAME: Acquisition

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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

MB
10-7-13

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

CONSORTIUM MEMBER or ORGANIZATION NAME: own of North Hempstead Community Development

ACTIVITY CODE: NH 37-10 Nh 38-08

ACTIVITY NAME: Disposition

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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: _____ Number: _____

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):

Site E- 36 affordable rental units are being constructed.

Site D- Efforst being made to complete the development of 12 housing and 6 commercial units.

Site I - RFP awarded and financing and development process is underway to construct and develop 11 affordable Town Houses.

876 Brush Hollow Road - Site Development for sale of 2 single family homes

Appraisal, legal and Engineering work associated with the aforementioned sites

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") ___

LOCATION OF ACTIVITY: 876 Brush Hollow Road

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.

Rehabilitation of existing 1 family home , demolition of illegal structure, sub division of property and issue RFP to develop and construct new 1 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)					

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

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

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.

.Project delivery expenses for disposal of property and for the completion of Urban Renewal projects. Property is for affordable rental housing, first time home buyers, new businesses and rental of existing neighborhood businesses.

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)

CENSUS TRACT	BLOCK GROUP(S)					
3042.01	5	6				

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

10-7-13

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH38-10

ACTIVITY NAME: Commercial Rehab

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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: 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):

Developed Sign and Awning program. Responded to approximately eight requests for sign and awning assistance, received six applications for assistance, three of the six are pursuing assistance now others are waiting.. Completion of the three applications is pending applicants submission of paid invoice and placement of the sign.

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	3	0	0
Total	3	0	0

Number of businesses assisted that provide goods or services to meet the needs of a service area, neighborhood, or community: 3

Name of Business	Address	Census Tract (s)	Loan or Grant	DUNS #
Baltimore Collection	35 Main Street, Port Washington		Grant	613624394
Paradise Cove Restaurant	705 Prospect Ave, Westbury		Grant	09681390
Delux Transportation	48 Davis Ave, Port Washington		Grant	

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

MB
10-1-13

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH36-08, NH37-08, ~~NH37-03~~

ACTIVITY NAME: Code Enforcement

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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) _____

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: 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,

Community Development Block Grant (CDBG) Program Accomplishments Reporting

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

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

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)

See CDBG Application.						

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

MB
10-7-13

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH37-11

ACTIVITY NAME: Homebuyer Assistance

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

BENEFICIARY TYPE:

One

_____ Direct Benefit – Attach Public Services and Direct Benefit Worksheet

X _____ 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

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

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

LOCATION OF ACTIVITY: Sohmer and Rose Place, Site I

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.

Eleven 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)

See CDBG Application.						

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

MB 10-7-13

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH36-05

ACTIVITY NAME: PUBLIC FACILITIES and IMPROVEMENT

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

BENEFICIARY TYPE:

One

_____ Direct Benefit – Attach Public Services and Direct Benefit Worksheet

X _____ 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 and People Number: 44+

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 for new roadway and sidewalks for access to (11) new affordable homes.

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

LOCATION OF ACTIVITY: Sohmer and Rose Place, Site I

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.

As is the road is dead ended and the houses are blight. The dead end creates pockets for trouble and blocks emergency service personal from addressing the trouble. Building the new houses and opening and building the new road will remove blight, put more eyes on the street and allow service personal to pass through on a more regular basis.

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: 44+
- Now have improved access to this type of public facility or infrastructure improvement: 44+
- Are served by public facility or infrastructure that is no longer substandard: 44+

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

CENSUS
TRACT

BLOCK GROUP(S)

See CDBG Application.						

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

ACTIVITY SUMMARY INFORMATION

MB 10-7-13

PERIOD COVERED: September 1, 2012 – August 31, 2013

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

ACTIVITY CODE: 360A 11A
~~NH 37-40 NH 38-03~~

ACTIVITY NAME: P.S. Unified New Cassel Community Revitalization Co.

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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

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: 13,500

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):

U.N.C.C.R.C. operates under a Memorandum of Understanding with the CDA and the Town, for the Revitalization of New Cassel under the New Cassel Vision Plan. U.N.C.C.R.C., organizes several "Clean Up Days" in New Cassel; continues to assist in Code Enforcement activities through its Block Captains Volunteers program ; distributes literature to attain community participation in the revitalization of New Cassel; performs community services and is involved in a major study of the New Cassel renewal Project with Hofstra University ; assists in marketing of the Residential Rehab Program's concentrating in the New Cassel Urban Renewal Plan (monthly mailers are sent out to area residents and referrals to CDA are made. In addition the CDA programs are promoted at neighborhood events such as "National Night Out". , UNCCRC has also been a very successful in the continued development of the Farmers Market in New Cassel though which the development of the Young Adult Entrepreneurial Program employes 11 young adults to run the Market. The Farmers Market helps increase the economic development activity for LI farmers. In addition Nutritional counseling seminars are held to reach residents the value of utilizing unfamiliar vegetables such as kelp in their diets.

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 under the CDBG program.

- A. **Municipality:** Town Of North Hemstead Community Development Agency
- B. **Entity Carrying Out Public Service:**
(e.g., Name of Non-Profit or Municipal Agency)
- C. **Name of Public Service:** UNCCRC
- D. **Address of Public Service:** 211 Garden Street Westbury, NY 11590
- E. **Public Service Administrator or Director:** Kennetha Pettus
- F. **Public Service organization phone number:** (516) 997 9399
- G. **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) T.O.N.H.C.D.A.	Grant	\$41,000	Yes
2) CHODO	GRANT	\$50,000	YES
3)			
Private Funding Sources (Include fund raising, foundation grants, annual pledges, etc.)	Grant or Loan	Amount (000s)	One time award? Yes/No
1) Long Island Community Foundation	Grant	\$5,000	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:	9
Total Moderate Income (<50% AMI ≥ 80% AMI):	6
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	15	4
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	_____	_____

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:
Application and employment data

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

MB
10-8-13

ACTIVITY SUMMARY INFORMATION

PERIOD COVERED: **September 1, 2012 – August 31, 2013**

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

ACTIVITY CODE: NH33-07; NH37-04, NH38-06

ACTIVITY NAME: Relocation

ALLOCATED FUNDS EXPENDED DURING THE REPORTING PERIOD: _____

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

AREA BENEFIT ACTIVITY INFORMATION

ACTIVITY TYPE:

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

LOCATION OF ACTIVITY: 876 Brush Hollow Road

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 pre-relocation work in connection with affordable housing for development and sale of (2) 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)

See CDBG Application.			