

**Semi-Annual
HOME Performance Report
Contract and Subcontract Activity**

To meet reporting requirements to HUD, submission of this report is required by all recipients of HOME funds twice a year. For the reporting period July 1 – December 31, the report is due no later than January 30 and for reporting period January 1 – June 30, the report is due no later than July 30.

1. HOME Grantee	2. Grant Number	3. Reporting Period <input type="checkbox"/> July 1 – Dec. 31 <input type="checkbox"/> Jan. 1 – June 30 <input type="checkbox"/> Final Report
4. Name of Contact Person	5. E-mail	6. Date Submitted to DED

Activity Number (By Address) 7a	Amount of Contract or Subcontract 7b	Type of Trade Code (See Below) 7c	Contractor or Subcontractor Business Racial/Ethnic Code (See Below) 7d	Woman Owned Business (Yes or No) 7e	Contractor Type Code (See Below) 7f	Prime Contractor/ Subcontractor Identification (ID) Number 7g	Section 3 (Yes or No) 7h	Contractor/Subcontract Name and Address 7i				
								Name	Street	City	State	Zip Code+4

7c Types of Trade Codes 1a = New Construction 1b = Other Construction 2 = Education/Training 3 = Other	7d: Racial/Ethnic Codes: 1 = White 2 = Black Americans 3 = Native Americans 4 = Hispanic Americans 5 = Asian/Pacific Americans 6 = Hasidic Jews	7f: Contractor Type P = Prime Contractor S = Subcontractor
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I certify to the best of my knowledge and belief that the information in this report is true and correct:	
Signature _____	Date: _____
Print Name: _____	
DED Program Representative: _____	DED USE ONLY: Reviewed by: _____ Date: _____

HOME Performance Report Instructions

This report is to be completed by Recipients of HOME Funds for reporting contract and subcontract activities. Include only contracts executed during this reporting period.

This form has been modified to capture Section 3 contract data in columns 7g. A Section 3 contractor/subcontractor is a business concern that provides economic opportunities to low- and very low-income residents of the metropolitan area (or nonmetropolitan county), including a business concern that is 51 percent or more owned by low- or very low-income residents; employs a substantial number of low- or very low-income residents; or provides subcontracting or business development opportunities to businesses owned by low- or very low-income residents. Low- and very low-income residents include participants in Youthbuild programs established under Subtitle D of Title IV of the Cranston-Gonzalez National Affordable Housing Act.

<p>HOME Funded Programs</p> <p>1. Grantee: Enter the name of the HOME Recipient submitting this report.</p> <p>2. Grantee Number</p> <p>3. Reporting Period:</p> <p>4. Contact Person: Enter name and phone number of person responsible for maintaining and submitting contract/subcontract data.</p> <p>5. Email:</p> <p>6. Date Submitted to DED:</p> <p>All forms need to be signed in blue ink, dated, and scanned to Terry McAuliffe, DED, by email terry.mcauliffe@nebraska.gov</p>	<p>7a. Activity Number: Enter the HOME Activity Number assigned to a specific address. For example: 531-01-1430</p> <p>7b. Amount of Contract/Subcontract: Enter the dollar amount rounded to the nearest dollar.</p> <p>7c. Type of Trade: Enter the numeric codes which best indicates the contractor's/subcontractor's service. The "other" category includes supply, professional services and all other activities except construction and education/training activities.</p> <p>7d. Business Racial/Ethnic/Gender Code: Enter the numeric code which indicates the racial/ethnic/gender character of the owner(s) and controller(s) of 51% of the business. When 51% or more is not owned and controlled by any single racial/ethnic/gender category, enter the code which seems most appropriate.</p> <p>7e. Woman Owned Business: Enter Yes or No.</p> <p>7f. Contractor Type: Indicate whether this is a prime contractor (P) or subcontractor (S).</p> <p>7g. Contractor/Subcontractor Identification (ID) Number: Enter the Employer (IRS) Number of the Prime Contractor or Subcontractor as the unique identifier for prime recipient of HUD funds. Note that the Employer (IRS) Number must be provided for each contract/subcontract awarded. <i>If you use a social security number, please only use the last 4 digits of social security number.</i></p> <p>7h. Section 3 Contractor: Enter Yes or No.</p> <p>7i. Contractor/Subcontractor Name and Address: Enter this information for each firm receiving contract/subcontract activity only one time on each report for each firm.</p>
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NEW HIRES

Grant Number _____

Grantee _____

Instructions:

Complete this section for the reporting period only. Both information for the grantee, contractors and subcontractors must be combined. Please round staff hours to the nearest full hours. This section is to be completed regardless of whether the project includes a Section 3-covered contract. Please attach additional sheets as needed to include all Job categories.

This table must include aggregate numbers for this reporting period including

1. New employees hired by the grantee, whether working on the HOME project or not, that were hired for construction or construction-related jobs.
2. New employees of contractors and sub-contractors working on the HOME project that were hired for all jobs.

Do not include employees reported on previous HOME Performance Reports.

Job Category	Total number of New Hires	Total Section 3 Resident New Hires	Total staff hours worked on the HOME project	Total staff hours worked by all Section 3 Residents on the HOME project	Total Number of Section 3 Residents that participated in training opportunities
Professional					
Technicians					
Office/clerical					
Construction by Trade (list)					
Trade:					
Trade:					
Trade:					
Other (list)					
Total					

Provide a detailed narrative describing the specific actions that were taken to comply with the requirements of Section 3 to direct employment and other opportunities generated by the HOME grant toward low-to-moderate income persons, particularly those who are recipients of government assistance for housing.

Narrative **(MUST BE COMPLETED)**: