

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

PUBLIC SERVICE ACTIVITY REPORT

U.S. Department of Housing and Urban Development

**Consolidated Annual Performance and Evaluation
Report (CAPER)**

NASSAU URBAN COUNTY CONSORTIUM



Program Year _____

Name of Municipality/Organization

Community Development Block Grant (CDBG) Program
Accomplishments Reporting

GENERAL INFORMATION

MUNICIPALITY/ORGANIZATION:

ADDRESS:

CONTACT PERSON:

TELEPHONE NUMBER:

EMAIL ADDRESS:

CAPER Reporting Forms Officially Submitted by:

Print Name and Title of Authorized Representative

Signature

Date

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PUBLIC SERVICE CAPER

ACTIVITY SUMMARY INFORMATION

ACTIVITY NAME: _____

ACTIVITY CODE: _____

ALLOCATED FUNDS EXPENDED: _____

BENEFICIARY TYPE (Check only one)

_____ Low/Mod Direct Benefit/Limited Clientele (at least 51% of program participants must be low/mod)

_____ Low/Mod Area Benefit (Service Area must be considered low/mod)

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

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ACCOMPLISHMENTS NARRATIVE FOR THIS ACTIVITY

Narrative: Accomplishments narrative **MUST** be specific and detailed. Please include how budget was allocated (i.e., rent, supplies, stipends) Attach additional documentation if necessary.

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Did the activity (check all that apply):

- Support and promote integrated communities and improve integrated living patterns? (*i.e., public service activities, multifamily rehabilitation, acquisition of property for public purpose, and homeownership assistance*)
- Reduce racially and ethnically concentrated areas of poverty? (*i.e. economic development, public service activities, and homeownership assistance*)
- Respond to identified disproportionate housing needs of persons protected under the Fair Housing Act? (*i.e. residential rehabilitation – for handicapped accessibility improvements, code enforcement, and public housing rehabilitation*)
- Foster and maintain compliance with civil rights and fair housing laws? (*i.e., housing counseling, and landlord/tenant counseling*)
- Address disparities in access to key community assets which may provide greater mobility and access to vital assets including economic opportunities, employment, health, transportation and quality education? (*i.e. downtown revitalization, public facility and infrastructure improvements, handicapped accessibility improvements, commercial rehabilitation, public service activities, and transportation activities*)

Did this activity address any of the nine (9) Impediments to Fair Housing as identified in the Nassau County Analysis of Impediments to Fair Housing Choice (“AI”) located at:

<https://www.nassaucountyny.gov/5013/Analysis-of-Impediments-Final-Version--M>

(check all that apply):

- Impediment #1: Discrimination in the Nassau County Housing Market _____
- Impediment #2: Lending Policies, Practices and Disparities _____
- Impediment #3: High Cost of Housing _____
- Impediment #4: Community Planning & Zoning Decisions That Impede Affordable Housing _____
- Impediment #5: Limited Availability of Funds _____
- Impediment #6: Limited Non-Profit Capacity _____
- Impediment #7: Abandoned / Deteriorated Housing _____
- Impediment #8: Employment/Housing/Transportation Linkage _____
- Impediment #9: Insufficient Understanding of “Reasonable Accommodations” and ADA _____

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LIST IN TABLE BELOW ALL SOURCES OF FUNDING FOR PUBLIC SERVICE ACTIVITY

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)			

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Check ONE accomplishments type:

People (General) _____ Youth _____ Elderly _____ Households _____ Business _____ Housing Units _____
 Public Facilities _____ Jobs _____ Loans _____

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	_____	

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DATA COLLECTION SOURCE/ELIGIBILITY INFORMATION

1. 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:

2. Of the total benefiting, 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: _____

3. If the activity's National Objective is Low/Mod Area Benefit, please describe the service area and attach a map: