

Nebraska Department of Economic Development
INSTRUCTIONS: CDBG Semi – Annual Project Status & Compliance Report

All CDBG grantees are required to submit Project Status Reports on a semi-annual basis and a final project status report prior to project closeout. Completed by the CDBG Certified Administrator, the information collected enables the Nebraska Department of Economic Development (DED) to satisfy record keeping, reporting, and monitoring requirements of the United States Department of Housing and Urban Development (HUD). DED reserves the right to **not** process any request for funds for projects that do not have status reports submitted to DED by the uniform due dates listed below.

The table below outlines submission requirements. The form has 21 sections; please contact the grantee's DED Program Representative with any questions about completing the CDBG Semi-Annual Project Status and Compliance Report.

Information should be submitted relating to the current reporting period only. Please check the project status-reporting period at the top of the form and identify the report number (e.g. #1, 2, 3, etc.). Required reporting includes:

Reporting Period End Date	Report Submission Deadline
June 30	July 30
December 31	January 30
Final Project Status Report	When all activities are completed, all funds drawn, and monitoring report(s) cleared, prior to project closeout.

SUBMIT: All project status reports to the attention of your Program Representative. Upon completion of the report, sign and send scanned (color) copies as a PDF or send the hard copy to:

Nebraska Department of Economic Development
 Attn: [Project's Program Rep]
 Housing and Community Development Division
 PO Box 94666
 Lincoln, NE 68509

DISTRIBUTE: a signed copy of the report to the grantee's Chief Elected Official of the grantee.

SECTION 1. GRANTEE DATA	
<i>CDBG Grant #</i>	CDBG project grant number
<i>Grantee</i>	Official name of CDBG grant recipient
<i>Fed Tax ID #</i>	Federal Tax Identification Number
<i>DUNS #</i>	Certified Administrator's DUNS Number
<i>Address</i>	Mailing address
<i>Contact Person</i>	Individual from local government responsible for day-to-day administration
<i>E-Mail</i>	Contact person's e-mail address
<i>Phone #</i>	Contact person's phone number
<i>SAM Expiry Date</i>	Grantee's System for Award Management (SAM) registration expiration date

SECTION 2. CERTIFIED ADMINISTRATOR	
<i>Name</i>	CDBG Certified Administrator who prepared this Project Status Report
<i>Organization</i>	Employing Organization Or Community Of CDBG Certified Administrator
<i>Fed Tax ID #</i>	Federal Tax Identification Number
<i>DUNS #</i>	Certified Administrator's DUNS Number
<i>Address</i>	Mailing address
<i>Website</i>	Organization's Website Address /URL (if applicable)
<i>E-Mail</i>	CDBG Certified Administrator's E-Mail Address
<i>Phone #</i>	CDBG Certified Administrator's phone number
<i>SAM Expiry Date</i>	Certified Administrator's System for Award Management (SAM) registration expiration date

SECTION 3. CERTIFICATION

The CDBG Certified Administrator is required to sign and date attesting that the information submitted on the CDBG Semi-Annual Project Status & Compliance Report is true and accurate.

DED Program Representative: Identify the DED Program Representative assigned to the project.

SECTION 4. CDBG CONTRACT

Contract Start Identify the date the contract begins.

Note: this date never changes.

Contract End Identify the original contract termination date.

Note: this date never changes.

Extension Date Identify the extension date of the contract, as amended where applicable.

Note: if the contract end date changes due to an executed contract amendment, identify the revised contract end date.

1st Amendment Requested Identify the date the 1st Amendment Request was submitted to DED

1st Amendment Executed Identify the date that contract amendment was executed (this is the date that DED signs the agreement)

1st Amendment Type Identify if the amendment request was for (select all that apply):

- Budget
- Extension
- Program Guidelines
- Accomplishments
- Other (For changes not related to the above common types).

2nd Amendment Requested Identify the date the 2nd Amendment Request was submitted to DED

2nd Amendment Executed Identify the date that contract amendment was executed (this is the date that DED signs the agreement)

2nd Amendment Type Identify if the amendment request was for (select all that apply):

- Budget
- Extension
- Program Guidelines
- Accomplishments
- Other (For changes not related to the above common types).

SECTION 5. NATIONAL OBJECTIVE / ACTIVITY ELIGIBILITY / FUNDABILITY

This information should align with the information within the CDBG Contract

Activity Code Identify the Activity Code

Activity Title Identify the Activity Title

National Objective Identify the national objective that the activity meets. Use the acronyms

- **LMA:** Low/Moderate Income – Area Basis
- **LMC:** Low/Moderate Income – Limited Clientele
- **LMJ:** Low/Moderate Income – Job Creation/Retention
- **LMH:** Low/Moderate Income – Households
- **SBA:** Slum/Blight – Area Basis
- **SBS:** Slum/Blight – Spot Basis

Activity Eligible Identify if the activity is eligible. Activities must be meet the national objective throughout the life of the project.

SECTION 6. ACTIVITY PROGRESS / PERFORMANCE

SECTION 6-A. ACTIVITY PROGRESS

List each activity code from Section 5 Activity Eligibility. Compare the status of each activity to the project status identified in the current implementation schedule.

Activity Code Identify the Activity Code

Implementation Schedule Identify the Activity Code's start date as identified on the Implementation Schedule

Progress of Activities Describe the progress of the activity

Current Status Check the box that best describes the current status of the activity:

- On Schedule
- Ahead of Schedule
- Behind Schedule (3 months or more)

SECTION 6-B. ACTIVITY PROGRESS – BEHIND SCHEDULE

Complete this section if any activity is identified in Section 6-A as being significantly behind. Significantly behind is defined as 3 months or more.

Activity Code	Identify the Activity Code
Circumstances/Reasons	Describe the circumstances/reasons why this activity is behind schedule.
<i>Will the activity be completed by the contract end date?</i>	<ul style="list-style-type: none"> ▪ Indicate “yes” if the activity will be completed by the contract end date. ▪ Indicate “no” if the activity will not be completed by the contract end date.
Revised Implementation Schedule	<ul style="list-style-type: none"> ▪ If any activity can be completed within the contract period, attach a revised implementation schedule. ▪ If an activity cannot be completed within the contract period and an extension request will be submitted – a revised implementation schedule does not need to be submitted with this report.
<i>Is a contract extension necessary?</i>	<ul style="list-style-type: none"> ▪ Indicate “yes” if a contract extension is needed. ▪ Indicate “no” if a contract extension is not needed.
<i>Contract Amendment will be requested?</i>	<ul style="list-style-type: none"> ▪ Indicate “yes” if a contract extension will be submitted. ▪ Indicate “no” if a contract extension will not be submitted.

SECTION 7. PROGRESS OF ACTIVITIES

Provide a concise account of progress that includes a detailed narrative description of accomplishments. Reference the Grantee Implementation Schedule and report progress toward project and activity milestones. Description should include project location relationship to community and neighborhoods, activities undertaken, implementation schedule quarter, problems or setbacks resulting in delays, accomplishments, participating partnerships, and other issues causing delays or progressing ahead of schedule, such as environmental and labor contracting and/or compliance. Include whether the project is on or behind schedule, if behind explain why. Also, include information on any project amendments or extensions. If completing no activities during the reporting period, please explain.

Note:

- *DED reserves the right to not process CDBG funds without a narrative report.*
- *Check the box if the Project involves [Housing or Commercial Rehabilitation activities](#). Then provide an attached report for units assisted within the reporting period.*

SECTION 8. PLANNED ACTIVITIES

Provide a concise account of planned activities; notify DED of any technical assistance needs. If project is behind schedule, address the strategy to get back on schedule.

Note:

- *DED reserves the right to not process CDBG funds without a narrative report*
- *For [Housing or Commercial Rehabilitation activities](#), submit an attached report regarding the planned progress on those activities by unit.*

SECTION 9. AFFIRMATIVELY FURTHERING FAIR HOUSING ACTIVITIES

<i>Proposed</i>	List the Affirmatively Further Fair Housing Activities that identified as part of the special conditions.
<i>Completed</i>	Identify the Affirmatively Further Fair Housing Activities that were completed. Provide the date the activity was completed. If applicable, provide supporting documentation demonstrating that the activity is completed.

SECTION 10. NATIONAL OBJECTIVE

Report on the appropriate National Objective(s) as identified in the contract. Section 10-A shall be used for all CDBG-funded activities associated with the Low- and Moderate-Income National Objective and subcategories therein. Section 10-B shall be used for all CDBG-funded activities associated with the Prevention/Elimination of Slum/Blight National Objective and subcategories therein.

SECTION 10-A. LOW & MODERATE INCOME

Complete the beneficiary data related to the project's activities national objective.

Column A. Total Beneficiaries This Report	Enter the actual total beneficiaries (based off the national objective completed) assisted during the reporting period.
Column B. Total Beneficiaries Cumulative	Enter the actual beneficiary data (based off the national objective completed) assisted during the life of the contract period. Use the sum of current and all previous reporting periods.
LMI Area Benefit (LMA)	Only complete this section once all project activities have been completed. These numbers should align with the beneficiary data identified in the contract between the Department and the grantee
LMI Limited Clientele (LMC)	Depending on the activity: <ul style="list-style-type: none"> ▪ Architectural Barrier Removal: Complete this section once the project activity has been completed. These numbers should align with the beneficiary data identified in the contract between the Department and the grantee. ▪ Daycare: Complete this section as LMI individuals are enrolled into the facility. At least 51 percent of the clientele are persons whose family income is considered LMI. ▪ Senior Center: Complete this section once the project activity has been completed. These numbers should align with the beneficiary data identified in the contract between the Department and the grantee.
LMI Housing (LMH)	Complete this section when a beneficiary's assistance is completed.
LMI Jobs (LMJ)	Complete this section when a beneficiary's job is created/retained.

SECTION 10-B. SLUM & BLIGHT

Complete the Slum and Blight national objective information based on the CDBG Contract accomplishments, also reference Application Exhibits F-1 (SBA) or F-2 (SBS).

Note: For commercial rehabilitation projects, include number of businesses assisted.

Slum and Blight on an Area Basis

Slum and Blight on an Area Basis	<ul style="list-style-type: none"> ▪ Indicate "yes" if the activity meets the National Objective through Slum and Blight on an Area Basis. Complete the following questions. ▪ Indicate "no" if the activity does not meet the National Objective through Slum and Blight on an Area Basis. Skip to the next section, Slum and Blight on a Spot Basis.
SBA Compliance Review Record	Attach Exhibit F-1: Slum and Blight Area Basis Documentation.
Has the area been officially designated as Slum or Blighted by local/county government?	<ul style="list-style-type: none"> ▪ Indicate "yes" if the Area has been officially designated. ▪ Indicate "no" if the Area has not been officially designated. CDBG-funded activities meeting this National Objective Subcategory must be designated to be eligible.
Is there proper documentation for designation?	<p>Designation must be within 10 years of the program year.</p> <ul style="list-style-type: none"> ▪ Indicate "yes" if there is proper documentation for designation. ▪ Indicate "no" if there is not proper documentation for designation.
Designated Year	Identify the year that that the Area was officially designated.
Re-Designated	Identify the year that that the Area was officially re-designated.

<i>Number of Qualified Buildings / Properties</i>	Identify the number of qualified buildings/properties that are designated. This number should align with the number on the application, Exhibit F-1.
<i>% of Buildings / Properties</i>	Identify the percentage of qualified buildings/properties that are designated. This number should align with the number on the Application Exhibit F-1.
<i>Number of Businesses Assisted Column A. Total This Report</i>	Enter the actual total businesses assisted during the reporting period.
<i>Number of Businesses Assisted Column B. Total Cumulative</i>	Enter the actual total businesses assisted during the life of the contract period. Use the sum of current and all previous reporting periods.
Slum and Blight on an Spot Basis	
<i>Slum and Blight on an Spot Basis</i>	<ul style="list-style-type: none"> Indicate “yes” if the activity meets the National Objective through Slum and Blight on a Spot Basis. Complete the following questions. Indicate “no” if the activity does not meet the National Objective through Slum and Blight on a Spot Basis. Complete the section, Slum and Blight on an Area Basis.
<i>SBS Compliance Review Record</i>	Attach Exhibit F-2: Slum and Blight Spot Basis Documentation.
<i>Verify the spot is <u>not</u> located in an officially designated SB area.</i>	See Application Exhibit F-2 for further explanation. <ul style="list-style-type: none"> Indicate “yes” if the Spot is not located within an Area that has been officially designated. Indicate “no” if the spot has been officially designated. If you marked “no”, your activities do not meet the requirements of SBS.
<i>The Activity eliminates specific conditions detrimental to public health and safety.</i>	<i>Under SBS, the project Activity can only eliminate specific conditions detrimental to public health and safety.</i> <ul style="list-style-type: none"> Indicate “yes” if there is proper documentation for how the Activity eliminates public health and safety. Indicate “no” if there is not proper documentation for how the Activity eliminates public health and safety. If you marked “no”, your activities do not meet the requirements of SBS.
<i>Number of Businesses Assisted Column A. Total This Report</i>	Enter the actual total businesses assisted during the reporting period.
<i>Number of Businesses Assisted Column B. Total Cumulative</i>	Enter the actual total businesses assisted during the life of the contract period. Use the sum of current and all previous reporting periods.
SECTION 11. RACE AND ETHNICITY	
<i>Column A. Total This Report</i>	Enter the actual total beneficiaries assisted during this reporting period, identified by race and ethnicity: <ul style="list-style-type: none"> TOTAL POP: Summarized by total population for each race, enter the number of the actual total beneficiaries assisted during this reporting period. HISPANIC: Summarized by ethnicity for each race, enter the number of the actual total beneficiaries assisted during this reporting period.
<i>Column B. Total Cumulative</i>	Enter the race of the actual total beneficiaries for the project to date (including all reporting periods, identified by race and ethnicity): <ul style="list-style-type: none"> TOTAL POP: Summarized by total population for each race, enter the number of the actual total beneficiaries assisted including all reporting periods. HISPANIC: Summarized by ethnicity for each race, enter the number of the actual total beneficiaries assisted including all reporting periods.

Note:

- As of the 2000 Census, the US Census Bureau no longer categorizes Hispanic as a race. The Census now categorizes Hispanic as an ethnicity.
- Attach a separate page to report on activities with more than one national objective if beneficiaries differ.
- **Housing Recipients:** Report the race and ethnicity based on the head of household for each unit assisted or each household assisted.
- The total identified in this section must match the totals identified in **Section 12. Income Levels.**

SECTION 12. INCOME LEVELS

<i>Column A. Total This Report</i>	Identify the income levels of the actual beneficiaries assisted during this reporting period.
<i>Column B. Total Cumulative</i>	Identify the income levels of the actual beneficiaries assisted for the project to date (including all reporting periods).

Note:

- Attach a separate page to report on activities with more than one national objective if beneficiaries differ.
- The total identified in this section must match the totals identified in **Section 11. Race and Ethnicity.**
- **Housing Recipients:** Enter the total number of households benefited based on their annual incomes as they relate to the HUD income limits located at: <http://www.huduser.org/datasets/il.html>.
- **Economic Program Recipients:** Enter the total number of persons benefited based on their annual incomes as they relate to the HUD income limits located at: <http://www.huduser.org/datasets/il.html>.
- **Other Program Recipients:** If you conducted a survey and collected the information, enter the total number of persons benefited based on their annual incomes as they relate to the HUD income limits located at: <http://www.huduser.org/datasets/il.html>. Do not duplicate numbers. Count each person only once within the income range they fall between. If the survey did not include the income levels, enter the LMI number into "Number of Incomes between 50-80% AMI" and non-LMI persons into the "Number of Incomes at or above 81%".

SECTION 13. FEMALE HEAD OF HOUSEHOLDS

Complete this section only for activities that meet the LMH national objective.

<i>Column A. Total This Report</i>	Identify the total female head of households of the actual beneficiaries assisted during this reporting period.
<i>Column B. Total Cumulative</i>	Identify the total female head of households of the actual beneficiaries assisted for the project to date (including all reporting periods).

SECTION 14. HOUSING REHABILITATION ACTIVITIES

Complete this section only if a housing unit(s) was rehabilitated.

<i>Applicable Lead Paint Requirement</i>	Identify the number of Units that met the applicable lead paint requirement: <ul style="list-style-type: none"> ▪ Housing constructed before 1978 ▪ Exempt: housing constructed 1978 or later ▪ Otherwise Exempt ▪ Exempt: No Paint Disturbed.
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*Applicable Lead Paint Requirement:
Cumulative Total* Total Units assisted

<i>Lead Hazard Remediation Actions: (Rehabilitation Only)</i>	Identify the number of Units that met the applicable lead hazard remediation actions: <ul style="list-style-type: none"> ▪ Lead Safe Work Practices (Hard Costs <= \$5,000) ▪ Interim Controls or Standard Practices (Hard Costs \$5,000 - \$25,000) ▪ Abatement (Hard Costs > \$25,000)
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*Lead Hazard Remediation Actions:
Cumulative Total* Total Units Assisted

Note: The total units assisted in the Applicable Lead Paint Requirement Cumulative Total and the Lead Hazard Remediation Actions Cumulative Total should be equal.

SECTION 15. INDICATOR / BENEFICIARY DATA

This section requires completion for all awarded CDBG Activities. Select the correct Activity under the corresponding Category of Funding that applies to the project to report beneficiary data.

Note: Fields that are “blacked/grayed out” do not require data. Total beneficiaries (persons, jobs, businesses assisted, units, or households) for each activity are to be recorded on the first row which is identified with an asterisk [*]. The Total persons/jobs in activities one, two, seven, and eight (1, 2, 7, and 8) must equal the total beneficiaries reported in section VIII (Race and Ethnicity). Subsequent rows labeled “a. b. c....” entered only as it is appropriate to the project.

Column A.
Proposed Beneficiaries

The beneficiaries identified in this section should align with the beneficiaries in the contract. Tabulate beneficiaries by counting the individual people who will benefit from the project.

- Enter the proposed LMI beneficiaries.
- Enter the proposed total beneficiaries.

Housing Projects: Tabulate beneficiaries for housing grants by counting the number of households that benefited from the grant.

Commercial Rehabilitation Projects: Tabulate beneficiaries by counting the number of businesses that benefited from the grant.

Column B.
Actual Beneficiaries This Report

- Enter the actual LMI beneficiaries during this reporting period only.
- Enter the actual total beneficiaries during this reporting period only.

Some projects may not have any actual beneficiaries until the project is complete.

Column C.
Actual Beneficiaries Cumulative

- Enter the actual LMI beneficiaries for the life of the project to date. Use the current reporting period and all previous reported periods.
- Enter the actual total beneficiaries for the life of the project to date. Use the current reporting period and all previous reported periods.

Some projects may not have any actual beneficiaries until the project is complete.

Row 1
Planning

Identify the total number of persons assisted by the project in Column A, B, and C.

Generally, actual Beneficiaries will not be reported until the project is complete and the Final Planning Product is approved by the unit of local government.

Row 2
Facility and/or Public Infrastructure
Activities

Identify the total number of persons assisted by the project in Column A, B, and C. Actual Beneficiaries will not be reported until the project is complete.

In rows “2a, 2b, and 2c”, report the appropriate beneficiaries as applied in the project. The totals in “2a, 2b, and 2c” are subtotals of the first line, they should not be duplicative and should relate as appropriate to the project.

For example, a project may provide improved access to a facility or infrastructure as well as provide beneficiaries to no longer have access to ONLY substandard facilities or infrastructure. In cases such as these, the number of beneficiaries would be reported in both data fields.

<p>Row 3 Rental Units</p>	<p>Identify the total number of rental units completed in the project in Column A, B, and C.</p> <p>Enter data requested in “3a.” through “3f.” relating to the proposed and actual units as applicable.</p>
<p>Row 4 Owner Occupied Units Rehabilitated or Improved</p>	<p>Identify the total number of rehabilitated units completed in the project in Column A, B, and C.</p> <p>Enter data requested in “4a.” through “4d.” relating to the proposed and actual units as applicable.</p>
<p>Row 5 Homeownership Units Constructed Acquired, and/or Acquired with Rehabilitation Activities</p>	<p>Identify the total number of housing units completed in the project in Column A, B, and C.</p> <p>Enter data requested in “5a.” through “5f.” relating to the proposed and actual units as applicable.</p>
<p>Row 6 Homebuyer Down-Payment Assistance</p>	<p>Identify the total number of households receiving homebuyer assistance in Column A, B, and C.</p> <p>Note: For row “6e. - 6g.” the word “service” refers to “Down Payment Assistance Service.”</p>
<p>Row 7 Jobs Created</p>	<p>Identify the total number of jobs created in Column A, B, and C.</p> <p>EDA Classifications requested in “7c.” should be reported in Section 17 of the project status report.</p>
<p>Row 8 Jobs Retained</p>	<p>Identify the total number of jobs retained in Column A, B, and C.</p> <p>EDA Classifications requested in “8c.” should be reported in Section 17 of the project status report.</p>
<p>Row 9 Business Assisted</p>	<p>Identify the total number of businesses assisted in Column A, B, and C.</p> <p>For each reporting period, the DUNS Numbers of the business(es). If there is more than one business, attach a separate sheet with the DUN’s number for each business assisted.</p>

SECTION 16. JOB CREATION / RETENTION PROPOSED / ACTUAL DATA

Enter the proposed Full-time, Full-time Low/Mod (LMI), Part-time, Part-time Low/Mod (LMI). Full-time and Full-time Low/Mod should be reported in number of jobs. Part-time and Part-time Low/Mod are to be reported in hours.

<p>Column A. Proposed Beneficiaries – Created</p>	<p>Enter the proposed LMI Jobs to be created for the project.</p> <p>These must correspond to the proposed beneficiaries that were detailed in the awarded contract or MOU for the project (<i>in most cases this number will not change during the life of the project</i>).</p>
<p>Column A. Proposed Beneficiaries – Retained</p>	<p>Enter the proposed LMI Jobs to be retained for the project.</p> <p>These must correspond to the proposed beneficiaries that were detailed in the awarded contract or MOU for the project (<i>in most cases this number will not change during the life of the project</i>).</p>
<p>Column B. This Report – Created</p>	<p>Enter the actual LMI Jobs to be created for the project during this reporting period only.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>

<p>Column B. <i>This Report – Retained</i></p>	<p>Enter the actual LMI Jobs to be retained for the project during this reporting period only.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>
<p>Column C. <i>Cumulative – Created</i></p>	<p>Enter the actual LMI Jobs to be created for the project for the life of the project to date – including the sum of all reporting periods. Use the current reporting period and all previously reported periods.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>
<p>Column C. <i>Cumulative - Retained</i></p>	<p>Enter the actual LMI Jobs to be retained for the project for the life of the project to date – including the sum of all reporting periods (the current reporting period and all previously reported periods).</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>

SECTION 17. ECONOMIC DEVELOPMENT ADMINISTRATION JOB CATEGORIES

<p>Column A. <i>This Report (Jobs Created)</i></p>	<p>Enter the number of LMI jobs created for the project during this reporting period only.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>
<p>Column A. <i>This Report (Jobs Retained)</i></p>	<p>Enter the number of LMI jobs retained for the project during this reporting period only.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>
<p>Column B. <i>Cumulative (Jobs Created)</i></p>	<p>Enter the number of LMI jobs created for the life of the project to date – including the sum of all reporting periods. Use the current reporting period and all previously reported periods.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>
<p>Column B. <i>Cumulative (Jobs Retained)</i></p>	<p>Enter the number of LMI jobs retained for the life of the project to date – including the sum of all reporting periods. Use the current reporting period and all previously reported periods.</p> <p><i>Some projects may not have any actual beneficiaries until the project is complete.</i></p>

Note: The totals must match the total jobs created/retained as identified in section 15 number seven (7) and eight (8) on this form.

Job Category Definitions

<p><i>Officials and Managers</i></p>	<p>Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.</p>
<p><i>Professional</i></p>	<p>Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.</p>

<i>Technicians</i>	Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.
<i>Sales</i>	Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.
<i>Office and Clerical</i>	Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.
<i>Craft Worker (Skilled)</i>	Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, composers and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.
<i>Operatives (Semi-Skilled)</i>	Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.
<i>Laborers (Unskilled)</i>	Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; woodchoppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.
<i>Service Workers</i>	Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurse's aides and orderlies), barbers, chair-workers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.

SECTION 18. NEW HIRES

Complete this section for the contracts awarded during 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.

Note: Report accomplishments regarding employment and other economic opportunities provided to low- and very low-income persons under Section 3 of the Housing and Urban Development Act of 1968.

SECTION 19. MBE / WBE & SECTION 3 REPORTING

Report all Section 3 Contract Information on an annual basis from July 1st to June 30th on the June 30th Project Status Report.

Column (1)
Contractor/Subcontractor
Name & Address

- Enter the name of company or individual with whom a contract was entered into (Contractor and/or Subcontractor).
- Enter the Street Address
- Enter the City Name
- Enter the State
- Enter the Zip Code

Column (2)
Contractor/Subcontractor
Federal Tax ID # or SSN

Enter the Federal Identification Number, or enter the last 4 digits of the Social Security Number (SSN) for each contractor/subcontractor listed.

Column (3)
Type of Trade Code

Enter the number code(s) which best indicate the contractor's / subcontractor's service.

- 1a – New Construction
- 1b – Other Construction
- 2 – Education / Training
- 3 – Other

Column (4)
Contractor or Subcontractor Business
Racial/Ethnic Code

Enter the numeric code, which indicates the racial/ethnic character of the owner(s) and controller(s) of 51% of the business. When 51% is not owned and controlled by any single racial/ethnic category, enter the code, which seems most appropriate.

- 1 – White American
- 2 – Black American
- 3 – Native American
- 4 – Hispanic American
- 5 – Asian/Pacific American
- 6 – Hasidic Jew

Column (5)
Woman Owned Business

- Enter "yes" if the business is owned by a woman
- Enter "no" if the business is **not** owned by a woman

Column (6)
Amount of Contract / Subcontract

Enter the dollar amount rounded to the nearest dollar.

Column (7)
Section 3

Section 3 of the HUD Act of 1968 requires that recipients of HUD funds (and their contractors and subcontractors) provide jobs and other economic opportunities to low-income persons. Through recruiting in a project's area, such fund recipients can make residents and businesses aware of the opportunities available. Section 3 residents are low-income persons who live in the area in which a HUD-assisted project is located. A Section 3 business is owned by section 3 residents or employs section 3 residents in full-time positions or subcontracts with businesses that provide economic opportunities to low income persons.

- Enter "yes" if the contractor meets the Section 3 requirements.
- Enter "no" if the contractor does **not** meet the Section 3 requirements.

SECTION 20. DRAW DOWN REVIEW

List and describe the drawdowns completed during this reporting period. Upon availability, submit the source documentation (invoices, bank statements, and cancelled checks) for the drawdowns that meet the below threshold criteria:

- 1st Administrative Draw Down,
- Any requests for Economic Development (ED) projects,
- Any requests that are greater than \$100,000, and
- Any requests that are equal to or greater than 25% of the project costs.
- Final Administrative Draw Down

SECTION 21. RISK ANALYSIS COMPLIANCE CHECKLIST

SECTION 21-A STAGES / REPORTS

Identify the project's projected dates to complete the identify stages and indicate the date that the stage completed.

Column A Stage	Check the box if the project has completed a stage or submitted the identified report.
Column B Anticipated Date	Enter the date anticipated to complete stages or submit the reports.
Column C Date Met	Enter the date that the stage was completed or the report was submitted to the Department. <ul style="list-style-type: none">▪ Notice of Award – Date of the Notice of Award Letter▪ Executed Contract – Date the Contract was signed by all parties▪ Special Conditions Completed – Date Submitted to the Department▪ Release of Funds Letter – Date of the Release of Funds Letter▪ Monitoring Completed – Date of the Monitoring Clearance Letter▪ Final Reports Submitted – Date all of the reports are submitted<ul style="list-style-type: none">○ Financial – Date Submitted to the Department○ Job Creation/Retention - Date Submitted to the Department○ Performance - Date Submitted to the Department○ Product - Date Submitted to the Department○ Wage Compliance - Date Submitted to the Department○ Other Report - Date Submitted to the Department

SECTION 21-B. PERFORMANCE REVIEW – RISK ANALYSIS COMPLIANCE CHECKLIST

Column A Risk Analysis Checklist	These columns reference the document called “Performance Review – Risk Analysis Compliance Checklist”. Submit the documents as listed for each grant process reporting stage. <ul style="list-style-type: none">▪ Notice of Award<ul style="list-style-type: none">○ Submit Section 1-A○ Submit Section 1-C▪ Release of Funds/ERR Clearance<ul style="list-style-type: none">○ Submit Section 1-B○ Submit Section 1-B Attachment▪ Project Activity Implementation<ul style="list-style-type: none">○ Submit Section 2-A○ Submit a copy of the 1st Administrative Drawdown and source documentation○ Submit Section 2-B○ Submit a copy of all professional services contracts.
Column B Submitted	In the column labeled “Submitted” <ul style="list-style-type: none">▪ Indicate “yes,” if the requested section documentation was submitted to the Department.▪ Indicate “no,” if the requested section documentation was not submitted to the Department.
Column C Date	Enter the date the documentation was <u>submitted</u> to the Department
Column Reference Only: On-Site Monitoring	This column serves only as a reference. The items identified in Column A. Risk Analysis Checklist correspond to the sections identified in the On-Site Monitoring Checklist.

IMPORTANT NOTE: Unless expressly requested by DED or where there are changes to the information provided previously, do not resubmit RAC Checklist or supplemental materials.