

**Community Development Block Grant Program
GRANTEE PERFORMANCE REPORT
For period 7/1/2006 to 6/30/2007**

Coversheet/Certification

General Information:

Jurisdiction: City of Lemoore XX Annual or Final GPR

Grant # or RLF Name: Housing Rehab RLA If grant, check type: G/NA XX ED

Address of Jurisdiction: 119 Fox Street

Lemoore, CA 93245

Name of Preparer: Joseph Mendiola

Title: Asst. Planner

Phone: (559) 924-6740

Checklist of Contents: (include all parts applicable to your grant/RLF type)

	<u>Activity 1</u>		<u>Activity 2</u>		<u>Activity 3</u>		<u>Activity 4</u>	
	<u>Inc.</u>	<u>N/A</u>	<u>Inc.</u>	<u>N/A</u>	<u>Inc.</u>	<u>N/A</u>	<u>Inc.</u>	<u>N/A</u>
Coversheet/Certification								
Part 1. Common Demographics		XXX						
Part 2. Housing Activities		XXX						
Part 3. Public Works Activities		XXX						
Part 4. Public Services and Community Facilities Activities		XXX						
Part 5. Economic Development Activities		XXX						
Part 6. Displacement/Replacement Information		XXX						

NO REVOLVING LOAN FUNDS HAVE BEEN RECEIVED TO DATE, THEREFORE, NO ACTIVITY OR BENEFITS HAVE BEEN INCURRED THROUGHOUT THE FISCAL YEAR.

Certification:

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

Signature of Authorized Representative

Jeff Briltz, City Manager
Printed Name and Title

Date