State of California - Business, Consumer Services and Housing Agency
Gavin Newsom Governor

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Division of Federal Financial Assistance
2020 W. El Camino Avenue, Suite 670, 95833
P.O. Box 952054
Sacramento, CA 94252-2054
(916) 263-2771
www.hcd.ca.gov

CDBG Management Memo #22-03

Date: May 2, 2022

To: Community Development Block Grant (CDBG) and CDBG-CV Grantees

Subject: Annual Performance Report (APR)

Purpose

The purpose of this memo is to assist CDBG and CDBG-CV Grantees in completing and submitting their Annual Performance Report (APR) for activities that were implemented from July 1, 2021, through June 30, 2022. To facilitate the reporting process, HCD has made two major changes to the 2021-2022 APR:

Program Income (PI) – All Grantees must submit a CDBG Program Income Receipting and Reporting Solicitation through the eCivis Grants Management Network to report on the amount of PI they have on hand. This applies to all Grantees even those without a Standard Agreement in eCivis.

Section 3 – All construction projects with a Standard Agreement that was executed before November 30, 2020, that exceeded $200,000 must complete Attachment F, contained in the APR Workbook. In addition, any contractors and subcontractors performing work on this Section 3 covered project with a contract of $100,000 or more must complete Attachment F: Section 3 Stand-Alone. However, any Section 3 covered projects with a Standard Agreement that was executed after November 30, 2020, will not report on Section 3 compliance as part of this APR. Additional guidance from HCD is forthcoming.

As a friendly reminder, each Grantee must submit their 2021-2022 APR via email to CDBG@hcd.ca.gov no later than **Monday, August 1, 2022**.

Background

The Annual Performance Report (APR) Workbook consists of the APR Matrix and is accompanied by seven (7) attachments. Each attachment focuses on a particular area of the program that Grantees may need to report on such as M/WBE, National Objective, Relocation, Fair Housing, and Section 3.

Grantees are encouraged to begin this process by completing the APR Matrix to determine which attachments must be completed. Each attachment should reflect the accomplishments of one activity during the reporting period. In the event Grantees need additional attachments, HCD has provided 'Stand-Alone' versions of each attachment for your use.

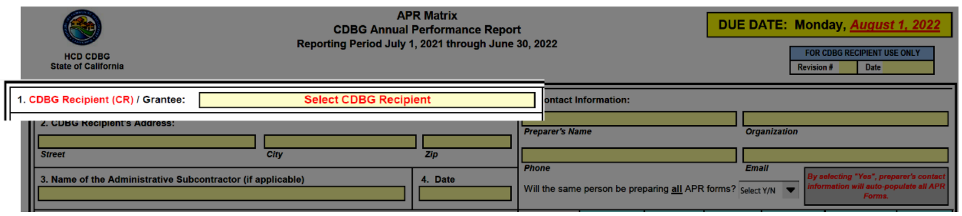
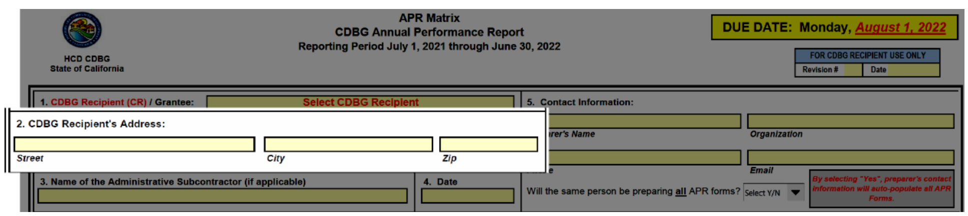
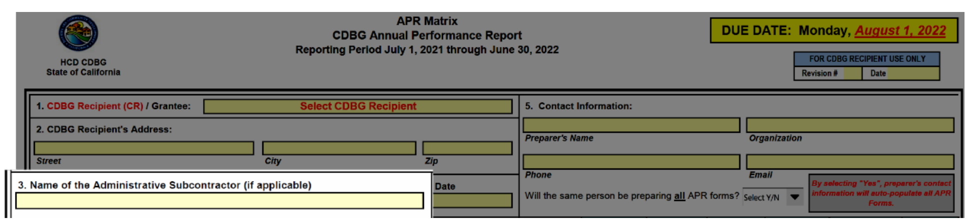
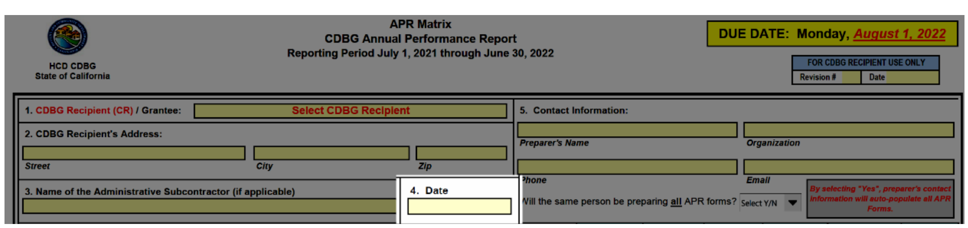
APR Forms

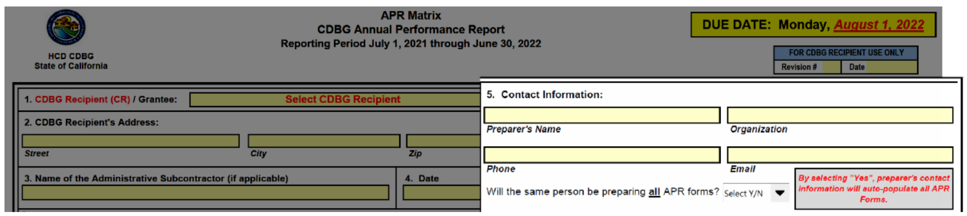
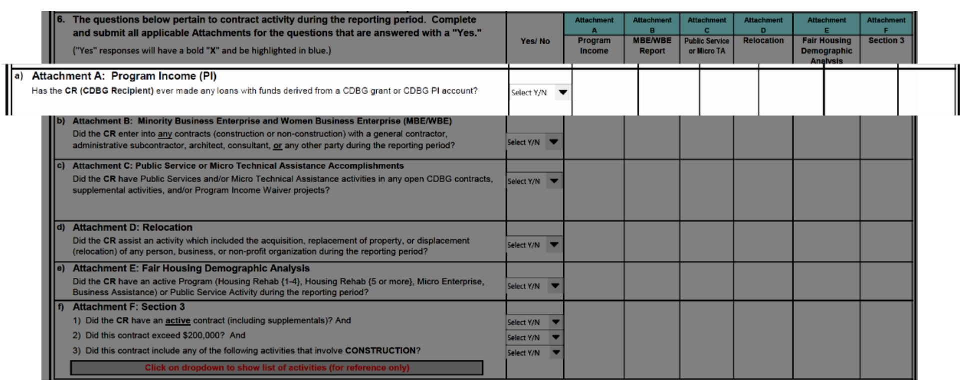
- 2021-2022 Annual Performance Report (APR) Workbook
- Attachment B
- Attachment C1
- Attachment C2
- Attachment C3
- Attachment D
- Attachment E
- Attachment F

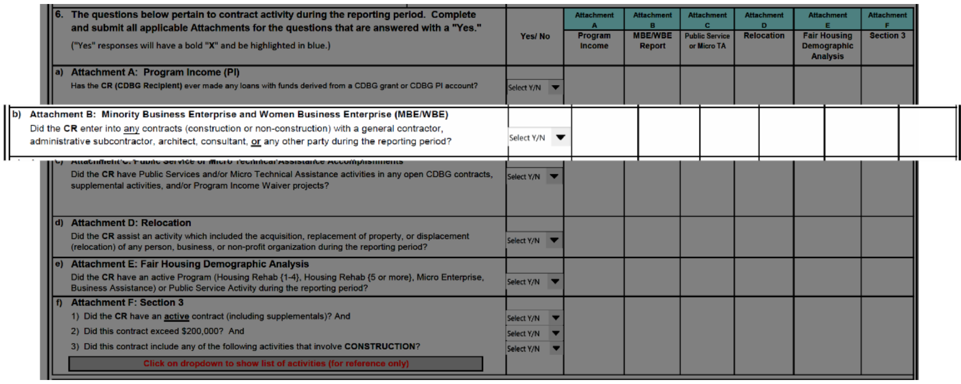
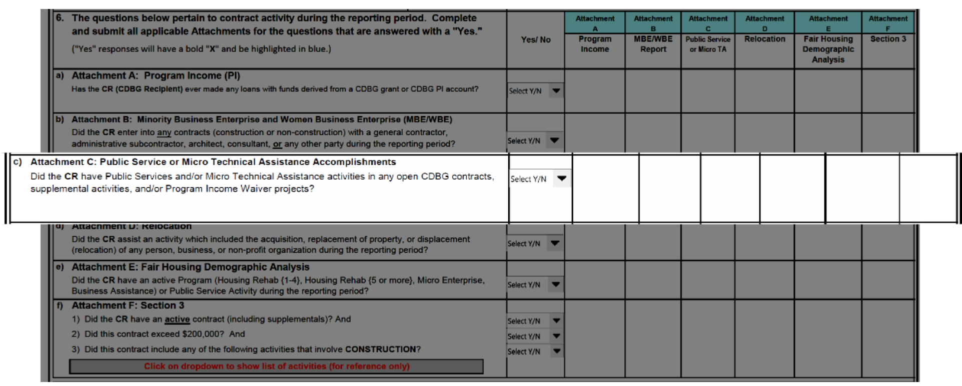
Completing the APR Matrix

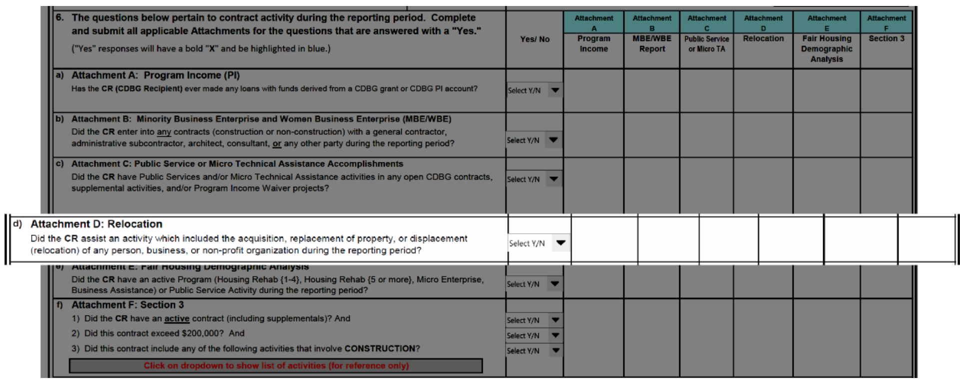
Grantees should complete the APR Matrix as outlined in Exhibit 1, below, to determine which attachments must be completed and submitted to HCD.

Exhibit 1. Completing the APR Matrix

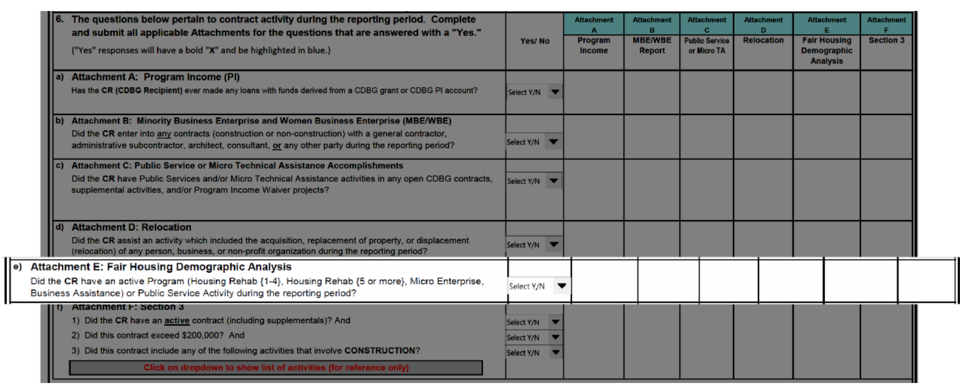
Step	Action
1	Select your agency from the **CDBG Recipient / Grantee** dropdown menu. - The agency selected will be automatically populated in the **CDBG Recipient Name** field within each of the attachments in the workbook. 
2	Enter your agency's address, including **Street, City,** and **Zip Code**. 
3	Enter the **Name of the Administrative Subcontractor**, if applicable. 
4	Enter the **Date** of your original APR submittal to HCD in the following format: **MM/DD/YY**. 

Step	Action
5	Enter the contact information of the primary individual responsible for preparing and submitting the APR, including **Name, Organization, Phone** and **Email**. ■ In the dropdown, indicate whether the same individual will be preparing all the applicable attachments in the workbook.  ■ If you selected **Yes**, the contact information of this individual will be automatically populated in the appropriate fields within each of the attachments in the workbook. ■ If you selected **No**, the contact information of the individual preparing every attachment will need to be entered manually for each attachment.
6a	In response to **6a**, indicate whether your agency issued any loans with funds derived from a CDBG, CDBG-CV, or CDBG Program Income (PI) accounts.  ■ If you selected **Yes**, a blue shaded box will appear alongside instructions to prepare and submit the **CDBG Program Income Receipting and Reporting Solicitation** in the eCivis Grants Management Network. Refer to HCD guidance for further information. ■ If you selected **No**, continue to the next step.

Step	Action
6b	In response to **6b**, indicate whether your agency entered into any agreements or contracts during the reporting period.  - If you selected **Yes**, a blue shaded box will appear indicating that your agency must complete **Attachment B**. - If you selected **No**, continue to the next step.
6c	In response to **6c**, indicate whether your agency has any open public service and/or micro technical assistance activities.  - If you selected **Yes**, a blue shaded box will appear alongside instructions to complete one of the following for each applicable activity: **Attachment C1** for Public Service Activities meeting the LMA or URG national objective, **Attachment C2** for Public Service Activities meeting the LMC or LMH national objective, and/or **Attachment C3** for ED Micro TA activities. - If you selected **No**, continue to the next step.

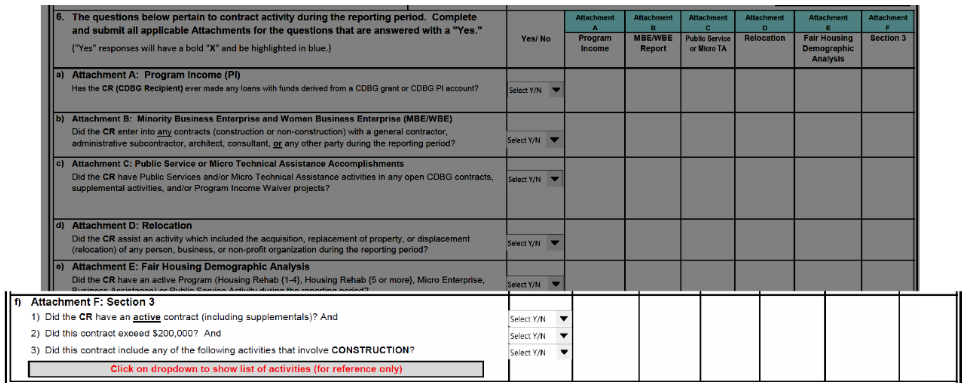
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>6d</td><td>
In response to 6d, indicate whether your agency implemented any activities that included the acquisition, replacement of property, or displacement (relocation) of any person, business, or non-profit organization during the reporting period.


If you selected Yes, a blue shaded box will appear indicating that your agency must complete Attachment D.
If you selected No, continue to the next step.

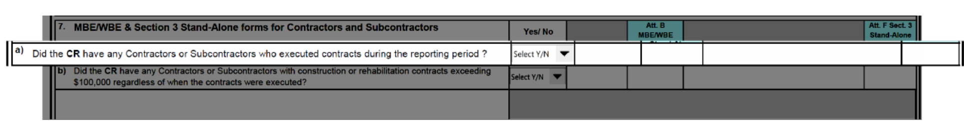
</td></tr>
<tr><td>6e</td><td>
In response to 6e, indicate whether your agency implemented any Public Service, Economic Development, or Housing Rehabilitation activities during the reporting period.


If you selected Yes, a blue shaded box will appear indicating that your agency must complete Attachment E.
If you selected No, continue to the next step.

</td></tr>
</table>

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>6f</td><td>
In response to 6f, indicate whether your agency had any active contracts exceeding $200,000 that are tied to any housing construction, housing rehabilitation, and/or public construction activities.


If you selected Yes, a blue shaded box will appear indicating those active contracts are subject to the Section 3 Reporting requirements.
If your Section 3 covered project has a Standard Agreement Execution Date <u>before</u> November 30, 2020, your agency must complete Attachment F.
If your Section 3 covered project has a Standard Agreement Execution Date <u>after</u> November 30, 2020, your agency will not report Section 3 compliance as part of this APR, additional guidance will be provided by HCD.
If you selected No, continue to the next step.

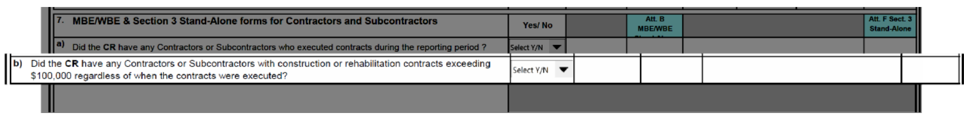
</td></tr>
<tr><td>7a</td><td>
In response to 7a, indicate whether any of your Contractors and/or Subcontractors executed any agreements during the reporting period.


If you selected Yes, a blue shaded box will appear alongside instructions to distribute and collect the Attachment B: MBE/WBE - Standalone form from all applicable Contractors and Subcontractors.
If you selected No, continue to the next step.

</td></tr>
</table>

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>7b</td><td>

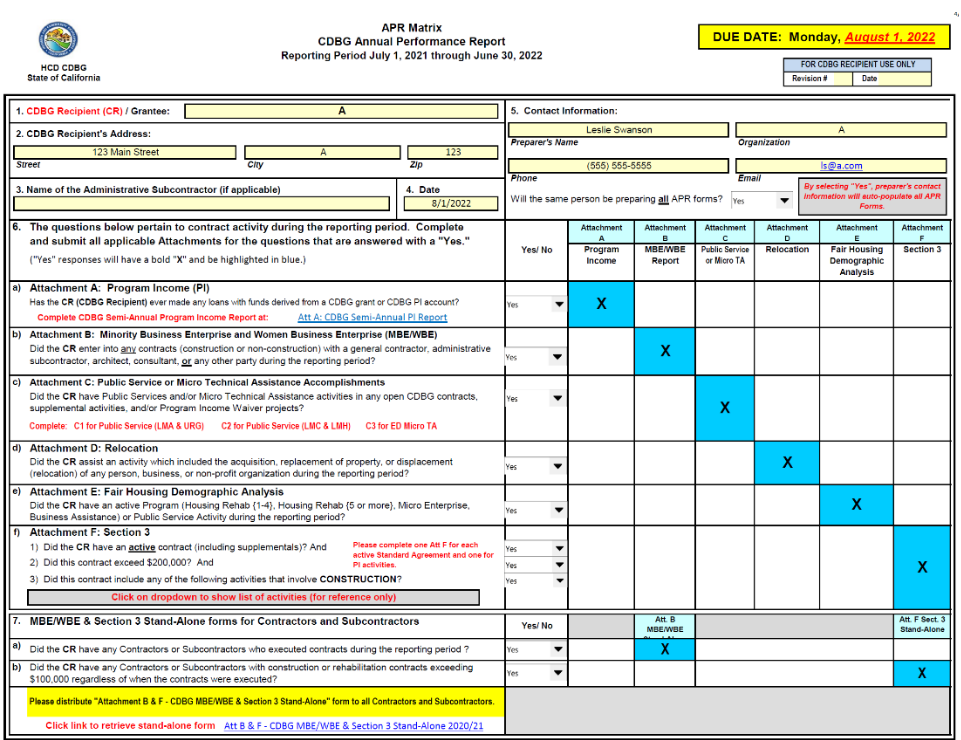
In response to **7b**, indicate whether any of your Contractors and/or Subcontractors had any active contracts exceeding $100,000 that were tied to any housing construction, housing rehabilitation, and/or any other public construction activity with a Standard Agreement Execution Date before November 30, 2020.



- If you selected **Yes**, a blue shaded box will appear alongside instructions to distribute and collect the **Attachment F: Section 3 Stand-Alone** form from all applicable Contractors and Subcontractors.
- If you selected **No**, continue to the next step.

</td></tr>
<tr><td>8</td><td>

Once the APR Matrix has been completed, you are ready to begin completing the applicable attachments that must be included in your submittal to HCD.



</td></tr>
</table>

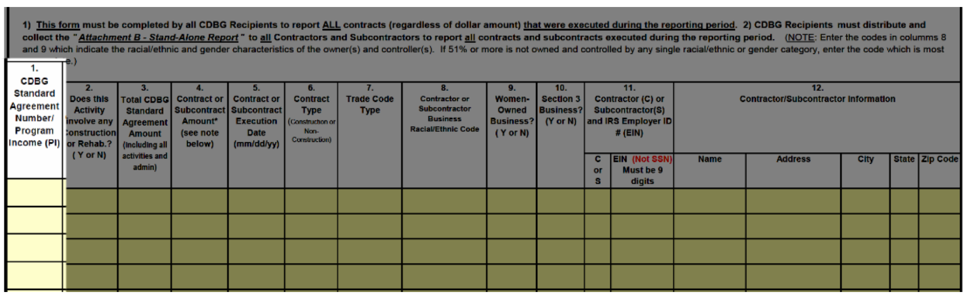
Completing Attachment B: MBE/WBE

Grantees should complete Attachment B: MBE/WBE as outlined in Exhibit 2, below, to report on all contracts executed during the reporting period.

Exhibit 2. Completing Attachment B: MBE/WBE

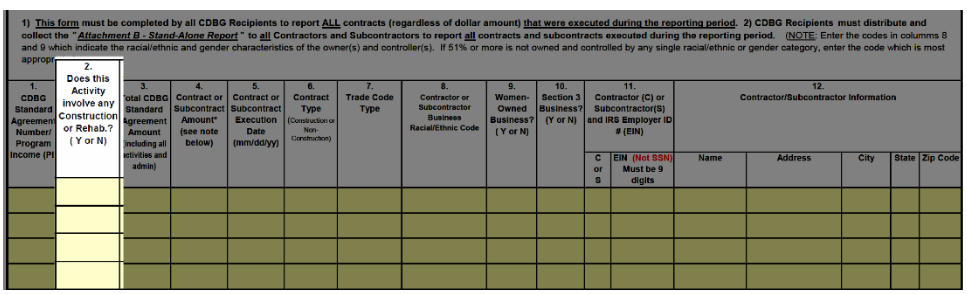
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>

In **column 1**, enter the **Standard Agreement Number** for all contracts (regardless of dollar amount) that were executed during the reporting period.



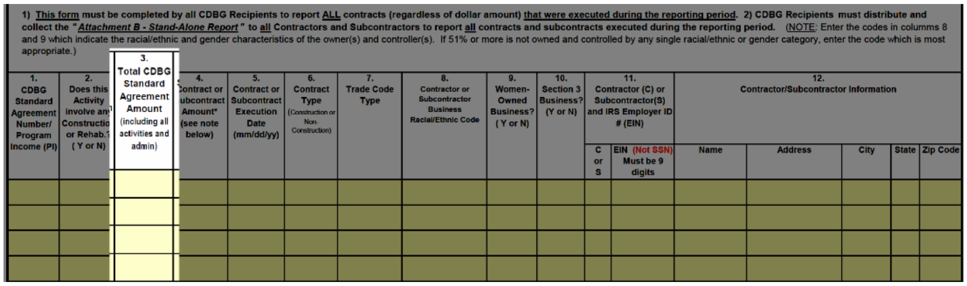
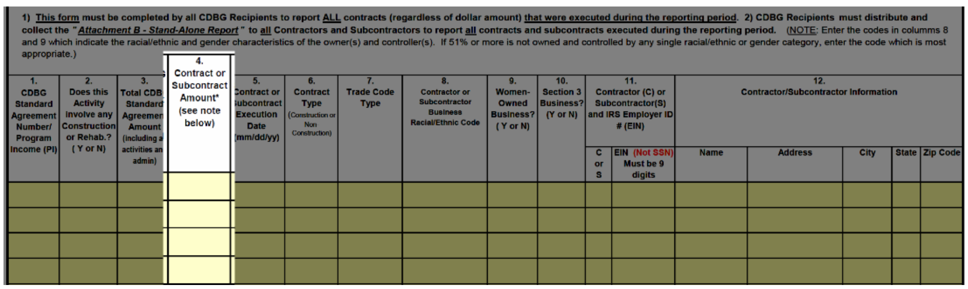
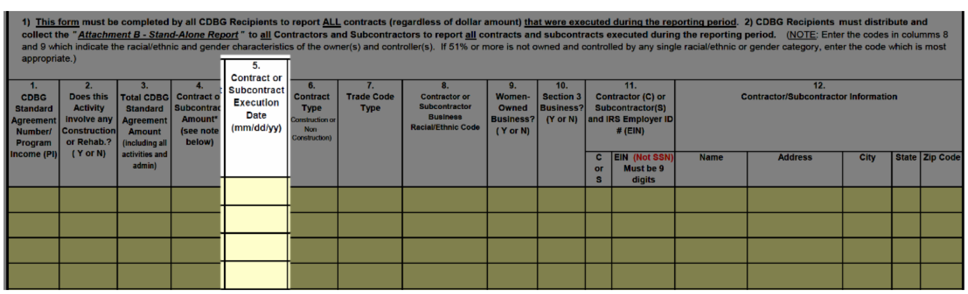
</td></tr>
<tr><td>2</td><td>

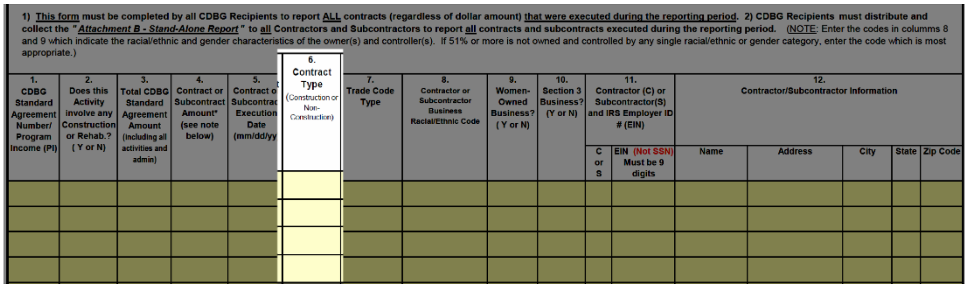
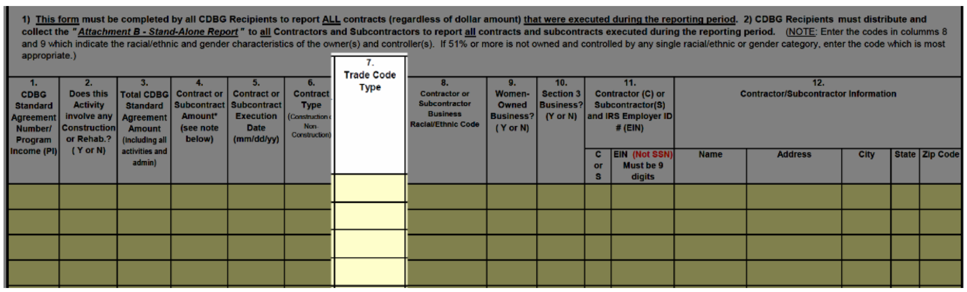
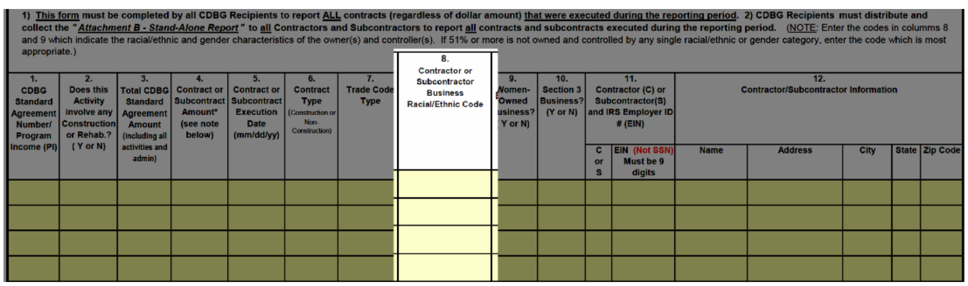
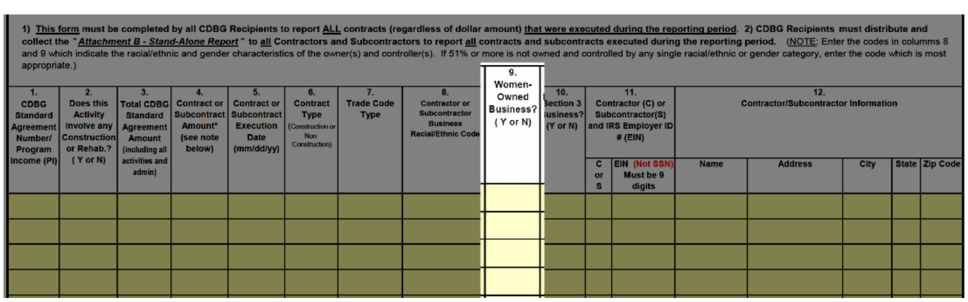
In **column 2**, indicate whether each Standard Agreement included an activity that involved construction or housing rehabilitation from the dropdown menu.

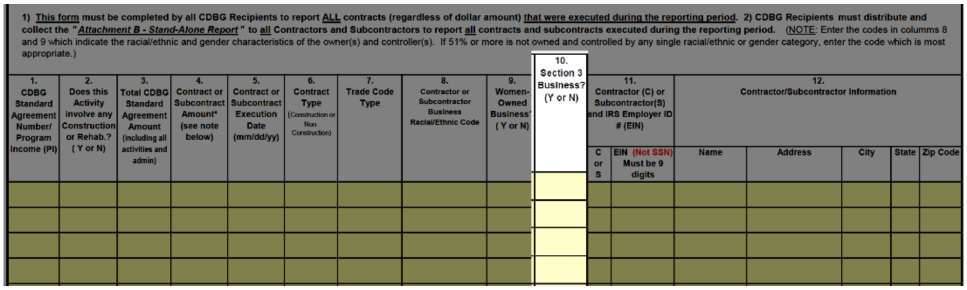
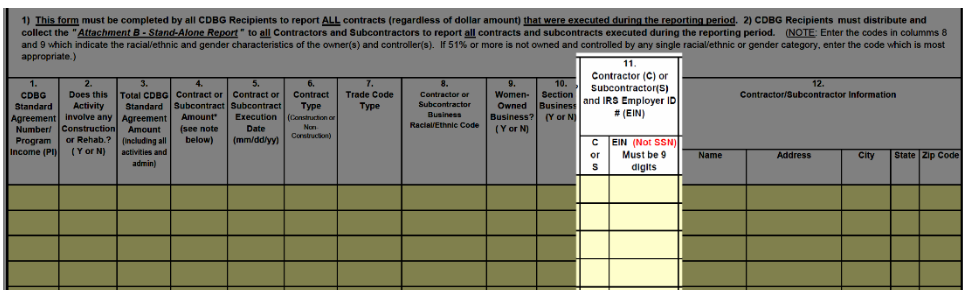
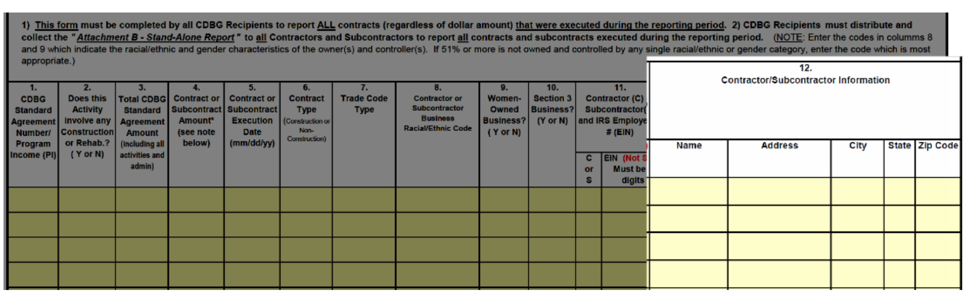


- If you selected **Yes**, then you must distribute and collect the **Attachment B: MBE/WBE Stand-Alone** form from all Contractors and Subcontractors that worked on said activity.
- If you selected **No**, continue to the next step.

</td></tr>
</table>

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>3</td><td>In column 3, enter the Total Standard Agreement Amount.

1) <u>This form</u> must be completed by all CDBG Recipients to report <u>ALL</u> contracts (regardless of dollar amount) <u>that were executed during the reporting period</u>. 2) CDBG Recipients must distribute and collect the "<u>Attachment B - Stand-Alone Report</u>" to <u>all</u> Contractors and Subcontractors to report <u>all</u> contracts and subcontracts executed during the reporting period. (<u>NOTE</u>: Enter the codes in columms 8 and 9 which indicate the racial/ethnic and gender characteristics of the owner(s) and controller(s). If 51% or more is not owned and controlled by any single racial/ethnic or gender category, enter the code which is most appropriate.)
1. CDBG Standard Agreement Number/ Program Income (PI) | 2. Does this Activity involve any Construction or Rehab.? (Y or N) | 3. Total CDBG Standard Agreement Amount (including all activities and admin) | 4. Contract or Subcontract Amount* (see note below) | 5. Contract or Subcontract Execution Date (mm/dd/yy) | 6. Contract Type (Construction or Non-Construction) | 7. Trade Code Type | 8. Contractor or Subcontractor Business Racial/Ethnic Code | 9. Women-Owned Business? (Y or N) | 10. Section 3 Business? (Y or N) | 11. Contractor (C) or Subcontractor(S) and IRS Employer ID # (EIN): C or S, EIN (Not SSN) Must be 9 digits | 12. Contractor/Subcontractor Information: Name, Address, City, State, Zip Code</td></tr>
<tr><td>4</td><td>In column 4, enter the Total Contract or Subcontract Amount.

1) <u>This form</u> must be completed by all CDBG Recipients to report <u>ALL</u> contracts (regardless of dollar amount) <u>that were executed during the reporting period</u>. 2) CDBG Recipients must distribute and collect the "<u>Attachment B - Stand-Alone Report</u>" to <u>all</u> Contractors and Subcontractors to report <u>all</u> contracts and subcontracts executed during the reporting period. (<u>NOTE</u>: Enter the codes in columms 8 and 9 which indicate the racial/ethnic and gender characteristics of the owner(s) and controller(s). If 51% or more is not owned and controlled by any single racial/ethnic or gender category, enter the code which is most appropriate.)
1. CDBG Standard Agreement Number/ Program Income (PI) | 2. Does this Activity involve any Construction or Rehab.? (Y or N) | 3. Total CDBG Standard Agreement Amount (including all activities and admin) | 4. Contract or Subcontract Amount* (see note below) | 5. Contract or Subcontract Execution Date (mm/dd/yy) | 6. Contract Type (Construction or Non-Construction) | 7. Trade Code Type | 8. Contractor or Subcontractor Business Racial/Ethnic Code | 9. Women-Owned Business? (Y or N) | 10. Section 3 Business? (Y or N) | 11. Contractor (C) or Subcontractor(S) and IRS Employer ID # (EIN): C or S, EIN (Not SSN) Must be 9 digits | 12. Contractor/Subcontractor Information: Name, Address, City, State, Zip Code
■</td></tr>
<tr><td>5</td><td>In column 5, enter the Contract or Subcontract Execution Date utilizing the following format: MM/DD/YY.

1) <u>This form</u> must be completed by all CDBG Recipients to report <u>ALL</u> contracts (regardless of dollar amount) <u>that were executed during the reporting period</u>. 2) CDBG Recipients must distribute and collect the "<u>Attachment B - Stand-Alone Report</u>" to <u>all</u> Contractors and Subcontractors to report <u>all</u> contracts and subcontracts executed during the reporting period. (<u>NOTE</u>: Enter the codes in columms 8 and 9 which indicate the racial/ethnic and gender characteristics of the owner(s) and controller(s). If 51% or more is not owned and controlled by any single racial/ethnic or gender category, enter the code which is most appropriate.)
1. CDBG Standard Agreement Number/ Program Income (PI) | 2. Does this Activity involve any Construction or Rehab.? (Y or N) | 3. Total CDBG Standard Agreement Amount (including all activities and admin) | 4. Contract or Subcontract Amount* (see note below) | 5. Contract or Subcontract Execution Date (mm/dd/yy) | 6. Contract Type (Construction or Non-Construction) | 7. Trade Code Type | 8. Contractor or Subcontractor Business Racial/Ethnic Code | 9. Women-Owned Business? (Y or N) | 10. Section 3 Business? (Y or N) | 11. Contractor (C) or Subcontractor(S) and IRS Employer ID # (EIN): C or S, EIN (Not SSN) Must be 9 digits | 12. Contractor/Subcontractor Information: Name, Address, City, State, Zip Code
■ If your contracts were executed <u>before</u> 11/30/20 and the contract amount exceeds $100,000, collect Attachment F: Section 3 – Stand Alone from all applicable Contractors and Subcontractors.
■ If your contracts were executed <u>after</u> 11/30/20 and exceed $200,000, your agency will not report Section 3 compliance as part of this APR, additional guidance will be provided by HCD.</td></tr>
</table>

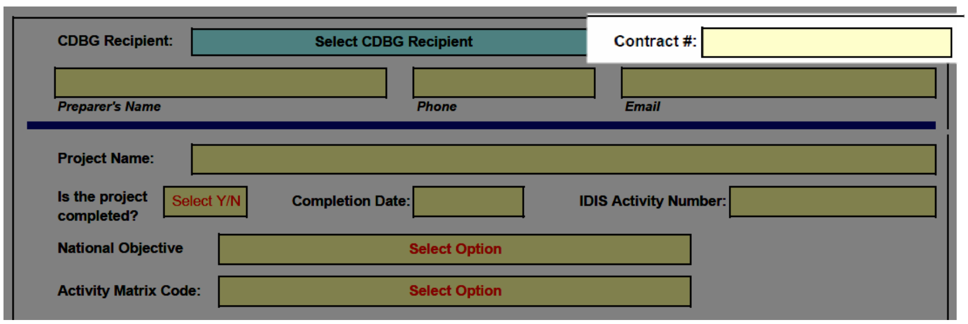
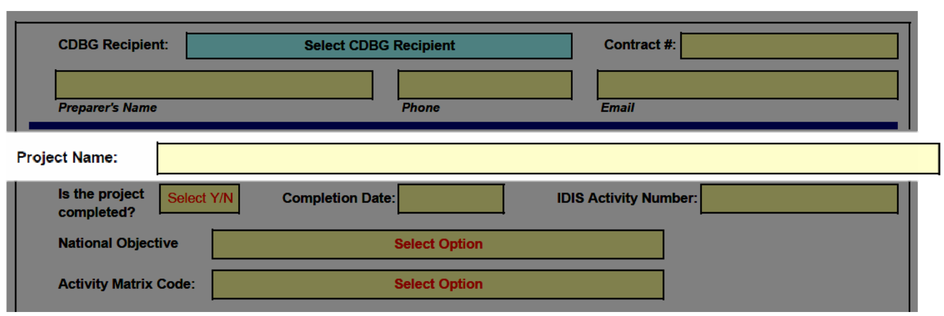
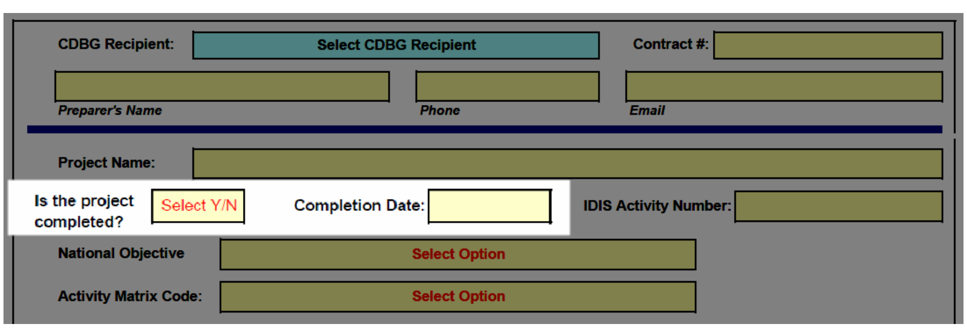
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>6</td><td>In column 6, indicate the Contract Type from the dropdown menu.

</td></tr>
<tr><td>7</td><td>In column 7, indicate the Trade Code Type from the dropdown menu.

</td></tr>
<tr><td>8</td><td>In column 8, indicate the Contractor or Subcontractor Business Racial / Ethnic Code from the dropdown menu.

</td></tr>
<tr><td>9</td><td>In column 9, indicate if the Contractor or Subcontractor is a Women-Owned Business from the dropdown menu.

</td></tr>
</table>

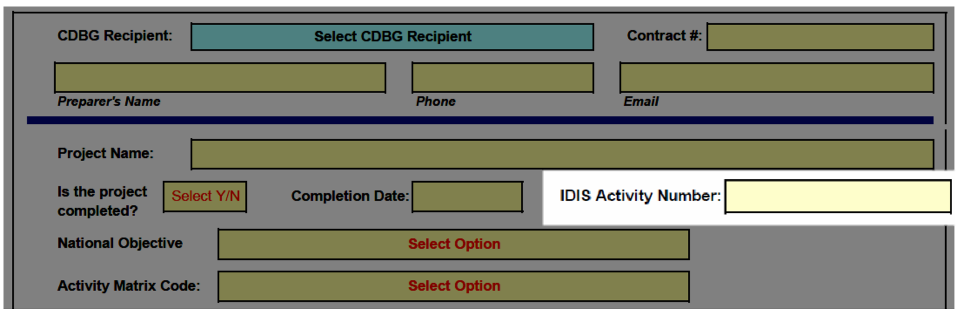
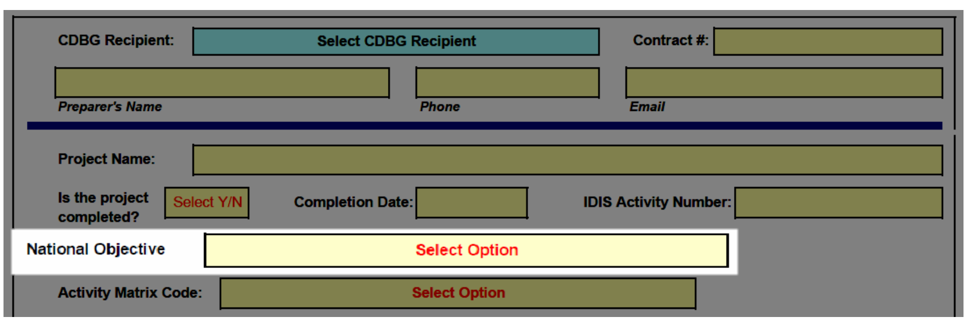
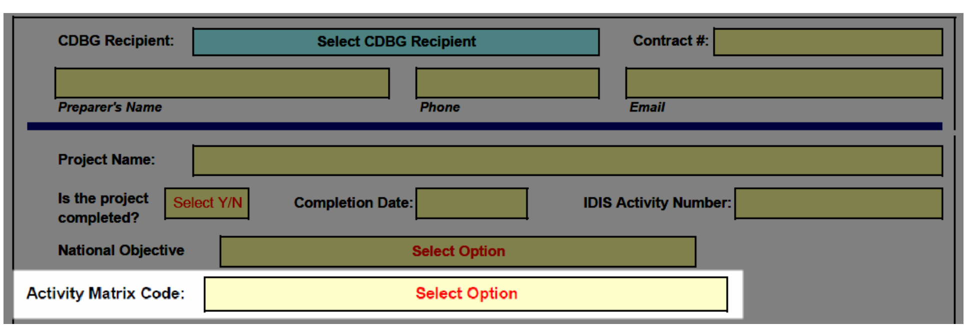
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>10</td><td>In column 10, indicate if the Contractor or Subcontractor is a Section 3 Business from the dropdown menu.

</td></tr>
<tr><td>11</td><td>In column 11, indicate if they are a Contractor (C) or Subcontractor (S) and enter the Contractor or Subcontractors Employer Identification Number (EIN).

</td></tr>
<tr><td>12</td><td>In column 12, enter the Contractor or Subcontractor information including the Company Name, Address, City, State, and Zip Code.

</td></tr>
</table>

Completing Attachment C1: Public Service (LMA & URG)

Grantees should complete Attachment C1: Public Services (LMA & URG) as outlined in Exhibit 3, below, to report on the accomplishments of each public service activity meeting either the LMA or URG national objective.

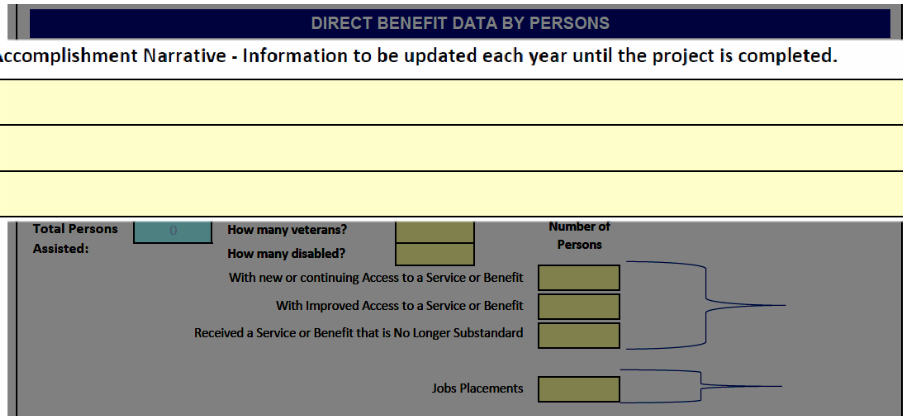
Exhibit 3. Completing Attachment C1: Public Service (LMA & URG)

Step	Action
1	Enter the **Contract #** for the activity.  CDBG Recipient: Select CDBG Recipient Contract #: *Preparer's Name* *Phone* *Email* Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective Select Option Activity Matrix Code: Select Option
2	Enter the **Project Name** of the activity.  CDBG Recipient: Select CDBG Recipient Contract #: *Preparer's Name* *Phone* *Email* Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective Select Option Activity Matrix Code: Select Option
3	Indicate whether the **Project was Completed** during the reporting period.  CDBG Recipient: Select CDBG Recipient Contract #: *Preparer's Name* *Phone* *Email* Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective Select Option Activity Matrix Code: Select Option

Step	Action
	■ If you selected **Yes**, then you must enter the **Completion Date** for the project utilizing the following format: **MM/DD/YY.** ■ If you selected **No**, leave the **Completion Date** blank
4	Enter the **IDIS Activity Number** which can be found in copy of the completed Setup Report you received from HCD. 
5	Indicate whether the activity will meet the **LMA** or **URG National Objective** from the dropdown menu. 
6	Select the applicable **Activity Matrix Code** from the dropdown menu. 

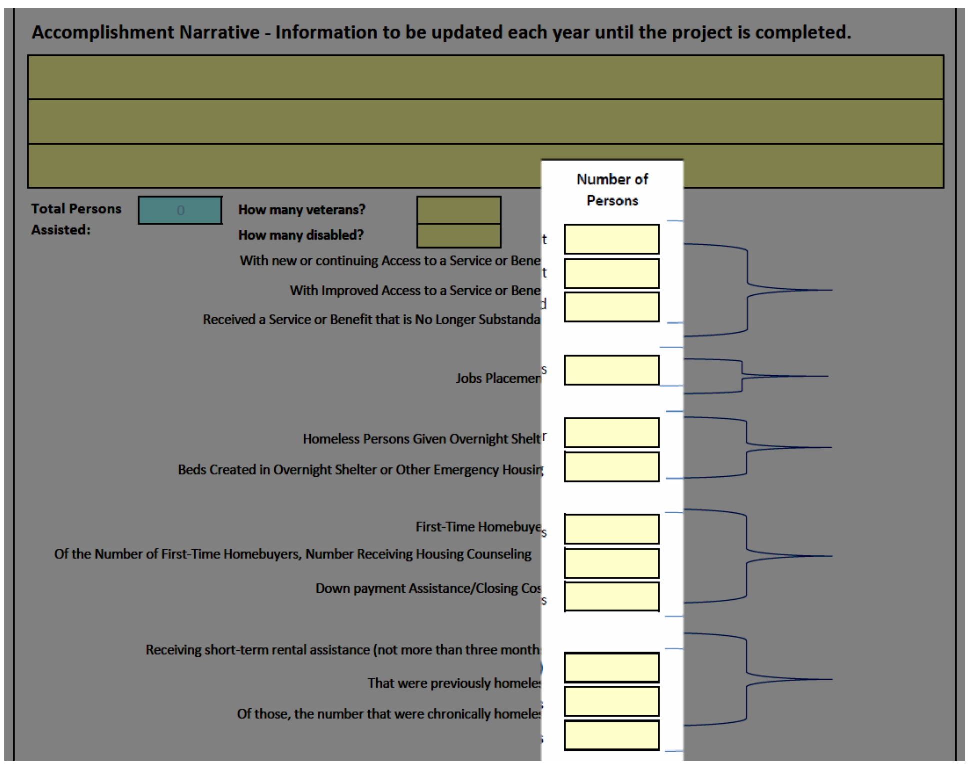
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>7</td><td>

Enter an **Accomplishment Narrative** describing the progress the activity made towards achieving its goals.



</td></tr>
<tr><td>8</td><td>

Enter the **Total Number of Persons** assisted during the reporting period.



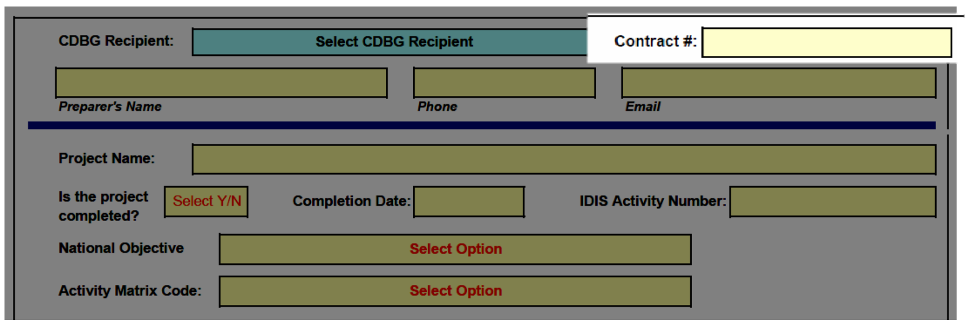
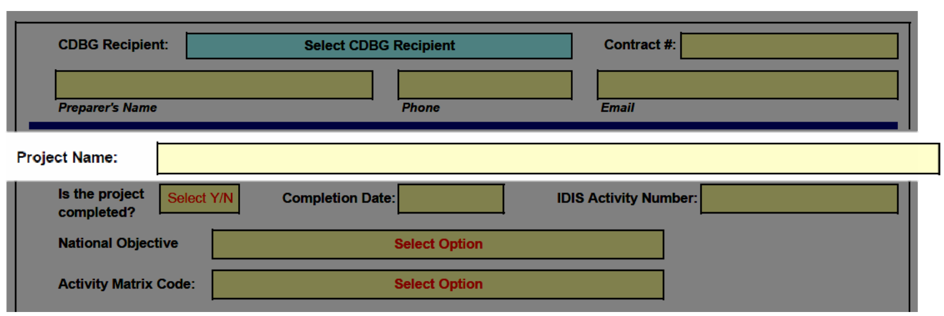
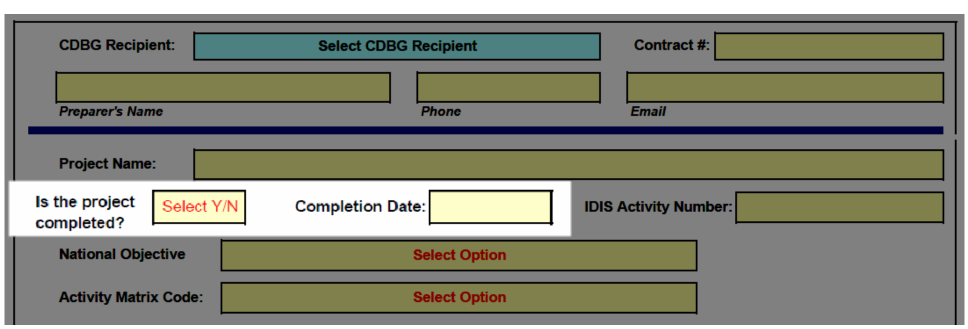
- Please note that the form will indicate which fields must be completed based on the selections made in the **National Objective** and **Activity Matrix Code** dropdown menus.

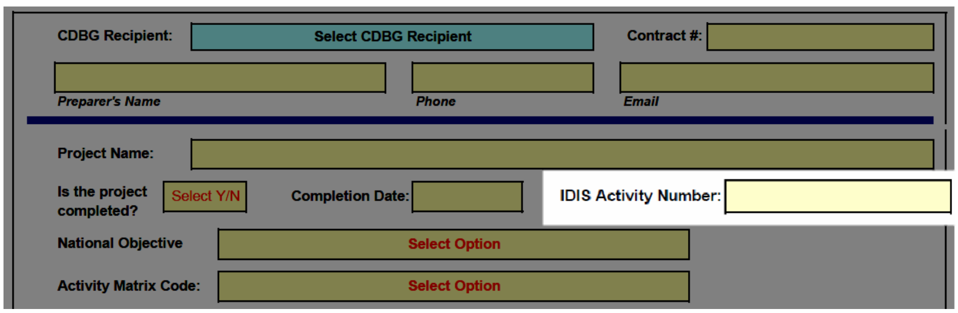
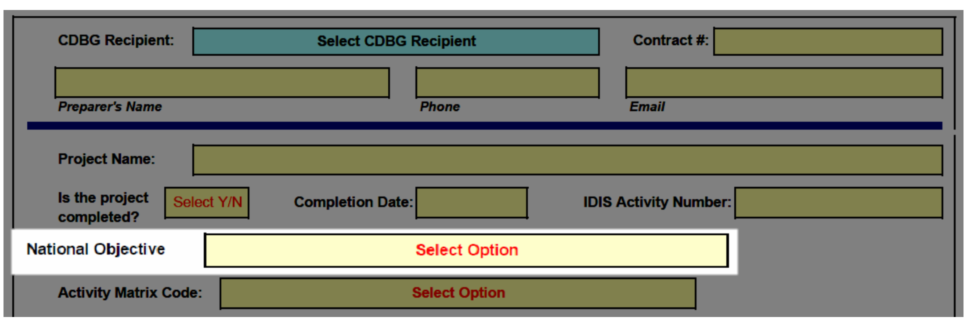
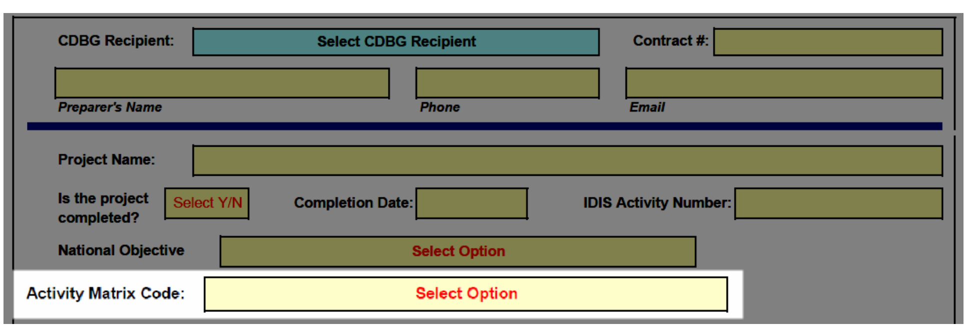
</td></tr>
</table>

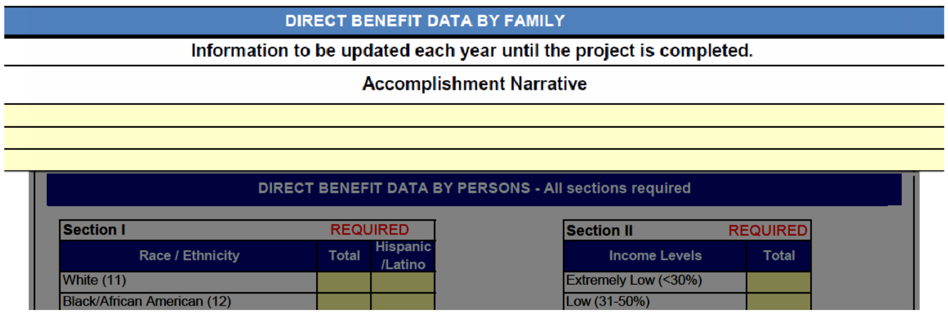
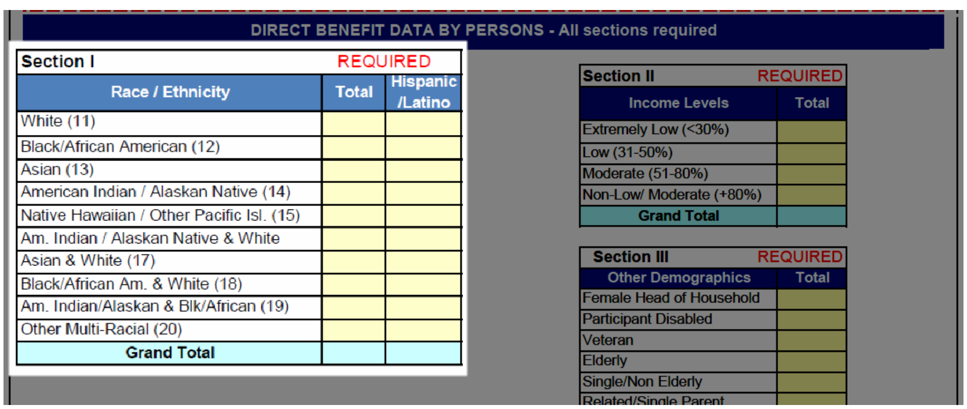
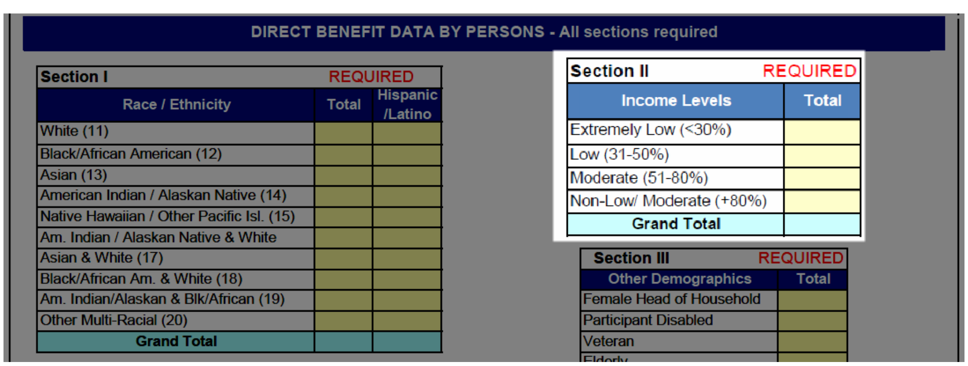
Completing Attachment C2: Public Service (LMC & LMH)

Grantees should complete Attachment C2: Public Services (LMC & LMH) as outlined in Exhibit 4, below, to report on the accomplishments of each public service activity meeting either the LMC or LMH national objective.

Exhibit 4. Completing Attachment C2: Public Service (LMC & LMH)

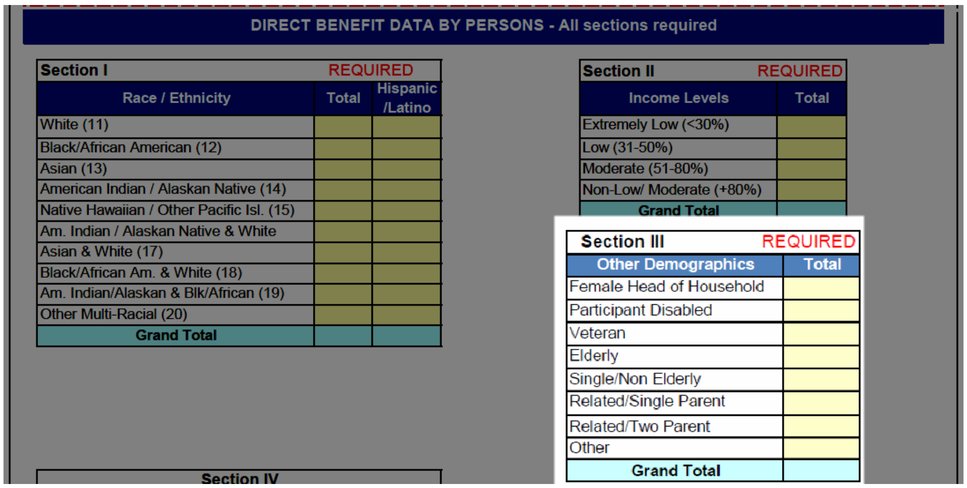
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Enter the Contract # for the activity.

</td></tr>
<tr><td>2</td><td>Enter the Project Name of the activity.

</td></tr>
<tr><td>3</td><td>Indicate whether the Project was Completed during the reporting period.

</td></tr>
</table>

Step	Action
	■ If you selected **Yes**, then you must enter the **Completion Date** for the project utilizing the following format: **MM/DD/YY.** ■ If you selected **No**, leave the **Completion Date** blank
4	Enter the **IDIS Activity Number** which can be found in copy of the completed Setup Report you received from HCD.  CDBG Recipient: Select CDBG Recipient Contract #: Preparer's Name Phone Email Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective Select Option Activity Matrix Code: Select Option
5	Indicate whether the activity will meet the **LMC** or **LMH National Objective** from the dropdown menu.  CDBG Recipient: Select CDBG Recipient Contract #: Preparer's Name Phone Email Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective Select Option Activity Matrix Code: Select Option
6	Select the applicable **Activity Matrix Code** from the dropdown menu.  CDBG Recipient: Select CDBG Recipient Contract #: Preparer's Name Phone Email Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective Select Option Activity Matrix Code: Select Option

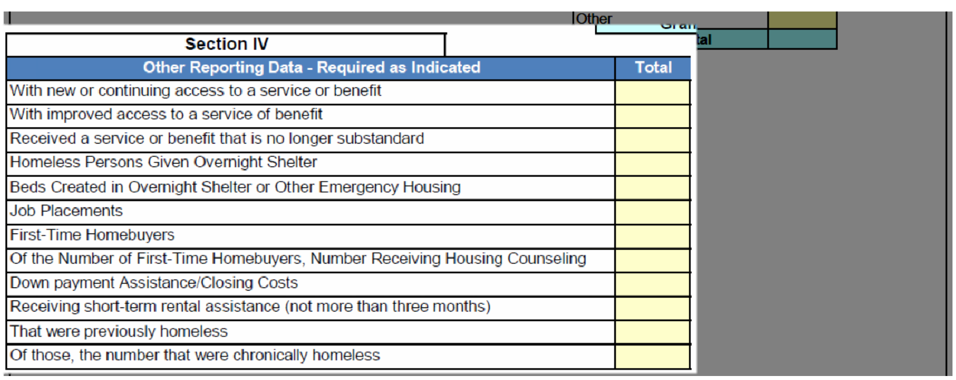
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>7</td><td>Enter an Accomplishment Narrative describing the progress the activity made towards achieving its goals.

DIRECT BENEFIT DATA BY FAMILY
Information to be updated each year until the project is completed.
Accomplishment Narrative
DIRECT BENEFIT DATA BY PERSONS - All sections required
Section I REQUIRED
Race / Ethnicity | Total | Hispanic /Latino
White (11)
Black/African American (12)
Section II REQUIRED
Income Levels | Total
Extremely Low (<30%)
Low (31-50%)</td></tr>
<tr><td>8</td><td>Enter the Race / Ethnicity information of all the beneficiaries served during the reporting period in Section I.

DIRECT BENEFIT DATA BY PERSONS - All sections required
Section I REQUIRED
Race / Ethnicity | Total | Hispanic /Latino
White (11)
Black/African American (12)
Asian (13)
American Indian / Alaskan Native (14)
Native Hawaiian / Other Pacific Isl. (15)
Am. Indian / Alaskan Native & White
Asian & White (17)
Black/African Am. & White (18)
Am. Indian/Alaskan & Blk/African (19)
Other Multi-Racial (20)
Grand Total
Section II REQUIRED
Income Levels | Total
Extremely Low (<30%)
Low (31-50%)
Moderate (51-80%)
Non-Low/ Moderate (+80%)
Grand Total
Section III REQUIRED
Other Demographics | Total
Female Head of Household
Participant Disabled
Veteran
Elderly
Single/Non Elderly
Related/Single Parent</td></tr>
<tr><td>9</td><td>Enter the Income Level information of all the beneficiaries served during the reporting period in Section II.

DIRECT BENEFIT DATA BY PERSONS - All sections required
Section I REQUIRED
Race / Ethnicity | Total | Hispanic /Latino
White (11)
Black/African American (12)
Asian (13)
American Indian / Alaskan Native (14)
Native Hawaiian / Other Pacific Isl. (15)
Am. Indian / Alaskan Native & White
Asian & White (17)
Black/African Am. & White (18)
Am. Indian/Alaskan & Blk/African (19)
Other Multi-Racial (20)
Grand Total
Section II REQUIRED
Income Levels | Total
Extremely Low (<30%)
Low (31-50%)
Moderate (51-80%)
Non-Low/ Moderate (+80%)
Grand Total
Section III REQUIRED
Other Demographics | Total
Female Head of Household
Participant Disabled
Veteran

▪ Please note that the Grand Total in Section I <u>must</u> match the Grand Total in Section II.</td></tr>
</table>

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>10</td><td>
Enter the Other Demographic information of all the beneficiaries served during the reporting period in Section III.



DIRECT BENEFIT DATA BY PERSONS - All sections required
<table>
<tr><th>Section I</th><th>REQUIRED</th><th></th></tr>
<tr><td>Race / Ethnicity</td><td>Total</td><td>Hispanic /Latino</td></tr>
<tr><td>White (11)</td><td></td><td></td></tr>
<tr><td>Black/African American (12)</td><td></td><td></td></tr>
<tr><td>Asian (13)</td><td></td><td></td></tr>
<tr><td>American Indian / Alaskan Native (14)</td><td></td><td></td></tr>
<tr><td>Native Hawaiian / Other Pacific Isl. (15)</td><td></td><td></td></tr>
<tr><td>Am. Indian / Alaskan Native & White</td><td></td><td></td></tr>
<tr><td>Asian & White (17)</td><td></td><td></td></tr>
<tr><td>Black/African Am. & White (18)</td><td></td><td></td></tr>
<tr><td>Am. Indian/Alaskan & Blk/African (19)</td><td></td><td></td></tr>
<tr><td>Other Multi-Racial (20)</td><td></td><td></td></tr>
<tr><td>Grand Total</td><td></td><td></td></tr>
</table>
<table>
<tr><th>Section II</th><th>REQUIRED</th></tr>
<tr><td>Income Levels</td><td>Total</td></tr>
<tr><td>Extremely Low (<30%)</td><td></td></tr>
<tr><td>Low (31-50%)</td><td></td></tr>
<tr><td>Moderate (51-80%)</td><td></td></tr>
<tr><td>Non-Low/ Moderate (+80%)</td><td></td></tr>
<tr><td>Grand Total</td><td></td></tr>
</table>
<table>
<tr><th>Section III</th><th>REQUIRED</th></tr>
<tr><td>Other Demographics</td><td>Total</td></tr>
<tr><td>Female Head of Household</td><td></td></tr>
<tr><td>Participant Disabled</td><td></td></tr>
<tr><td>Veteran</td><td></td></tr>
<tr><td>Elderly</td><td></td></tr>
<tr><td>Single/Non Elderly</td><td></td></tr>
<tr><td>Related/Single Parent</td><td></td></tr>
<tr><td>Related/Two Parent</td><td></td></tr>
<tr><td>Other</td><td></td></tr>
<tr><td>Grand Total</td><td></td></tr>
</table>
Section IV
Please note that the Grand Total in Section III may not match the Grand Totals in Section I and Section II.
</td></tr>
<tr><td>11</td><td>
Enter the Other Reporting information of all the beneficiaries served during the reporting period in Section IV. The form will indicate which fields are required based on the selections made in the National Objective and Activity Matrix Code dropdown menus.

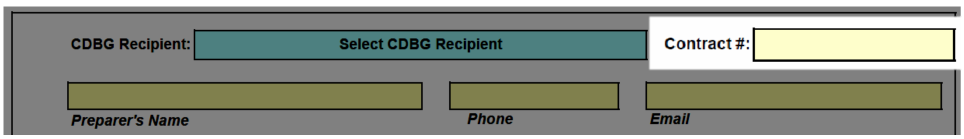
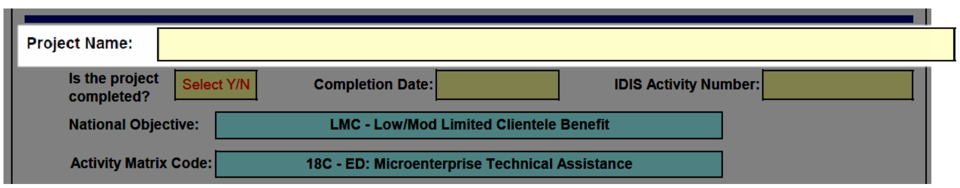
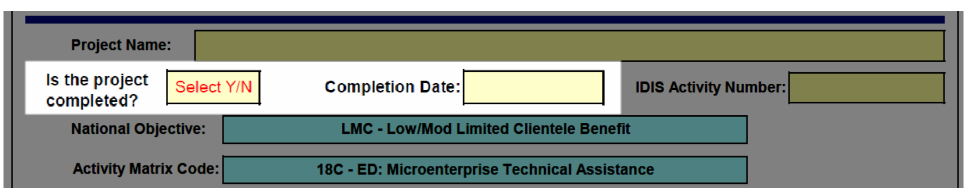
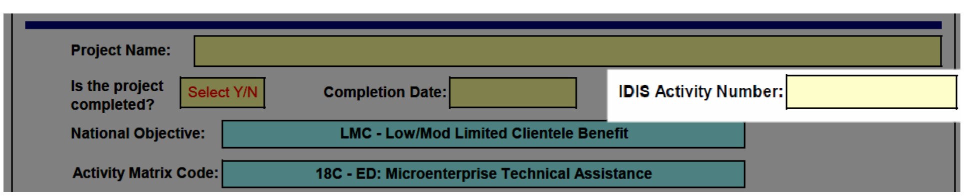


<table>
<tr><th>Section IV</th><th></th></tr>
<tr><td>Other Reporting Data - Required as Indicated</td><td>Total</td></tr>
<tr><td>With new or continuing access to a service or benefit</td><td></td></tr>
<tr><td>With improved access to a service of benefit</td><td></td></tr>
<tr><td>Received a service or benefit that is no longer substandard</td><td></td></tr>
<tr><td>Homeless Persons Given Overnight Shelter</td><td></td></tr>
<tr><td>Beds Created in Overnight Shelter or Other Emergency Housing</td><td></td></tr>
<tr><td>Job Placements</td><td></td></tr>
<tr><td>First-Time Homebuyers</td><td></td></tr>
<tr><td>Of the Number of First-Time Homebuyers, Number Receiving Housing Counseling</td><td></td></tr>
<tr><td>Down payment Assistance/Closing Costs</td><td></td></tr>
<tr><td>Receiving short-term rental assistance (not more than three months)</td><td></td></tr>
<tr><td>That were previously homeless</td><td></td></tr>
<tr><td>Of those, the number that were chronically homeless</td><td></td></tr>
</table>
Please note that the Grand Total in Section IV <u>must</u> match the Grand Totals in Section I and II.
</td></tr>
</table>

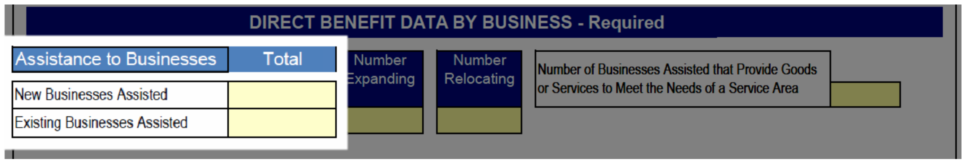
Completing Attachment C3: ED Microenterprise TA

Grantees should complete Attachment C3: ED Micro TA as outlined in Exhibit 5, below, to report on the accomplishments of each microenterprise technical assistance activity.

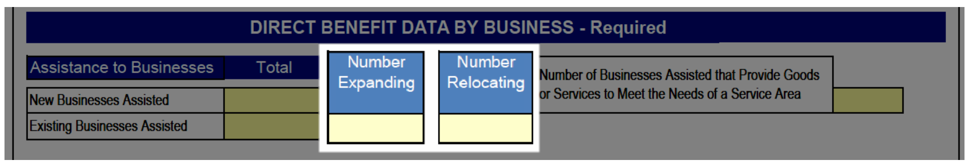
Exhibit 5. Completing Attachment C3: ED Micro TA

Step	Action
1	Enter the **Contract #** for the activity.  CDBG Recipient: Select CDBG Recipient Contract #: *Preparer's Name* *Phone* *Email*
2	Enter the **Project Name** of the activity.  Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective: LMC - Low/Mod Limited Clientele Benefit Activity Matrix Code: 18C - ED: Microenterprise Technical Assistance
3	Indicate whether the **Project was Completed** during the reporting period.  Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective: LMC - Low/Mod Limited Clientele Benefit Activity Matrix Code: 18C - ED: Microenterprise Technical Assistance ■ If you selected **Yes**, then you must enter the **Completion Date** for the project utilizing the following format: **MM/DD/YY.** ■ If you selected **No**, leave the **Completion Date** blank
4	Enter the **IDIS Activity Number** which can be found in copy of the completed Setup Report you received from HCD.  Project Name: Is the project completed? Select Y/N Completion Date: IDIS Activity Number: National Objective: LMC - Low/Mod Limited Clientele Benefit Activity Matrix Code: 18C - ED: Microenterprise Technical Assistance

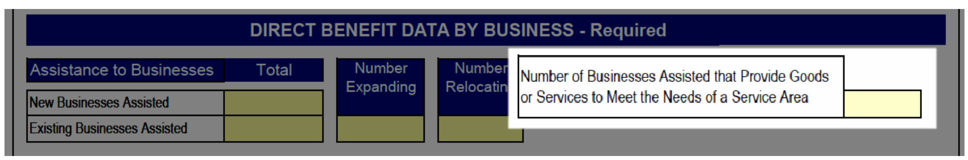
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>5</td><td>Enter the Total Number of New and Existing Businesses assisted.



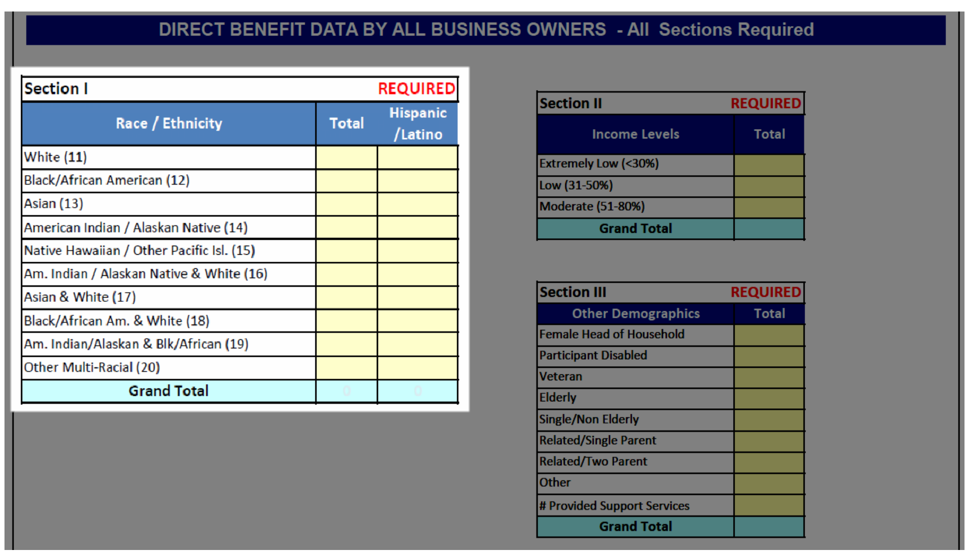
</td></tr>
<tr><td>6</td><td>Enter the total number of businesses assisted that are Expanding and Relocating.



</td></tr>
<tr><td>7</td><td>Enter the total number of businesses that provide goods or services to meet the needs of a service area.

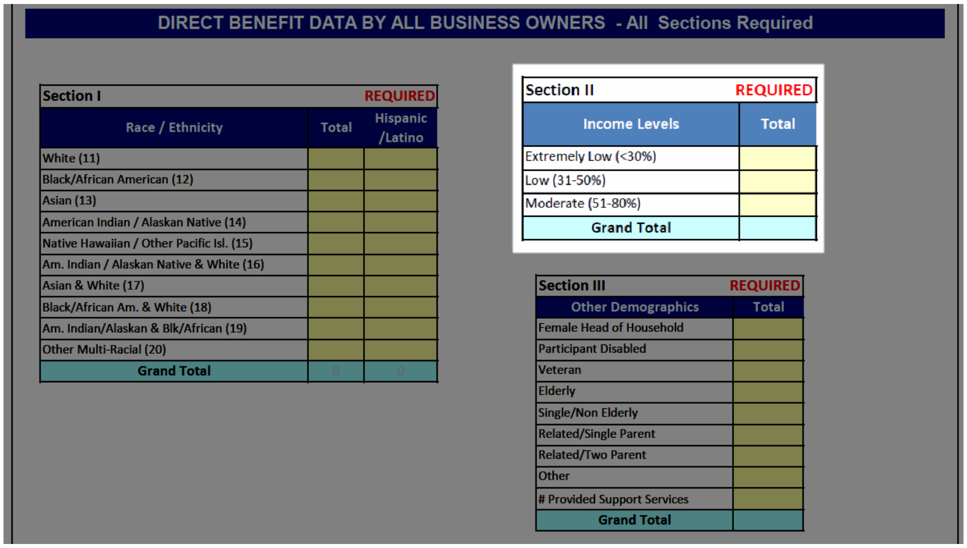


</td></tr>
<tr><td>8</td><td>Enter the Race / Ethnicity information of all the business owners assisted during the reporting period in Section I.



</td></tr>
</table>

Step	Action
9	Enter the **Income Level** information of all the business owners assisted during the reporting period in **Section II**.



DIRECT BENEFIT DATA BY ALL BUSINESS OWNERS - All Sections Required

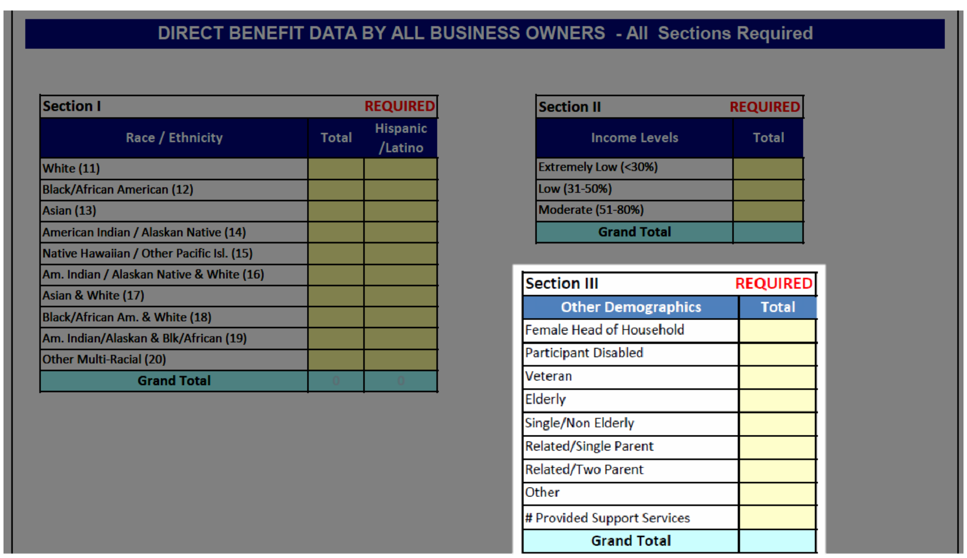
Section I		REQUIRED
Race / Ethnicity	Total	Hispanic /Latino
White (11)		
Black/African American (12)		
Asian (13)		
American Indian / Alaskan Native (14)		
Native Hawaiian / Other Pacific Isl. (15)		
Am. Indian / Alaskan Native & White (16)		
Asian & White (17)		
Black/African Am. & White (18)		
Am. Indian/Alaskan & Blk/African (19)		
Other Multi-Racial (20)		
Grand Total	0	0

Section II	REQUIRED
Income Levels	Total
Extremely Low (<30%)	
Low (31-50%)	
Moderate (51-80%)	
Grand Total	

Section III	REQUIRED
Other Demographics	Total
Female Head of Household	
Participant Disabled	
Veteran	
Elderly	
Single/Non Elderly	
Related/Single Parent	
Related/Two Parent	
Other	
# Provided Support Services	
Grand Total	

- **Please note that the Grand Total in Section I <u>must</u> match the Grand Total in Section II.**

Step	Action
10	Enter the **Other Demographic** information of all the business owners assisted during the reporting period in **Section III**.



DIRECT BENEFIT DATA BY ALL BUSINESS OWNERS - All Sections Required

Section I		REQUIRED
Race / Ethnicity	Total	Hispanic /Latino
White (11)		
Black/African American (12)		
Asian (13)		
American Indian / Alaskan Native (14)		
Native Hawaiian / Other Pacific Isl. (15)		
Am. Indian / Alaskan Native & White (16)		
Asian & White (17)		
Black/African Am. & White (18)		
Am. Indian/Alaskan & Blk/African (19)		
Other Multi-Racial (20)		
Grand Total	0	0

Section II	REQUIRED
Income Levels	Total
Extremely Low (<30%)	
Low (31-50%)	
Moderate (51-80%)	
Grand Total	

Section III	REQUIRED
Other Demographics	Total
Female Head of Household	
Participant Disabled	
Veteran	
Elderly	
Single/Non Elderly	
Related/Single Parent	
Related/Two Parent	
Other	
# Provided Support Services	
Grand Total	

- **Please note that the Grand Total in Section III may not match the Grand Totals in Section I and Section II.**

Completing Attachment D: Relocation

Grantees should complete Attachment D: Relocation as outlined in Exhibit 6, below, to report on activities that included the acquisition, replacement of property, or displacement (relocation) of any person, business, or non-profit organization.

Exhibit 6. Completing Attachment D: Relocation

Step	Action
1	Enter the **Date** this attachment is being completed utilizing the following format: **MM/DD/YY.** CDBG Recipient Name: Select CDBG Recipient — Date: *Preparer's Name* — *Organization* — *Phone* — *Email* Complete this form if assisting an activity which entails acquisition of real property triggering displacement of any person, business or nonprofit organization during the reporting period.
2	Enter the **Total Number of Properties** acquired with CDBG and/or CDBG-CV that resulted in the relocation of any person and the **Total Purchase Price** of said properties. Table I - Please provide the following information for all real property (land and/or buildings) either acquired or assisted by CDBG funds. Number — Cost Properties Acquired triggering relocation (number and purchase price) Businesses Displaced Permanently Nonprofit Organizations Displaced Permanently Households Temporarily Relocated (less than 12 months)
3	Enter the **Total Number of Businesses** assisted with CDBG and/or CDBG-CV funds that were permanently displaced and the **Total Amount of Assistance** to said businesses. Table I - Please provide the following information for all real property (land and/or buildings) either acquired or assisted by CDBG funds. Number — Cost Properties Acquired triggering relocation (number and purchase price) Businesses Displaced Permanently Nonprofit Organizations Displaced Permanently Households Temporarily Relocated (less than 12 months)

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>4</td><td>

Enter the **Total Number of Non-Profit Organizations** assisted with CDBG and/or CDBG-CV funds that were permanently displaced and the **Total Amount of Assistance** to said Non-Profit Organizations.

<table>
<tr><th colspan="3">Table I - Please provide the following information for all real property (land and/or buildings) either acquired or assisted by CDBG funds.</th></tr>
<tr><th></th><th>Number</th><th>Cost</th></tr>
<tr><td>Properties Acquired triggering relocation (number and purchase price)</td><td></td><td></td></tr>
<tr><td>Businesses Displaced Permanently</td><td></td><td></td></tr>
<tr><td>Nonprofit Organizations Displaced Permanently</td><td></td><td></td></tr>
<tr><td>Households Temporarily Relocated (less than 12 months)</td><td></td><td></td></tr>
</table>

</td></tr>
<tr><td>5</td><td>

Enter the **Total Number of Households** that were temporarily relocated due to a CDBG and/or CDBG-CV funded activity and the **Total Relocation Costs** for said households.

<table>
<tr><th colspan="3">Table I - Please provide the following information for all real property (land and/or buildings) either acquired or assisted by CDBG funds.</th></tr>
<tr><th></th><th>Number</th><th>Cost</th></tr>
<tr><td>Properties Acquired triggering relocation (number and purchase price)</td><td></td><td></td></tr>
<tr><td>Businesses Displaced Permanently</td><td></td><td></td></tr>
<tr><td>Nonprofit Organizations Displaced Permanently</td><td></td><td></td></tr>
<tr><td>Households Temporarily Relocated (less than 12 months)</td><td></td><td></td></tr>
</table>

</td></tr>
<tr><td>6</td><td>

Enter the **Total Number of Households** that were permanently displaced due to a CDBG and/or CDBG-CV funded activity and the **Total Relocation Costs** for said households organized by **Race / Ethnicity**.

<table>
<tr><th colspan="5">Table II - Permanent Displacements Only - Provide information on any households permanently displaced as a result of real property</th></tr>
<tr><th>Households Displaced Permanently Race/Ethnicity Group</th><th colspan="2">Hispanic Ethnicity</th><th colspan="2">Non-Hispanic Ethnicity</th></tr>
<tr><th>Race</th><th>Number of Households Displaced</th><th>Relocation Cost</th><th>Number of Households Displaced</th><th>Relocation Cost</th></tr>
<tr><td>White</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Black/African American</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Asian</td><td></td><td></td><td></td><td></td></tr>
<tr><td>American Indian/Alaskan Native</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Nat. Hawaiian/Other Pacific Isl.</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Am. Indian/Alaskan Nat. & White</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Asian & White</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Black/African American & White</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Am. Indian/Alaskan & Black/African</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Other Multi-Racial</td><td></td><td></td><td></td><td></td></tr>
</table>

</td></tr>
</table>

Completing Attachment E: Demographic Analysis

Grantees should complete Attachment E: Demographic Analysis as outlined in Exhibit 7, below, to report on the demographic information for each program's participants.

Exhibit 7. Completing Attachment E: Demographic Analysis

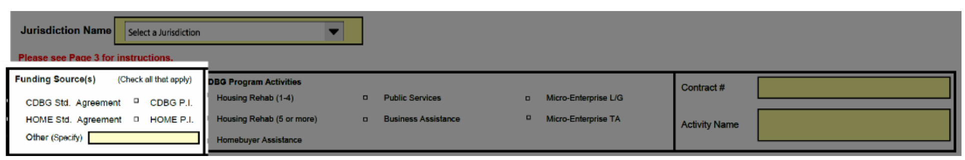
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>

Select your jurisdiction from the **Jurisdiction Name** dropdown menu.

- The jurisdiction selected will determine the demographic data that is populated under the **Census** columns.

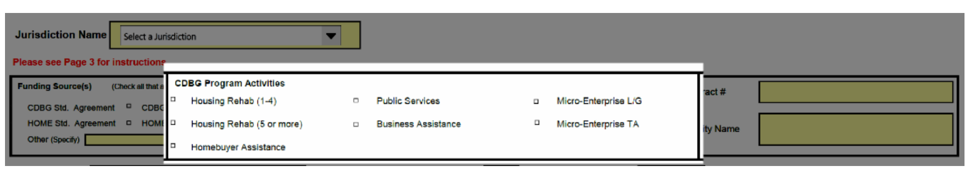
</td></tr>
<tr><td>2</td><td>

Check all **Funding Source(s)** used for this program including **CDBG, CDBG-CV**, and **CDBG PI**.



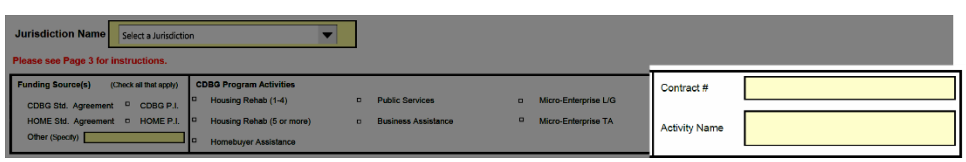
</td></tr>
<tr><td>3</td><td>

Indicate which **Program Activity** this report is related to.



</td></tr>
<tr><td>4</td><td>

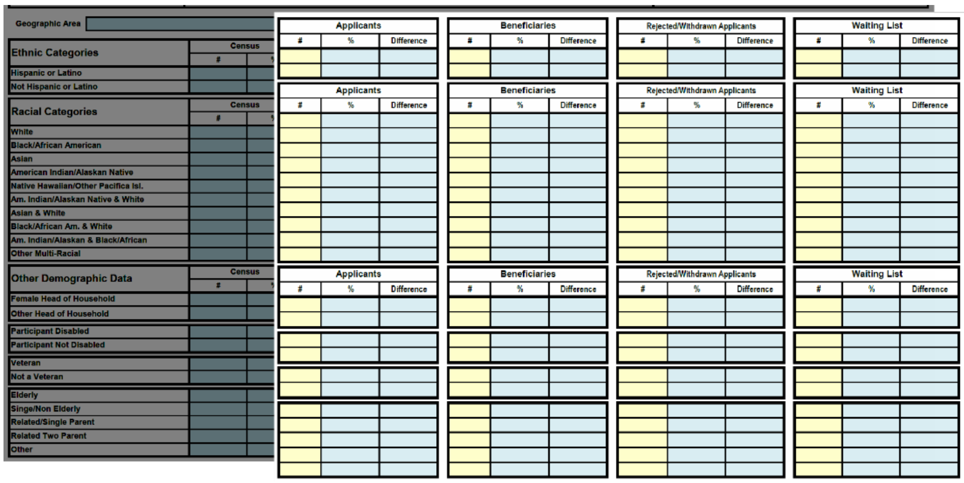
Enter the **Contract #** for the program this report is related to.



</td></tr>
</table>

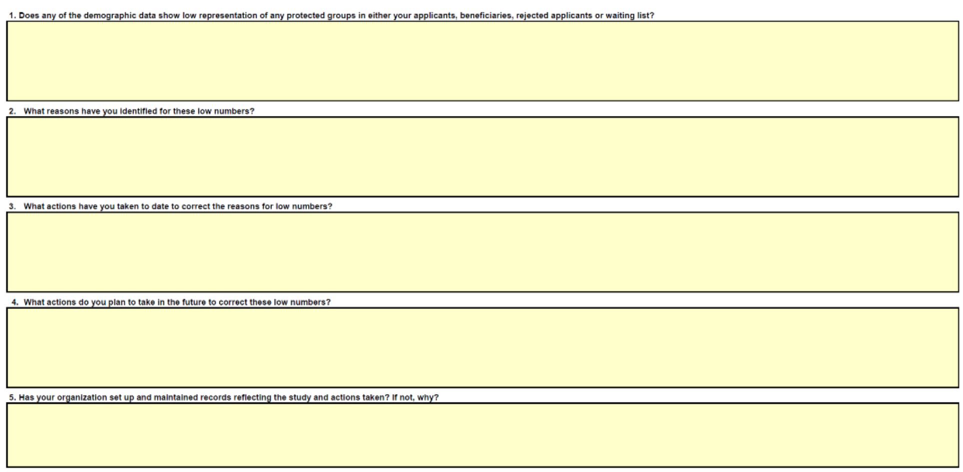
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>5</td><td>

Enter the program participant’s demographic information organized by **Applicants, Beneficiaries, Rejected/Withdrawn Applicants**, and those on the **Waiting List**.



</td></tr>
<tr><td>6</td><td>

Respond to the **Questionnaire** and indicate whether your program participant’s demographic information reveals that a protected group was underrepresented.



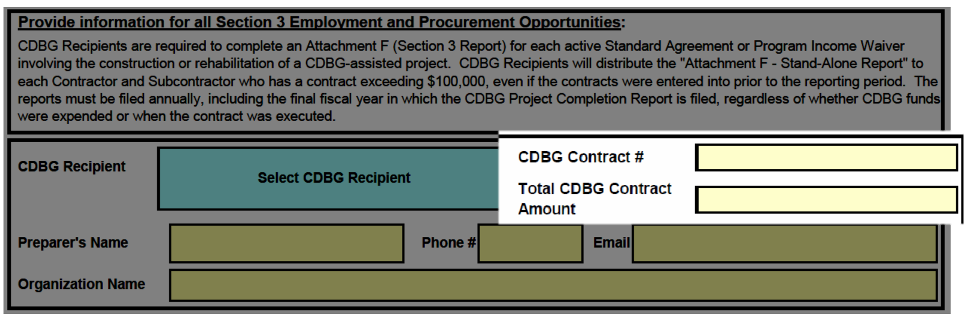
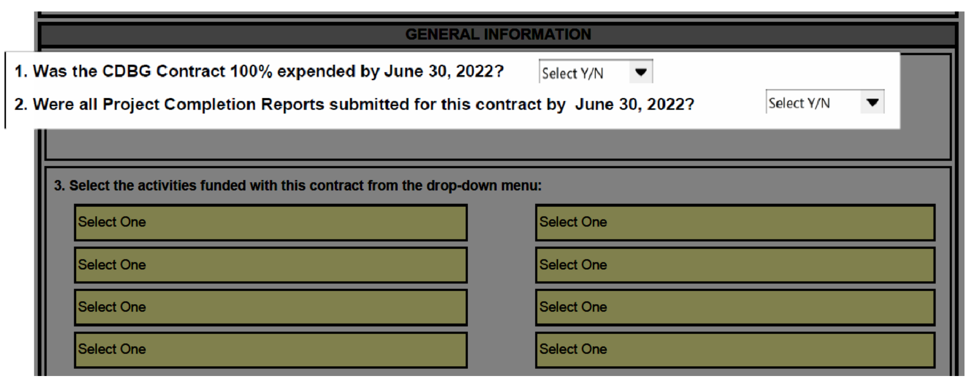
- If the demographic information entered shows a difference of 10% or more, the field will automatically turn red indicating that your response must address those specific instances.

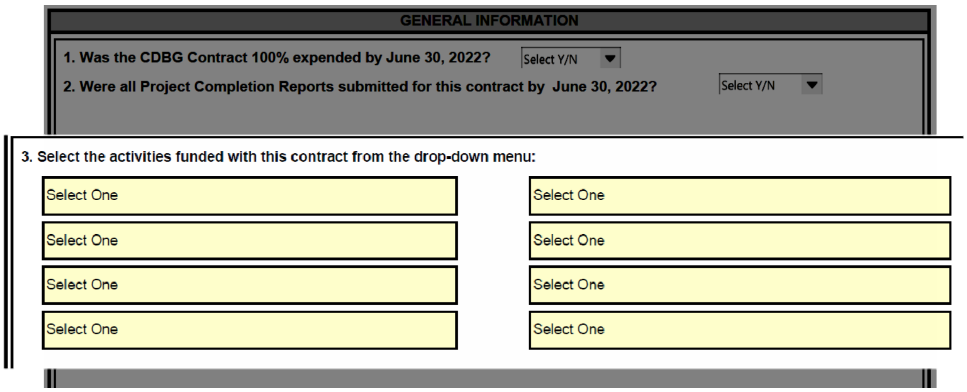
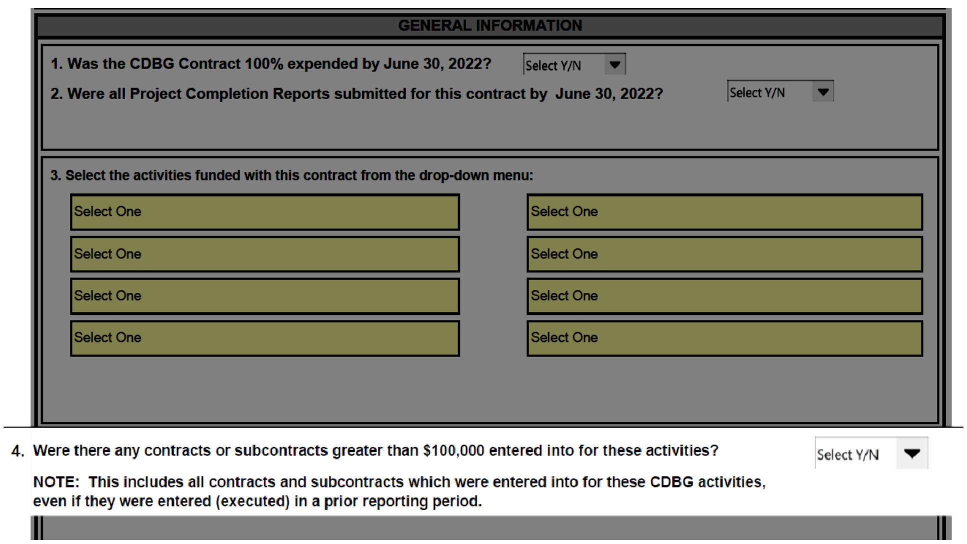
</td></tr>
</table>

Completing Attachment F: Section 3

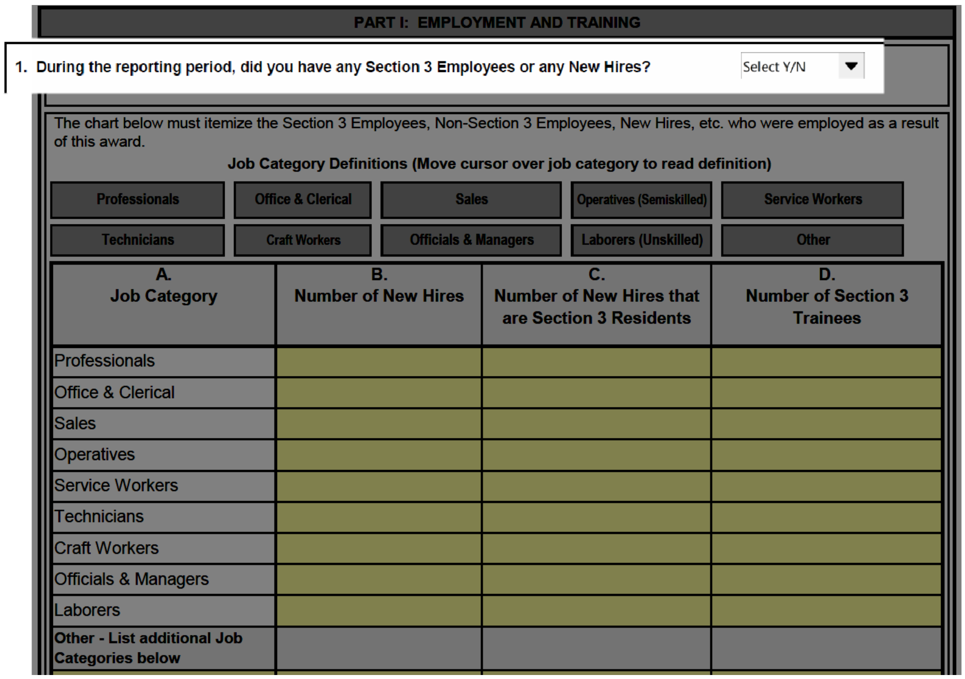
Grantees should complete Attachment F: Section 3 as outlined in Exhibit 8, below, to report on Section 3 covered projects with a Standard agreement Execution Date before November 30, 2020.

Exhibit 8. Completing Attachment F: Section 3

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Enter the CDBG Contract # and the Total CDBG Contract Amount.

Provide information for all Section 3 Employment and Procurement Opportunities:
CDBG Recipients are required to complete an Attachment F (Section 3 Report) for each active Standard Agreement or Program Income Waiver involving the construction or rehabilitation of a CDBG-assisted project. CDBG Recipients will distribute the "Attachment F - Stand-Alone Report" to each Contractor and Subcontractor who has a contract exceeding $100,000, even if the contracts were entered into prior to the reporting period. The reports must be filed annually, including the final fiscal year in which the CDBG Project Completion Report is filed, regardless of whether CDBG funds were expended or when the contract was executed.
CDBG Recipient | Select CDBG Recipient
CDBG Contract #
Total CDBG Contract Amount
Preparer's Name | Phone # | Email
Organization Name</td></tr>
<tr><td>2</td><td>Indicate whether the CDBG Contract was 100% Expended and if the Project Completion Reports were submitted by the end of the reporting period.

GENERAL INFORMATION
1. Was the CDBG Contract 100% expended by June 30, 2022? Select Y/N
2. Were all Project Completion Reports submitted for this contract by June 30, 2022? Select Y/N
3. Select the activities funded with this contract from the drop-down menu:
Select One | Select One
Select One | Select One
Select One | Select One
Select One | Select One
If you selected Yes to both questions, you will be instructed to <u>not</u> complete the rest of this form for this contract.
If you selected No to either question, continue to the next step.</td></tr>
<tr><td>3</td><td>Select the activities funded with this contract for the dropdown menu.</td></tr>
</table>

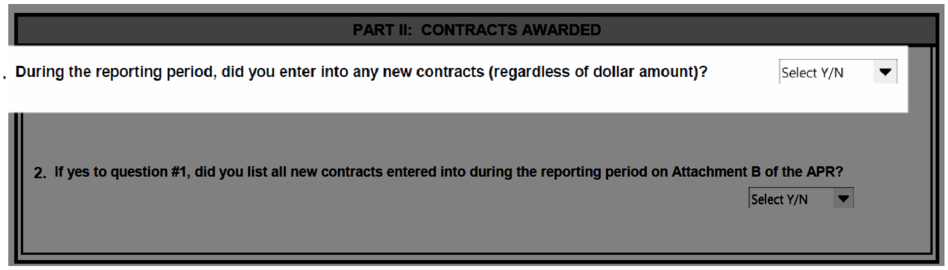
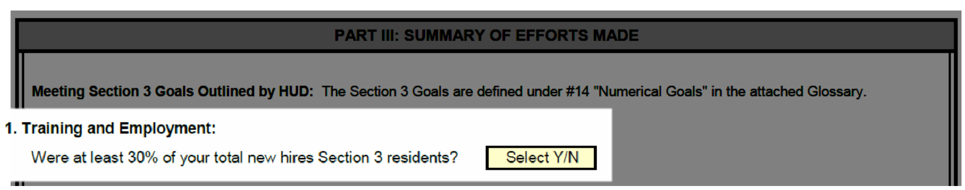
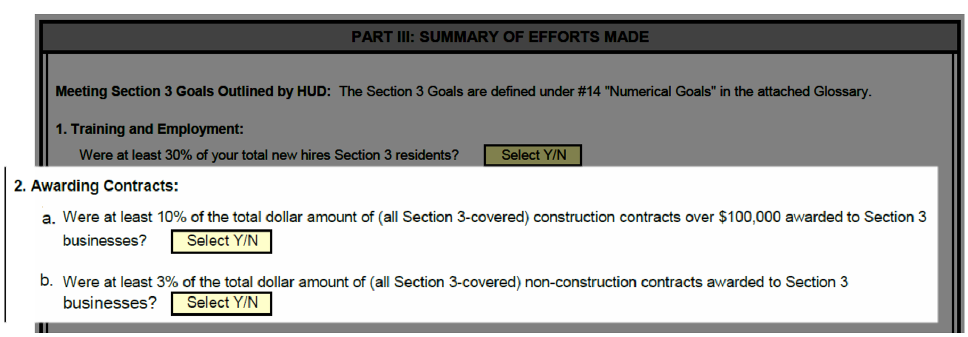
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td></td><td>
</td></tr>
<tr><td>4</td><td>Indicate whether there were any contracts or subcontracts exceeding $100,000 for these activities.


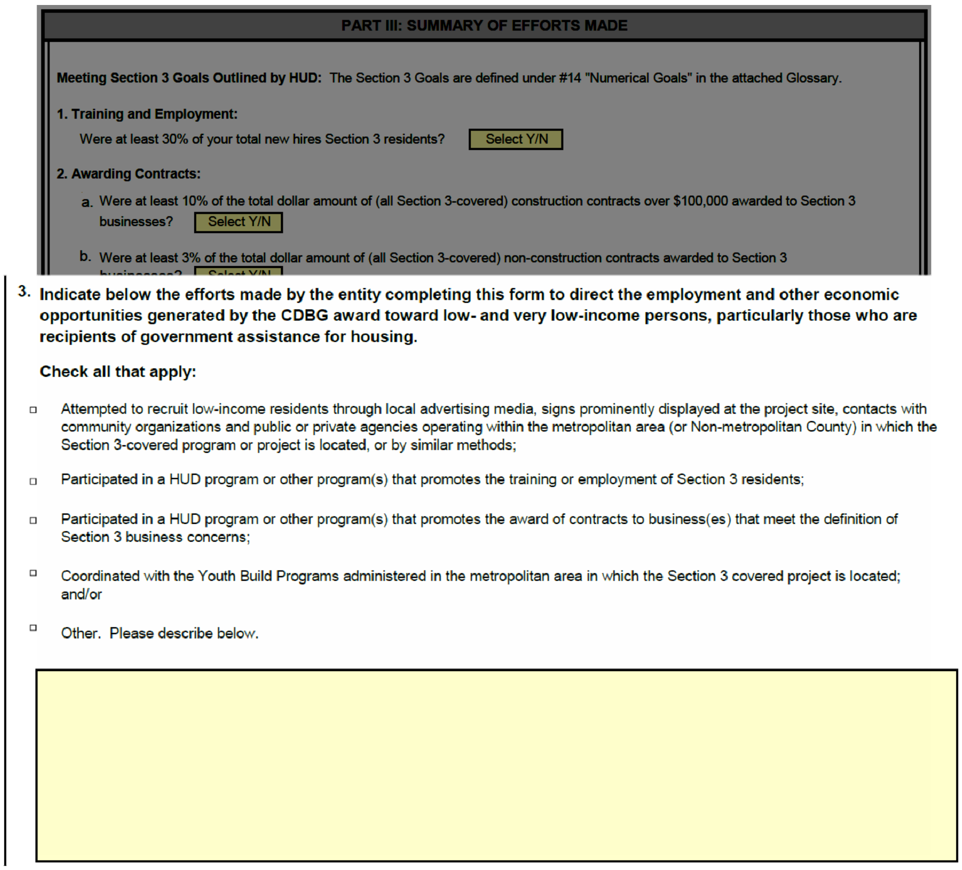
If you selected Yes, you will be instructed to distribute and collect the Attachment F: Section 3 – Stand Alone form from all applicable Contractors and Subcontractors.
If you selected No, continue to the next step
REMINDER: Any contracts or subcontracts exceeding $200,000 with a Standard Agreement Execution Date <u>after</u> November 30, 2020, will not report Section 3 compliance as part of this APR, additional guidance will be provided by HCD.
</td></tr>
</table>

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>5</td><td>
Indicate whether your agency had any Section 3 Employees or New Hires during the reporting period.

PART I: EMPLOYMENT AND TRAINING
1. During the reporting period, did you have any Section 3 Employees or any New Hires? Select Y/N
The chart below must itemize the Section 3 Employees, Non-Section 3 Employees, New Hires, etc. who were employed as a result of this award.
Job Category Definitions (Move cursor over job category to read definition)
Professionals | Office & Clerical | Sales | Operatives (Semiskilled) | Service Workers
Technicians | Craft Workers | Officials & Managers | Laborers (Unskilled) | Other
<table>
<tr><th>A.
Job Category</th><th>B.
Number of New Hires</th><th>C.
Number of New Hires that are Section 3 Residents</th><th>D.
Number of Section 3 Trainees</th></tr>
<tr><td>Professionals</td><td></td><td></td><td></td></tr>
<tr><td>Office & Clerical</td><td></td><td></td><td></td></tr>
<tr><td>Sales</td><td></td><td></td><td></td></tr>
<tr><td>Operatives</td><td></td><td></td><td></td></tr>
<tr><td>Service Workers</td><td></td><td></td><td></td></tr>
<tr><td>Technicians</td><td></td><td></td><td></td></tr>
<tr><td>Craft Workers</td><td></td><td></td><td></td></tr>
<tr><td>Officials & Managers</td><td></td><td></td><td></td></tr>
<tr><td>Laborers</td><td></td><td></td><td></td></tr>
<tr><td>Other - List additional Job Categories below</td><td></td><td></td><td></td></tr>
</table>

If you selected Yes, you will be instructed to complete the chart below and enter the Number of New Hires, Number of New Hires that are Section 3 Residents, and Number of Section 3 Trainees resulting from this award.
If you selected No, you will be instructed to skip the chart and continue to the next step.

</td></tr>
<tr><td>6</td><td>Indicate whether your agency entered into any new contracts (regardless of dollar amount) during the reporting period.</td></tr>
</table>

Step	Action
	 PART II: CONTRACTS AWARDED 1. During the reporting period, did you enter into any new contracts (regardless of dollar amount)? Select Y/N 2. If yes to question #1, did you list all new contracts entered into during the reporting period on Attachment B of the APR? Select Y/N - If you selected **Yes**, you will be instructed to distribute and collect the **Attachment B: MBE/WBE - Standalone** form from all applicable Contractors and Subcontractors and ensure that the information is reflected in **Attachment B** of your agency's APR Workbook. - If you selected **No**, you will be instructed to not complete the rest of this form for this contract.
7	Indicate whether at least 30% of your agency's new hires were **Section 3 Residents**.  PART III: SUMMARY OF EFFORTS MADE Meeting Section 3 Goals Outlined by HUD: The Section 3 Goals are defined under #14 "Numerical Goals" in the attached Glossary. 1. Training and Employment: Were at least 30% of your total new hires Section 3 residents? Select Y/N
8	Indicate whether <u>at least 10%</u> of the total dollar amount of your Section 3 covered **construction contracts** and <u>at least 3%</u> of the total dollar amount of your Section 3 covered **non-construction contracts** were awarded to **Section 3 businesses**.  PART III: SUMMARY OF EFFORTS MADE Meeting Section 3 Goals Outlined by HUD: The Section 3 Goals are defined under #14 "Numerical Goals" in the attached Glossary. 1. Training and Employment: Were at least 30% of your total new hires Section 3 residents? Select Y/N 2. Awarding Contracts: a. Were at least 10% of the total dollar amount of (all Section 3-covered) construction contracts over $100,000 awarded to Section 3 businesses? Select Y/N b. Were at least 3% of the total dollar amount of (all Section 3-covered) non-construction contracts awarded to Section 3 businesses? Select Y/N

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>9</td><td>Check off all the efforts your agency made to direct the employment and other economic opportunities resulting from the CDBG and/or CDBG-CV award towards low- and very low-income people.

PART III: SUMMARY OF EFFORTS MADE
Meeting Section 3 Goals Outlined by HUD: The Section 3 Goals are defined under #14 "Numerical Goals" in the attached Glossary.
1. Training and Employment:
Were at least 30% of your total new hires Section 3 residents? Select Y/N
2. Awarding Contracts:
a. Were at least 10% of the total dollar amount of (all Section 3-covered) construction contracts over $100,000 awarded to Section 3 businesses? Select Y/N
b. Were at least 3% of the total dollar amount of (all Section 3-covered) non-construction contracts awarded to Section 3
3. Indicate below the efforts made by the entity completing this form to direct the employment and other economic opportunities generated by the CDBG award toward low- and very low-income persons, particularly those who are recipients of government assistance for housing.
Check all that apply:
□ Attempted to recruit low-income residents through local advertising media, signs prominently displayed at the project site, contacts with community organizations and public or private agencies operating within the metropolitan area (or Non-metropolitan County) in which the Section 3-covered program or project is located, or by similar methods;
□ Participated in a HUD program or other program(s) that promotes the training or employment of Section 3 residents;
□ Participated in a HUD program or other program(s) that promotes the award of contracts to business(es) that meet the definition of Section 3 business concerns;
□ Coordinated with the Youth Build Programs administered in the metropolitan area in which the Section 3 covered project is located; and/or
□ Other. Please describe below.</td></tr>
</table>

Questions

If you have general process questions, please contact your Grant Administrator or HCD Representative.

If you have specific questions about the information in this Management Memo, or any other questions regarding the CDBG Program, please contact Felicity Gasser at felicity.gasser@hcd.ca.gov or 916-820-1187.