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Grant Tracking

**Instructions**

*Print to PDF will convert the Status Report plus any PDF attachments into a single PDF file. Edit Approval allows internal approval. Negotiation will allow you to unlock one or more sections of the Status Report and route the Status Report back to the grantee for further editing. Annotations allow internal staff to add notes that are visible to internal staff only. The grantee cannot see these notes. Versions will display all component versions that were created as a result of the negotiation process. Feedback allows staff to enter feedback about the Status Report to the grantee. The feedback text will appear at the bottom of the Status Report and will be visible to anyone who has access to the Status Report. Withdraw changes the status of the Status Report to Withdrawn and removes the Status Report from further processing.*

**Status Report Details**

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**2019 CDBG HSPF Test-2018 CDBG HSPF Test**

**CDBG - Housing and Public Facilities**

**Award Year:** \_\_\_\_\_ **Status:** Editing

**Contract Number:** 2019 CDBG HSPF Test

**Status Report Number:** 01

**Submitted By:** \_\_\_\_\_

**Submitted Date:** \_\_\_\_\_

**Status Report Type:** CDBG ONLY-Semi-annual

**Report Period:** 07/15/2018 01/15/2019  
From Date To Date

**Due Date:** 01/15/2019

**Primary Contact and Organization**

**Primary Contact**

**Name:\*** Dr. External Tester  
Salutation First Name Middle Name Last Name

**Title:** Tester

**Address:\*** Address

**City:** New Hampshire 22030  
City State/Province Postal Code/Zip

**County:** Belknap

**City Outside NH:** \_\_\_\_\_

**Phone:\*** 111-111-1111  
Phone (999-999-9999) Ext.

**alternate phone number:** \_\_\_\_\_

**alternate phone type:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:\*** [jmatthews@nhcdfa.org](mailto:jmatthews@nhcdfa.org)

**Organization Information**

**Name:\*** West Smallville Housing

**Type:\*** Non Profit / 501C3

**Tax ID:** 34-46654365

**Website:** www.wsmallvillehousing.org

**Fiscal Year End:** \_\_\_\_\_

**Address:\*** 123 Fake Street

**City/State/Zip\*:** Other - Not in NH New Hampshire 03060  
City State/Province Postal Code/Zip

**City Outside NH:** West Smallville

**County:** Merrimack

**Phone:\*** 603-882-3616  
(999-999-9999) Ext.

**Fax:** 603-595-7414

*This information will be used to notify the A.O on issues relating to the application and/or grant.*

**Authorized Official\*** Inspector Flynn

**Authorized Official Email Address\*** [jmatthews@nhcdfa.org](mailto:jmatthews@nhcdfa.org)

*Don't have a DUNS #? Click [here](#) to apply.*

**DUNS Number (Required):\*** 99-999-9999

**Executive Council District\*** District 2 - Councilor Colin Van Ostern

*Don't have a CCR #? Click [here](#) to apply.*

**CCR CAGE Number (Central Contractor Registry)**

**Report**

*If you are submitting your final report, Click [here](#) to access a template. Once the close out certification is complete attach it to the attachment component of this report.*

**Is this the final report?\*** No

*If yes, enter:*

**Budget Amount** \$0

**Reimbursable Costs** \$0

**Unused Budget Amount** \$0

**Project Progress**

Task Description	Scheduled Due Date	Task Status
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**Narrative**

**Narrative\***

- 1. Describe the progress toward achieving proposed accomplishments in this reporting period.
- 2. Please indicate what percent of the activity has been completed.
- 3. Please explain any delays and provide a time-frame for completing the activity and meeting the national objective.
- 4. If accomplishments have not been met, please explain why.

- 1. Describe the progress toward achieving proposed accomplishments in this reporting period.
- 2. Please indicate what percent of the activity has been completed.
- 3. Please explain any delays and provide a time-frame for completing the activity and meeting the national objective.
- 4. If accomplishments have not been met, please explain why.

*Please attach documentation of matching funds spent to date in the attachment component of this report.*

**Matching Funds Spent to Date\*** \$50,000

**Date of Progress Public Hearing** 11/15/2018 Mid-grant hearing completed  
Comments

**Program Income**

Source (Grant #)(1)	Amount Received (2)	Amount Expended (3)	How Expended (4)	RLF Date Approved (5)
	\$0	\$0		

**Proposed beneficiaries: \*\*NOTE: People for PF projects; Households for HS projects.**

Total Proposed beneficiaries	500
Total proposed LMI Beneficiaries	400

**Beneficiaries- Subcategories \*\*NOTE: People for PF projects; Households for HS projects.**

Row	Total this reporting period (Jan-June or July-Dec)	Total Cumulative (since the beginning of the grant)
Female Head of Household	0	78
Handicapped	15	15
Elderly	0	0

**Beneficiaries by \*\*NOTE: People for PF projects; Households for HS projects.**

Row	And Hispanic	Total this reporting period (Jan-June or July-Dec)	Total Cumulative (since the beginning of the grant)
White		300	300
Black African American		0	50
Asian		0	0
Native Hawaiian/Other Pacific Islander		0	0
American Indian/ Alaskan Native		4	4
American Indian/ Alaskan Native and White		0	0
Asian and White		0	0
Black African American and White		0	0
American Indian/Alaskan Native and Black African American		0	0
Other Multi-racial		0	0
Hispanic			
Female Head of Household			
Handicapped			
Elderly			

**LMI Beneficiaries \*\*NOTE: People for PF projects; Households for HS projects.**

Row	Total this reporting period (Jan-June or July-Dec)	Total Cumulative (since the beginning of the grant)
Extremely Low	204	204
Low	100	140
Moderate		10
Not LMI		
<b>Totals</b>	<b>304</b>	<b>354</b>

**Section 3**

Row	Number of New Hires	Number of New Hires that are Section 3 Residents	Number of Section 3 Trainees	Trade/ Other
<b>Job Category</b>				
Professionals				
Technicians				
Office/ Clerical				
Construction by Trade (List)				
Other				

**Contracts Awarded**

**Construction Contracts**

Enter the total dollar amount of all contracts/sub-contracts awarded on the project/program.

**Total dollar amount of all contracts/sub-contracts awarded on this project** \$1,000,000

*Enter the total dollar amount of contracts/sub-contracts connected with this project/program that were awarded to Section 3 businesses.*

**Total dollar amount of contracts/sub-contracts awarded to Section 3 businesses** \$0

**Percentage of the total dollar amount that was awarded to Section 3 businesses** 0%

*Enter the number of Section 3 businesses receiving awards.*

**Total number of Section 3 businesses receiving contracts**

**Non-Construction Contracts**

*Enter the total dollar amount of all contracts awarded on the project/program.*

**Total dollar amount all non-construction contracts awarded on the project/activity** \$0

*Enter the total dollar amount of contracts connected with this project awarded to Section 3 businesses.*

**Total dollar amount of non-construction contracts awarded to Section 3 businesses** \$0

**Percentage of the total dollar amount that was awarded to Section 3 businesses** 0%

**Total number of Section 3 businesses receiving non-construction contracts** *Enter the number of Section 3 businesses receiving awards.*

**Summary**

Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contracts with the 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 similar methods. **Yes**

Participated in a HUD program or other program which promotes the training or employment of Section 3 residents. **Yes**

Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns. **Yes**

Coordinated with Youth build Programs administered in the metropolitan area in which the Section 3 covered project is located. **No**

Other; describe below.

**Rehabilitation of Rental Units - (This Reporting Period Only)**

**Row**

**Number**

**Of the number of rental units, number of:**

Affordable units

Section 504 accessible units

Brought from substandard to standard condition (HQS or Local Code)

Units Qualified as Energy Star

Brought into compliance w/lead safety rules (24 CFR Part 35)

Units created through conversion of non-residential to residential buildings

**Of the Total Affordable Units, Number of:**

Units occupied by elderly

Years of affordability guaranteed

Units subsidized with project-based rental assistance by another Federal, State or Local program

Units designated for persons with HIV/AIDS including units receiving assistance for operations  
 Of units designated for persons with HIV/AIDS, number specifically for chronically homeless  
 Permanent housing units designated for homeless persons and families, including units receiving assistance for operations  
 Of permanent housing units designated for homeless, number for the chronically homeless

**Aquisition/Construction New Homeowner - (This Reporting Period Only)**

Row	Number
<b>Of the Total Owner Units, Number of:</b>	
Affordable units	
Years of affordability guaranteed	
Section 504 accessible units	
Units Qualified as Energy Star	
Households previously living in subsidized housing	
<b>Of the Total Affordable Units, Number of:</b>	
Units occupied by elderly	
Units specifically designated for persons with HIV/AIDS	
Of units designated for persons with HIV/AIDS, number specifically for chronically homeless	
Units specifically desinated for homeless	
Of units designated for homeless, number specifically for chronically homeless	
Of units designated for homeless, number specifically for chronically homeless	

**Construction of Rental Units - (This Reporting Period Only)**

Row	Number
<b>Of the Total Rental Units, Number of:</b>	
Affordable units	
Section 504 accessible units	
Units Qualified as Energy Star	
<b>Of the Total Affordable Units, Number of:</b>	
Units occupied by elderly	
Years of affordability guaranteed	
Units subsidized with project-based rental assistance by another Federal, State or Local program	
Units designated for persons with HIV/AIDS including units receiving assistance for operations	
Of units designated for persons with HIV/AIDS, number specifically for chronically homeless	
Permanent housing units designated for homeless persons and families, including units receiving assistance for operations	
Of permanent housing units designated for homeless, number for the chronically homeless	

**Homeowner Rehab Units - (This Reporting Period Only)**

Row	Number
<b>Of the Total Owner Units, Number of:</b>	
Units occupied by elderly	
Units moved from substandard to standard (HQS or Local code)	
Section 504 accessible units	
Units Qualified as Energy Star	
Brought into compliance w/lead safety rules (24 CFR Part 35)	

**Public Services - (This Reporting Period Only)**

Of the Total Households and/or People, Number of:	Number of households	Number of Persons
With new or continuing access to a service or benefit		
With improved access to a service or benefit		
Receive a service or benefit that is no longer substandard		

**Public Facilities & Infrastructure in Support of Housing - (This Reporting Period Only)**

Of the Total Households and/or People, Number of:	Number of households	Number of Persons
With new access to this type of Public Facility or Infrastructure Improvement		354
With improved access to this type of Public Facility or Infrastructure Improvement		
With access to Public Facility or Infrastructure Improvement that is no longer substandard		
Homeless persons given overnight shelter		
Beds created in overnight shelter or other emergency housing		

**MBE/WBE**

Company Name	EIN/SSN	Phone Number	MBE (Minority Business Enterprise)	WBE (Woman Business Enterprise)	Section 3 (yes/no)	Type of work to be performed and/or material to be supplied	Total commitment dollar amount
MBE/WBE Business Name	00-0000-0000	603-123-4567	Yes			Explain the work that the MBE/WBE business performed.	\$30,000
Main Contractor	00-0000-0000	603-456-7890	No	No	No	describe here	\$970,000

**Other Attachments - Global**

Description	File Name	File Size

**Lead Paint**

**Applicable Lead Paint Requirement:**

Out of the number of units you are reporting, indicate how many fall into the below categories.

Housing constructed before 1978 0

A residential property for which construction was completed on or after January 1, 1978, or, in the case of jurisdictions which banned the sale of residential use of lead-containing paint prior to 1978, an earlier date as HUD may designate (see 35.160).

Exempt: housing constructed 1978 or later 0

Exempt: 1. 0 bedroom, 2. Elderly/ Disabled with no children under 6, 3. lead-based paint free, and/or 4. used no more than 100 days in a year

Otherwise exempt 0

Exempt: Hard costs <= \$5,000 0

**Lead Hazard Remediation Actions: (For rehabilitation only)**

Lead Safe Work Practices (24 CFR 35.930(b)) (Hard costs <= \$5,000) 0

Interim Controls or Standard Practices (24 CFR 35.930(c)) (Hard costs \$5,000 - \$25,000) 0

Abatement (24 CFR 35.930(d)) (Hard costs > \$25,000) 0

**Certification**

Certifications by the Chief Executive Officer or Designee

- (1) To the best of my knowledge and belief, the information in this report is true and correct as of the date of the report
- (2) The records as required by the agency are being maintained and will be made available upon request.

Submitted by:\* Authorized Official

Date:\* 01/10/2018