

# SUPPLEMENT- CDBG Performance Measures

Report Period 7-1-06 to 6-30-07

Jurisdiction Name: City of Lemoore

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## SUMMARY OF ACTIVITIES

List all open CDBG contracts with activities you are currently administering. Provide the activity description, the HUD matrix code, the standard agreement number or revolving loan account (RLA). Also indicate whether program income is committed and expended on the grant activity. This page is only a summary of all the activities that you will report on performance measure indicators using the following pages. If additional pages are required, please copy the form for each activity reported.

Description or Name of Activity	HUD Matrix Code	Standard Agreement Number or RLA	Committed Program Income
Community Facility - Seniors	03A	04STBG1905	
Set-Asise: ADA Sidewalk Cuts	03L	04STBG1905	
Public Services - Senior	05A	04STBG1905	
Public Services - Teen	05D	04STBG1905	
Child Daycare Facility	03M	05STBG1514	
Senior Daycare Facility	05A	05STBG1514	
General Adminstrations	21A	05STBG1514	

### Certification:

I have reviewed the enclosed information and certify that to the best of my knowledge the data are true and accurate and that supporting records are maintained and available for State Review.

\_\_\_\_\_  
Signature of Authorized Representative

Jeff Briltz, City Manager  
Printed Name & Title

\_\_\_\_\_  
Date

**A. ORGANIZATION CARRYING OUT ACTIVITY**

IDIS Screen cdbg 03 & 04

1. Describe how you are administering this activity, thru the use of :

- a. Contractors
- b. Grantee employees
- c. Grantee employees & contractors

2. If another organization is administering this activity as a sub-recipient, provide the name of the organization:

Kings Community Action Organization (KCAO)

3. Indicate the type of organization by checking all that applies:

- |                          |                          |                                       |                                     |
|--------------------------|--------------------------|---------------------------------------|-------------------------------------|
| a. Another public agency | <input type="checkbox"/> | d. Non-profit organization            | <input checked="" type="checkbox"/> |
| b. For profit entity     | <input type="checkbox"/> | e. A faith-based organization         | <input type="checkbox"/>            |
| c. A 105(a) (15) entity  | <input type="checkbox"/> | f. Another unit of local government   | <input type="checkbox"/>            |
|                          |                          | g. An institution of higher education | <input type="checkbox"/>            |

**B. FORM OF ASSISTANCE**

IDIS Screen cdbg CO4MA03, 05 & 06

1. Is the primary purpose of this activity any of the following:  
Check all that applies:

- Help prevent homelessness?
- Help the homeless?
- Help those with HIV/AIDS?
- Help persons with disabilities? *(secondary use)*
- Not applicable

2. In terms of program design, what form of financing will be provided:

Grants	<input checked="" type="checkbox"/>
Loans	<input type="checkbox"/>

3. Indicate the number of grants or loans to be provided under this activity: 1

4. If assistance is provided in the form of loan(s), enter the terms of financing that will be offered:

	Interest Rate	Period (Months)	Amount (\$)
a. Amortized Loan:	_____	_____	_____
b. Deferred Payment/ Forgiveness Loan	_____	_____	_____

5. Indicate all applicable statements that apply to this activity:

- a. One-for-One Replacement (Reconstruction) -----
- b. Revolving Fund -----
- c. Special Assessment -----
- d. Displacement -----
- e. Income Restricted -----
- f. Colonia -----
- g. Historic Preservation Area -----
- h. Presidential Declared Disaster -----
- i. Limited Clientele (Presumed) -----
- j. Relocation -----

**C. HOUSING ACTIVITIES**

IDIS Screen cdbg 9

N/A

1. Indicate if this activity is limited to one or more of the following:  
(Required for national objective LMH & matrix codes 14a, 14b,14c,14d,14f,14g or 16a)

- a. Installing security devices -----
- b. Installing smoke detectors -----
- c. Performing emergency housing repairs -----
- d. Providing supplies and equipment for painting houses -----
- e. Operating a tool lending library -----

**D. CONSTRUCTION OF RENTAL UNITS**

IDIS Screen cdbg 18 & 19

N/A

1. Enter total rental units: \_\_\_\_\_

2. Of the total rental units, specify the number of:

- a. Affordable units: ----- \_\_\_\_\_
- b. Section 504 accessible units: ----- \_\_\_\_\_
- c. Units meeting Energy Star standards: ----- \_\_\_\_\_
- d. Units designated for persons with HIV/AIDS including units receiving assistance for operations: ----- \_\_\_\_\_
- e. Of those listed as HIV/AIDS, specify the number for the chronically homeless: ----- \_\_\_\_\_

IDIS cdbg 19

3. What number of permanent housing units are designated for homeless persons and families, including units receiving assistance for operations: ----- \_\_\_\_\_

- a. Of those units designated for homeless, specify the number that are chronically homeless: ----- \_\_\_\_\_

Matrix Code	Standard Agreement
03M / 05A	05STBG1514

4. Of the total number of affordable units, specify the number of: IDIS Screen cdbg 18
- a. Units occupied by elderly: ----- \_\_\_\_\_
  - b. Units subsidized with project-based rental assistance  
by another federal, State or local program: ----- \_\_\_\_\_
  - c. Years the units will have affordability restrictions: ----- \_\_\_\_\_

**E. HOMEOWNER REHAB UNITS**

IDIS Screen cdbg 24  
**N/A**

- 1. Enter the total number of of owner units rehabilitated: ----- \_\_\_\_\_
- 2. Of the total number of owner-occupied units rehabilitated, specify the number of:
  - a. Units occupied by elderly: ----- \_\_\_\_\_
  - b. Units brought from substandard to standard (Meeting HQS or local code): ----- \_\_\_\_\_
  - c. Units qualified as Energy Star: ----- \_\_\_\_\_
  - d. Units made accessible: ----- \_\_\_\_\_
  - e. Units in compliance with lead safety rules (24 CFR Part 35): ----- \_\_\_\_\_

**F. DIRECT FINANCIAL ASSISTANCE TO HOMEBUYERS**

IDIS Screen cdbg 25  
**N/A**

- 1. Enter the total number homebuyer households: ----- \_\_\_\_\_
- 2. Of the total homebuyers assisted, specify the following:
  - a. Number of first-time homebuyers: ----- \_\_\_\_\_
  - b. Of those first-time homebuyers, specify the number receiving  
housing counseling: ----- \_\_\_\_\_
- 3. The number of Homebuyers receiving down payment  
assistance/closing costs: ----- \_\_\_\_\_

**G. TENANT-BASED RENTAL ASSISTANCE**

IDIS Screen cdbg 30  
**N/A**

- 1. Enter the total number of households receiving rental assistance: \_\_\_\_\_
- 2. Of the total households assisted, specify the number on short-term  
rental assistance (not more than 3 months) : ----- \_\_\_\_\_
- 3. What number of households assisted were previously homeless: \_\_\_\_\_
- 4. Of those homeless, what number were chronically homeless: ----- \_\_\_\_\_

**H. HOMELESS PREVENTION**

IDIS Screen cdbg 31

N/A

- 1. Indicate the total number of homeless that are benefiting from this activity: - - - - - \_\_\_\_\_
- 2. Of the persons assisted, enter the number that:
  - a. Receive emergency financial assistance to prevent homelessness: - - - - - \_\_\_\_\_
  - b. Received emergency legal assistance to prevent homelessness: - - - - - \_\_\_\_\_

**I. REHABILITATION OF RENTAL UNITS**

IDIS Screen cdbg 20 & 21

N/A

- 1. What is the total number of rental units: - - - - - \_\_\_\_\_
- 2. Of the total rental units, what number are:
  - a. Affordable units: - - - - - \_\_\_\_\_
  - b. Section 504 accessible units: - - - - - \_\_\_\_\_
  - c. Changed from a substandard to a standard condition,  
(Meeting HQs or local code requirements): - - - - - \_\_\_\_\_
- 3. What number of units qualified as Energy Star: - - - - - \_\_\_\_\_
- 4. What number of units are in compliance with lead safety rules  
(24 CFR Part 35): - - - - - \_\_\_\_\_
- 5. What number of units were created through conversion of  
a non-residential to residential building: - - - - - \_\_\_\_\_
- 6. Of the number of rehabilitated rental units designated affordable, specify
  - a. Number of units occupied by elderly: - - - - - \_\_\_\_\_
  - b. The number of years there will be affordability restrictions: - - - - - \_\_\_\_\_
  - c. Units subsidized with project-based rental assistance  
by another federal, State or local program: - - - - - \_\_\_\_\_
- 7. What number of affordable units were designated for persons with HIV/AIDS  
including units receiving assistance for operations: - - - - - \_\_\_\_\_
  - a. Of those, what number are for chronically homeless: - - - - - \_\_\_\_\_
- 8. What number of affordable units are permanent housing units for homeless  
persons and families, including units receiving assistance for operations: - - - - - \_\_\_\_\_
  - a. Of those, the number for the chronically homeless: - - - - - \_\_\_\_\_

J. ACQUISITION/CONSTRUCTION NEW

IDIS Screen cdbg 22 & 23

N/A

This section applies to activities that fund the infrastructure for new housing construction:

- 1. Indicate the number of total owner units: ----- \_\_\_\_\_
- 2. Of the total owner units, the number of:
  - a. Affordable units: ----- \_\_\_\_\_
  - b. Units qualified as Energy Star: ----- \_\_\_\_\_
  - c. Section 504 accessible: ----- \_\_\_\_\_
- 3. How many years are guaranteed as affordable units: ----- \_\_\_\_\_
- 4. The number of households previously living in subsidized housing: ----- \_\_\_\_\_
- 5. Of the number of affordable units, enter the number of:
  - a. Units occupied by elderly: ----- \_\_\_\_\_
  - b. Units designated for persons with HIV/AIDS: ----- \_\_\_\_\_
  - c. Of the HIV/AIDS units, enter the number for the chronically homeless: ----- \_\_\_\_\_
- 6. What number of units are specifically designated for homeless: ----- \_\_\_\_\_
  - a. Of the homeless, the number specifically for chronically homeless: ----- \_\_\_\_\_

K. PUBLIC FACILITIES AND IMPROVEMENTS  
COMMUNITY FACILITIES & PUBLIC SERVICES

IDIS Screen cdbg 13 & 17 a

Indicate the income levels of those persons/households benefiting by public facilities and improvements and/or receiving services/assistance:

- |                                     |       |
|-------------------------------------|-------|
| 1. Income levels                    | Total |
| a. Very Low (0-30%)                 | _____ |
| b. Low (31-50%)                     | _____ |
| c. Moderate (51-80%)                | _____ |
| d. Greater than Moderate (over 80%) | _____ |
| e. Totals                           | _____ |

**Note:**

**These figures are not yet available renovation of facility just completed Kings Community Action Organization (KCAO). Will be starting services September 2007.**

2. Indicate the number of persons/households assisted, according to the following:

(See above Note:)

- a. Now have new access to this type of service, benefit, public facility or infrastructure improvement: ----- \_\_\_\_\_
- b. Now have improved access to this type of service, benefit, public facility or infrastructure improvement: ----- \_\_\_\_\_
- c. Now receive a service, benefit, or access to a public facility or infrastructure that is no longer substandard: ----- \_\_\_\_\_

3. Indicate the number of beds created in overnight shelter or other emergency housing: ----- \_\_\_\_\_

**L. ECONOMIC DEVELOPMENT  
JOBS CREATION/RETAINED**

IDIS Screen cdbg 13, 26 & 27

N/A

1. Total jobs created: \_\_\_\_\_

2. Total jobs retained: \_\_\_\_\_

3. Number of jobs with employer sponsored health care benefits:

- a. Created \_\_\_\_\_
- b. Retained \_\_\_\_\_

4. Number of jobs filled by persons previously unemployed: \_\_\_\_\_

5. Number of jobs created:

- a. Officials and Managers ----- \_\_\_\_\_
- b. Professional ----- \_\_\_\_\_
- c. Technicians ----- \_\_\_\_\_
- d. Sales ----- \_\_\_\_\_
- e. Office and Clerical ----- \_\_\_\_\_
- f. Craft Workers (skilled) ----- \_\_\_\_\_
- g. Operatives (semi-skilled) ----- \_\_\_\_\_
- h. Laborers (unskilled) ----- \_\_\_\_\_
- i. Service Workers ----- \_\_\_\_\_

6. Number jobs retained:

N/A

- a. Officials and Managers ----- \_\_\_\_\_
- b. Professional ----- \_\_\_\_\_
- c. Technicians ----- \_\_\_\_\_
- d. Sales ----- \_\_\_\_\_
- e. Office and Clerical ----- \_\_\_\_\_
- f. Craft Workers (skilled) ----- \_\_\_\_\_
- g. Operatives (semi-skilled) ----- \_\_\_\_\_
- h. Laborers (unskilled) ----- \_\_\_\_\_
- i. Service Workers ----- \_\_\_\_\_

7. Of the existing businesses assisted:

IDIS Screen cdbg 13, 28

- a. Number expanding \_\_\_\_\_
- b. Number relocating \_\_\_\_\_

8. Specify the Duns identification number for all businesses assisted (micro, enterprise fund, OTC):

Duns #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. To be completed for all economic development activities.

Income level

Total

- a. Very Low (0-30%) \_\_\_\_\_
- b. Low (31-50%) \_\_\_\_\_
- c. Moderate (51-80%) \_\_\_\_\_
- d. Greater than Moderate (over 80%) \_\_\_\_\_
- e. Totals \_\_\_\_\_