**DEPARTMENT OF COMMERCE & ECONOMIC OPPORTUNITY**

**GRANTEE EVALUATION REPORT**

**INSTRUCTIONS**

**The Grantee Evaluation Report (GER) should be submitted when the Project is completed. It will be used to evaluate your community’s performance in carrying out the requirements of your Community Development Block Grant (CDBG) grant. The GER consists of six pages. The following are the instructions for completing each page.**

**Cover Sheet**

* **Name of Grantee**
* **Grant Number as shown in the grant award document**
* **Current address of grantee**
* **County Names & Census Tract *of the project* *area***
* **Grant Period**
* **Citizen Participation**

1. **Evidence of a Public Hearing – 1a through 1c with attachments as required**
2. **Citizens’ Written Comments – 2a through 2c with attachments as appropriate**

* **Grantee Certification**

1. **Name & Title of authorized representative**
2. **Signature of authorized representative – dated**

**Description of Activities Completed**

* **Column (a) – Indicate the cost category number for your project, per the grant award document budget, (i.e. 0400 for water, 0410 for sewer, 0410 for design engineering, 0900 for economic development, etc. Note: LMI household hookups must be listed separately under cost category 0800.**
* **Column (b) – Indicate the name of the project cost category as stated in the grant award budget (i.e. water, sewer, design engineering, economic development, etc.)**
* **Column (c) – Indicate activities accomplished as a result of the project (i.e. water main installed, water tower constructed, sewer treatment plant upgraded, business expansion, etc.) These activities should match the “proposed” activities in the grant award document or subsequent grant modifications. Be specific: Number of persons served, number of households connected to new water/sewer service, number of job created/retained, etc.**
* **Column (d) – List the amount of leverage funds spent per cost category.**
* **Column (e) – List the source of leverage funds spent per cost category.**

**Analysis of Benefit to Minorities, Persons with Disabilities, and Female Heads of Households**

* **At the top of the table, list the cost category numbers, excluding administration**
* **Enter the number of persons served, for each cost category, per race and ethnic group. Please note that Hispanic or Latino is an ethnicity. It is NOT a race. Hispanics & Latinos would be racially classified as White, American Indiana/Alaskan Native, Asian, Black/African American, etc. (i.e. if you have 10 White and 1 of them is Hispanic you would enter 10 in the first column and 1 in the second column.)**
* **Add all the lines and enter in the Total columns.**
* **Female Headed Households & Disabled Persons rows are only completed for “direct benefit” activities (i.e. direct benefit activities include houses rehabilitated, households receiving hookups to new water/sewer services, jobs created/retained, etc.)**

**Analysis of Benefit to Low and Moderate Income Persons**

* **At the top of the table, list the cost category numbers, excluding administration**
* **Enter the total number of persons served for each cost category**
* **Enter the total number of persons served per each cost category based on the following:**

**Number of persons at or below 30% of median household income**

**Number of persons at or below 50% of median household income**

**Number of persons at or below 80% of median household income**

**Number of persons higher than 80% of median household income**

***Please note that the total of these four columns should equal the total number of persons.***

**Analysis of Benefit to Economic Development – *to be completed for economic development only***

**Table 1**

* **Column (a) – Indicate number of full time jobs created and/or retained**
* **Column (b) – Indicate number of part time jobs created and/or retained**
* **Column (c) – Indicate average number of total weekly hours of part time employees**
* **Column (d) – Indicate percent of jobs created and/or retained by low-moderate income persons**

**Table 2**

* **Indicate total number of jobs created & retained per classification**
* **The total number of jobs created & retained in Table 2 should equal the total number of jobs created and retained in Table 1**

**Actions to Affirmatively Further Fair Housing**

* **The form is self explanatory**



**GRANTEE EVALUATION REPORT**

**Cover Sheet**

Grantee Name

Grantee No.

Address

City, State, Zip

County Census Tract # (*of project area*)

Grant Period thru

FEIN #

DUNS #

**Citizen Participation** – submitted to DCEO with this report are:

1. Evidence of Public Hearing
2. a certified copy of the seven day Notice of Public Hearing
3. a certified copy of the minutes of the Public Hearing
4. a list of persons attending the Public Hearing
5. Citizens’ Written Comments
6. a copy of each written citizen comment regarding the grantee’s performance under this grant, which was received during the period since the grant was approved
7. the grantee’s assessment of the comment
8. a description of any action taken or to be taken in response to the comments are required by Section 104(d) of the Housing & Community Development Act of 1974 as amended by 24 CFR 570.906(a)(3).

**As Built or Record Drawings –** For Public Infrastructure and Public Infrastructure for Economic Development or RLF Closeout Projects

**Grantee’s Certification –** The grantee’s authorized official representative certifies that:

1. *The records described in CFR Part 570.907 are being maintained and will be made available upon request*
2. *The date in this Grantee Evaluation Report is true and correct to the best of the grantee’s (and the authorized representative’s) knowledge and belief*

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Signature Type Name & Title of authorized person Date

**GRANTEE EVALUATION REPORT**

**DESCRIPTION OF ACTIVITIES COMPLETED**

**GRANT NO. GRANTEE NAME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost**  **Category**  **Number**  **(a)** | **Cost**  **Category**  **Name**  **(b)** | **Describe Activities**  **B*e specific* (e.g. water main, sewer main, water tower, number of houses rehabilitated, number of LMI hook-ups, number of jobs created/retained, number of LMI jobs created/ retained)**  **(c)** | **Leverage**  **$**  **(d)** | **Leverage**  **Source**  **(e)** |
|  |  |  |  |  |
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**GRANTEE EVALUATION REPORT**

**ANALYSIS OF BENEFIT TO MINORITIES, PERSONS W/DISABILITIES & FEMALE HEADS OF HOUSEHOLD**

**GRANT NO. GRANTEE NAME**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | COST CATEGORY # | | COST CATEGORY # | | COST CATEGORY # | | COST CATEGORY # | |
|  |  |  |  |  |  |  |  |  |
|  | Total Number Persons Served | # Also Hispanic | Total Number Persons Served | # Also Hispanic | Total Number Persons Served | # Also Hispanic | Total Number Persons Served | # Also Hispanic |
|  |  |  |  |  |  |  |  |  |
| White |  |  |  |  |  |  |  |  |
| Black/Africa American |  |  |  |  |  |  |  |  |
| Asian |  |  |  |  |  |  |  |  |
| American Indian/Alaskan Native |  |  |  |  |  |  |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |  |  |  |  |  |  |
| American Indian/Alaskan Native & White |  |  |  |  |  |  |  |  |
| Asian & White |  |  |  |  |  |  |  |  |
| Black/African American & White |  |  |  |  |  |  |  |  |
| American Indian/Alaskan Native & Black/  African American |  |  |  |  |  |  |  |  |
| Other Individuals Reporting more than One Race |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |
| # of Female Headed Households |  |  |  |  |  |  |  |  |
| # of Disabled Persons |  |  |  |  |  |  |  |  |

\* NOTE: Hispanic or Latino is an ethnicity. It is NOT a race. Hispanic & Latinos would be racially classified as White, American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, or multi-race. (E.g. you have 10 White and 1 of them is Hispanic you would enter 10 in column one and 1 in column two.

**Source of Data:** Census Data \_\_\_\_\_\_\_ Income Survey \_\_\_\_\_\_\_

GRANTEE EVALUATION REPORT

ANALYSIS OF BENEFIT TO LOW AND MODERATE INCOME PERSONS

GRANT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANTEE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Persons | Homes |
| a. Number Below 30% of Median Income |  |  |
| b. Number Below 50% of Median Income |  |  |
| c. Number Below 80% of Median Income |  |  |
| Total Number Lower than Median Income (a+b+c) |  |  |
| d. Number Higher than 80% Median Income |  |  |
| Total Number of Benefiting Persons/Homes |  |  |

Instructions: \*Under Cost Category fill in the cost category number as shown in grant budget.

Then fill in number of persons benefiting from each income level under each cost category.

**Source of Data:** Census Data \_\_\_\_\_\_ Income Survey \_\_\_\_\_

**GRANTEE EVALUATION REPORT**

**ACTIONS TO AFFIRMATIVELY FURTHER FAIR HOUSING**

GRANT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANTEE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities undertaken by Grantee to further fair housing in the community**

Is a Fair Housing Poster on display for public view? Yes \_\_\_\_\_ No \_\_\_\_\_

Where is the poster located

(i.e. city hall, court house, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has grantee adopted a fair housing ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

Give ordinance number & date of adoption \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are fair housing complaint forms available to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

Where are the complaint forms located (i.e. city hall, courthouse, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give brief description of grantee’s policy for receiving complaints \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GRANTEE EVALUATION REPORT**

**ANALYSIS OF BENEFIT TO ECONOMIC DEVELOPMENT**

To be completed for Economic Development grants only

GRANT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANTEE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Jobs Created/Retained** | Total Full Time  (a) | Total Part Time  (b) | Weekly Hrs/Part Time  (c) | Percent Low/Mod Jobs  (d) |
|  |  |  |  |  |
| Number of Jobs Created |  |  |  |  |
| Number of Jobs Retained |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Type of Jobs Created/Retained # of Jobs**

|  |  |
| --- | --- |
| Officials & Managers |  |
| Professional |  |
| Technicians |  |
| Sales |  |
| Office & Clerical |  |
| Craft Workers (skilled) |  |
| Operatives (semi-skilled) |  |
| Laborers (unskilled) |  |
| Service Workers |  |
| TOTAL |  |

Number of jobs with employer sponsored health care benefits: \_\_\_\_\_\_\_\_\_\_

Number of persons unemployed prior to taking jobs created under this grant: \_\_\_\_\_\_\_\_\_\_

Of Jobs Created, Number of Jobs with Employer Sponsored Health Care Benefits \_\_\_\_\_\_\_\_\_\_

Of Jobs Created, Number of Persons Unemployed Prior to Taking Jobs Created \_\_\_\_\_\_\_\_\_\_

under this Activity