

State Community Development Block Grant Program
GRANTEE PERFORMANCE REPORT
 For period 7/1/06 to 2/17/07

Coversheet/CertificationJurisdiction Name: County of Tulare

General Information:

Please check one:

☐ Annual GPR☒ Final GPR (Grant GPR Only)Is this GPR being completed to report on: ☐ Program Income, or ☒ a Grant?If Grant, No: 03-EDBG-909, and check type, below:☐ General ☒ Economic Development ☐ Colonias ☐ Native AmericanAddress of Jurisdiction: 5961 South Mooney Blvd.
Visalia, CA 93277

Preparer Information:

Name: Frank RuizTitle: Community Development SpecialistPhone: 559-733-6291Email address: fruiiz@co.tulare.ca.us**Checklist of Contents:** *(include all parts applicable to your Grant or PI-RLAs)*

Contents	Activity 1		Activity 2		Activity 3		Activity 4	
	Inc.	N/A	Inc.	N/A	Inc.	N/A	Inc.	N/A
Part 1. Common Demographics	✓							
Part 2. Housing Activities		✓						
Part 3. Public Works Activities		✓						
Part 4. Public Services and Community Facilities Activities		✓						
Part 5. Economic Development Activities	✓							
Part 6. Displacement/Replacement Information		✓						

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

Allen Ishida, Chair, Board of Supervisors
 Printed Name and Title

Date

Jurisdiction: County of Tulare

Grant No. or Program Income: 03-EDBG-909

Part 1. Common Demographics *(List all activities under this grant, or Program Income RLAs, as applicable, and their associated accomplishments during this period)*

Contract or RLA Activity	HUD Matrix Code	Accomplishment Type <i>(choose one for each activity reported on)</i>				Number of Beneficiaries This Period	Number of TIG Beneficiaries This Period	FINAL GPR ONLY <i>(Grants Only)</i>	
		Households ¹	Persons ²	Jobs ³	Clients ⁴			Total Beneficiaries During Entire Grant	Total TIG Beneficiaries During Entire Grant
1. Microenterprise	18C				X	38	38	134	134
2.									
3.									
4.									

CONTRACTOR INFORMATION: *(Provide the total value of contract(s) between the grantee and contractors⁵)*

Firm Owned Wholly or in Substantial Part By:	Value of Contract(s)
Minority Group Members	\$ 0
Women	\$ 0
Other: Non-Profits	\$ 327,500

Fair Housing Activities: (Final GPRs Only)

Please briefly describe any fair housing activities your jurisdiction undertook during the term of the grant including the amount of CDBG funds spent on fair housing activities, and the numbers and racial/ethnic and gender characteristics:

Citizen Participation Activities: (Final GPRs Only)

Please briefly describe your jurisdiction's efforts during the term of the grant to encourage the participation of minorities, female-headed households, and people with disabilities in your CDBG Citizen Participation process:

¹ Choose households if the activity is Housing Rehabilitation, Housing New Construction, Housing Acquisition, or Public Works.

² Choose persons if the activity is Community Facilities or Public Services.

³ Choose jobs if the activity is Economic Development.

⁴ Choose clients if the activity is Microenterprise Assistance.

⁵ Do not list contracts between beneficiaries and contractors (i.e., housing rehabilitation).

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Part 5. Economic Development Activities

Number of Jobs Created/Retained (During this report period):

	Total Job Count			
	Full-Time Jobs	Full-Time TIG Jobs	Part-Time Jobs ⁶	Part-Time TIG Jobs ⁷
a. Jobs Created	0	0	0	0
b. Jobs Retained	0	0	0	0

Number of Businesses Assisted: (During this report period)

New Businesses: 0 (technical assistance only)

Existing Businesses: 0 (technical assistance only)

Number of Clients Assisted (Micro-enterprise Assistance Only): 28

Number of Jobs Created/Retained (During the Grant term – Final GPR Only):

	Total Job Count			
	Full-Time Jobs	Full-Time TIG Jobs	Part-Time Jobs ⁸	Part-Time TIG Jobs ⁹
a. Jobs Created	16	16	0	0
b. Jobs Retained	34	34	0	0

Number of Businesses Assisted: (During the Grant Term – Final GPR only)

New Businesses: 10 (technical assistance only)

Existing Businesses: 0 (technical assistance only)

Number of Clients Assisted (Micro-enterprise Assistance Only): 134

⁶ Provides at least 875 work hours.

⁷ Provides at least 875 work hours to TIG individuals.

⁸ Provides at least 875 work hours.

⁹ Provides at least 875 work hours to TIG individuals.

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Part 5. Economic Development Activities (Continued)

Beneficiaries by Race and Ethnicity: Race Categories	During This Reporting Period		During Entire Grant Term	
	Race Number of Persons	Ethnicity Number that are also Hispanic	Race Number of Persons	Ethnicity Number that are also Hispanic
American Indian or Alaska Native	2	0	5	0
Asian	0	0	5	0
African American or Black	0	0	8	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
White	36	35	108	93
American Indian or Alaska Native <i>and</i> White	0	0	0	0
Asian <i>and</i> White	0	0	0	0
African American or Black <i>and</i> White	0	0	0	0
American Indian or Alaska Native <i>and</i> African American or Black	0	0	0	0
Other Multi-Racial	0	0	47	47
TOTALS:	38	35	160	134

Number of Handicapped Beneficiaries: 8

Number of Homeless Beneficiaries: 0 Individuals 0 Families

Jurisdiction: County of Tulare

Grant No. or Program Income: 03-EDBG-909

Part 5. Economic Development Activities (Continued)

If the activity does not meet the National Objective for TIG benefit, does the National Objective meet the Slum Blight Area's Objective¹⁰? ☐ Yes ☐ No
Not Applicable

If yes, please provide the following information:

Percent of deteriorated buildings _____% SBA designator year _____
Total Number of Beneficiaries _____

Public Improvement Type/Condition:

Boundaries:

¹⁰ Pertains only to Program Income and Economic Development activities.

David Nelson
CDBG Representative
Department of Housing & Community Development
Attention: CDBG Program
1800 Third Street, Suite 330
Sacramento, CA 95814
(916) 319-8479

RE: Closeout Certification of CDBG Grant No. 03-EDBG-909

Dear David,

It is hereby certified that all activities undertaken by the Grantee with funds provided under the above grant agreement have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Grantee for the payment of all costs and claims; that the State of California is under no obligation to make further payment to the Grantee under the grant agreement; and that every statement and amounts set forth in the attached final CDBG Financial and Accomplishment Report is, to the best of my knowledge, true and correct.

Any property acquired in whole or in part with CDBG funds or CDBG Program Income shall be accounted for in accordance with the provisions of Section 7118 and 7104 of the State CDBG regulations pertaining to property management and program income. Please list any property acquired in whole or in part with grant funds or program income expended for the grant or, if applicable, state "none" acquired. Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations.

1. None	4.
2.	5.
3.	6.

The Grantee shall continue to comply with the State CDBG program income reporting requirements.

All costs incurred subsequent to the most recent annual audit period will be audited at the time the Grantee's next annual audit is conducted in accordance with OMB Circular A-133. The Grantee will resolve any audit findings relating to both the program and financial aspects of the grant. In the event there are any costs, which are disallowed by this audit, or any subsequent audits, which cover CDBG expenditures, and which are sustained by the Department of Housing and Community Development, the amount of such costs shall be returned to HCD.

Date: May 8, 2007	Typed Name and Title of Authorized Grantee Representative: Name: C. Brian Haddix Title: County Administrative Officer	Signature of Authorized Grantee Representative:
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