



**RESOURCE
MANAGEMENT AGENCY
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

ALLEN ISHIDA
District One
PETE VANDER POEL
District Two
PHILLIP A. COX
District Three
J. STEVEN WORTHLEY
District Four
MIKE ENNIS
District Five

AGENDA DATE: July 27, 2010

Public Hearing Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Published Notice Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Advertised Published Notice	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
CONTACT PERSON: Celeste Perez PHONE: 559-624-7000						

SUBJECT: Review of Annual Grantee Performance Reports and Closeout of Tulare County Community Development Block Grant Nos. 06-STBG-2598 and 08-PTAG-5366

REQUEST(S):
That the Board of Supervisors:

1. Hold a Public Hearing at 9:30 a.m. on July 27, 2010, to review and receive public comment on the Annual Grantee Performance Reports for Grant Nos. 06-STBG-2598, 07-EDEF-3721, 08-EDEF-5894, 09-STAR-6387, 09-STBG-6419, and the Program Income Revolving Loan Account, and receive comments regarding the closeout of Tulare County Community Development Block Grant Nos. 06-STBG-2598 and 08-PTAG-5366.
2. Approve the Annual Grantee Performance Reports and authorize the Chairman of the Board to sign the reports for submittal to the State Department of Housing and Community Development.
3. Authorize the County Administrative Officer to sign the final closeout certification documents and accept the final products.
4. Authorize submittal of all signed closeout documents to the State Department of Housing and Community Development.

SUBJECT: Review of Annual Grantee Performance Reports and Closeout of Tulare County Community Development Block Grant Nos. 06-STBG-2598 and 08-PTAG-5366

DATE: July 27, 2010

SUMMARY:

Housing and Community Development (HCD) requires that a public hearing be held annually to discuss and receive public comment on the County's use of Community Development Block Grant (CDBG) funds. At the end of each fiscal year, Annual Grantee Performance Reports are filed with HCD for each active grant and for the Program Income Revolving Loan Account.

Grantee Performance Reports are provided on the following grants and Revolving Loan Account:

Grant Number/Fund	Type of Activities	Amount
06-STBG-2598	Public Improvements - Infrastructure, Plainview, Tooleville and Richgrove	\$546,250
07-EDEF-3721	Micro-Enterprise Assistance	\$300,000
08-EDEF-5897	Micro-Enterprise Assistance	\$300,000
09-STBG-6419	Multi-Family Housing Rehabilitation & Public Improvements in Support of Housing New Construction	\$800,000
09-STAR-6387	Richgrove Green Alleys	\$862,942
Program Income RLAs	Housing Rehabilitation, Public Improvements and Economic Development RLA	Zero to \$250,000 maximum in the revolving account at any point in time.

Tulare County was awarded CDBG Grant Nos. 06-STBG-2598 and 08-PTAG-5366 and is in the process of closing out these grants.

06-STBG-2598

In July of 2007, Tulare County received a \$546,250 CDBG award from HCD specifically for Public Works Activities. With these funds, the County provided gap financing to assist with the completion of the Tooleville Water System Improvements Project and assisted the Plainview Mutual Water Company to finance lateral water service connections for 155 dwelling units as part of the larger Plainview Water System Rehabilitation Project. The County also drilled a test well in Richgrove and the results have demonstrated that the proposed location is suitable for a permanent well site which will be completed by the Richgrove Community Services District in the future. This grant expired on June 30, 2010.

08-PTAG-5366

In June of 2009, Tulare County received a \$35,000 General Planning and Technical Assistance grant from HCD. With these funds, the County conducted a Housing

SUBJECT: Review of Annual Grantee Performance Reports and Closeout of Tulare County Community Development Block Grant Nos. 06-STBG-2598 and 08-PTAG-5366
DATE: July 27, 2010

Conditions Survey in the entire unincorporated area of Tulare County. This grant does not expire until June 30, 2011; however, the grant is being closed out ahead of schedule because all funds have been expended and the Housing Conditions Survey has been completed.

FISCAL IMPACT/FINANCING:

Grant closeout activities and preparation of the Grantee Performance Reports (GPRs) are eligible grant administration expenses and are charged to 001-230-4215. There is no net County cost to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

Economic Well Being – These grants have allowed the County to provide much needed assistance to the low and very-low income residents in the unincorporated areas by providing services consistent with the County’s General Plan.

Quality of Life – The grants in review have allowed the County to provide public services, which promotes public health and welfare and improves quality of life.

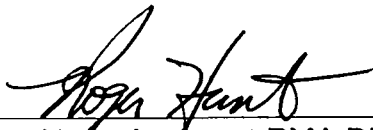
ALTERNATIVES:

Having accepted the CDBG funds, there is no alternative to holding the public hearing. The Board has the option to direct revisions to the closeout and performance documents.

INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:

State Department of Housing and Community Development to review the grant documentation; and Resource Management Agency Business Office to review grant balances.

ADMINISTRATIVE SIGN-OFF:



Roger Hunt, Assistant RMA Director
Administration/Community Development Branch

cc: Auditor/Controller
County Counsel
County Administrative Office (2)

Attachment(s)
Grantee Performance Reports
Final Product 08-PTAG-5366
Closeout Certification Letters

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF REVIEW OF ANNUAL)
GRANTEE PERFORMANCE REPORTS)
AND CLOSEOUT OF TULARE COUNTY)
COMMUNITY DEVELOPMENT BLOCK)
GRANT NOS. 06-STBG-2598 AND)
08-PTAG-5366)

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD JULY 27, 2010, BY
THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JEAN M. ROUSSEAU
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Held a Public Hearing at 9:30 a.m. on July 27, 2010, to review and receive public comment on the Annual Grantee Performance Reports for Grant Nos. 06-STBG-2598, 07-EDEF-3721, 08-EDEF-5894, 09-STAR-6387, 09-STBG-6419, and the Program Income Revolving Loan Account, and receive comments regarding the closeout of Tulare County Community Development Block Grant Nos. 06-STBG-2598 and 08-PTAG-5366.
2. Approved the Annual Grantee Performance Reports and authorized the Chairman of the Board to sign the reports for submittal to the State Department of Housing and Community Development.
3. Authorized the County Administrative Officer to sign the final closeout certification documents and accept the final products.
4. Authorized submittal of all signed closeout documents to the State Department of Housing and Community Development.

Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY) 7/1/09-6/30/10

06-STBG-2598

Annual GPR
Final GPR

Jurisdiction Name: County of Tulare

Name of Contact: Sandra Sabin
Address of Contact: 5961 S. Mooney Blvd.
Visalia, CA 93277

Telephone Number: 559-624-7071 E-Mail Address: ssabin@co.tulare.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

In Support of Housing (LMH)

- (01) Acquisition of Real Property Page 1
- (02) Disposition Page 1
- (03) Public Facilities & Improvements* Page 6 Page 3
- (03A) Senior Centers Page 6
- (03B) Handicapped Centers Page 6
- (03C) Homeless Facilities Page 6
- (03D) Youth Centers Page 6
- (03E) Neighborhood Facilities Page 6
- (03F) Parks, Recreation Facilities Page 6
- (03G) Parking Facilities Page 6
- (03H) Solid Waste Disposal Imp.* Page 6 Page 3
- (03I) Flood Drainage Improvement* Page 6 Page 3
- (03J) Water/Sewer Improvements* Page 6 Page 3
- (03K) Street Improvements* Page 6 Page 3
- (03L) Sidewalk Improvements* Page 6 Page 3
- (03M) Child Care Centers Page 6
- (03N) Tree Planting Page 6 Page 3
- (03O) Fire Station/Equipment Page 6
- (03P) Health Facilities Page 6
- (03Q) Abused and Neglected Children Facilities Page 6
- (03R) Asbestos Removal Page 6
- (03S) Facilities for Aids Patients Page 6
- (03T) Operating Costs of Homeless/Aids Page 6
- (04) Clearance and Demolition Page 1
- (04A) Cleanup of Contaminated Sites Page 1
- (05) Public Services - General Page 7
- (05A) Senior Services Page 7
- (05B) Handicapped Services Page 7
- (05C) Legal Services Page 7
- (05D) Youth Services Page 7

- | | | | |
|---|--------------------------|--------|-----------------------------------|
| (05E) Transportation Services | <input type="checkbox"/> | Page 7 | |
| (05F) Substance Abuse Services | <input type="checkbox"/> | Page 7 | In Support
of Housing
(LMH) |
| (05G) Battered and Abused Spouses | <input type="checkbox"/> | Page 7 | |
| (05H) Employment Training | <input type="checkbox"/> | Page 7 | |
| (05I) Crime Awareness | <input type="checkbox"/> | Page 7 | |
| (05J) Fair Housing Activities | <input type="checkbox"/> | Page 7 | |
| (05K) Tenant/Landlord Counseling | <input type="checkbox"/> | Page 7 | |
| (05L) Child Care Services | <input type="checkbox"/> | Page 7 | |
| (05M) Health Services | <input type="checkbox"/> | Page 7 | |
| (05N) Abused & Neglected Children | <input type="checkbox"/> | Page 7 | |
| (05O) Mental Health Services | <input type="checkbox"/> | Page 7 | |
| (05P) Screening Lead Paint & Hazards | <input type="checkbox"/> | Page 7 | |
| (05Q) Subsistence Payments | <input type="checkbox"/> | Page 7 | |
| (05R) Homeownership Assistance - not direct | <input type="checkbox"/> | Page 2 | |
| (05S) Rental Housing Subsidies | <input type="checkbox"/> | Page 5 | |
| (05T) Security Deposits | <input type="checkbox"/> | Page 5 | |
| (05U) Housing Counseling | <input type="checkbox"/> | Page 7 | |
| (06) Interim Assistance | <input type="checkbox"/> | Page 7 | |
| (08) Relocation* | <input type="checkbox"/> | Page 7 | <input type="checkbox"/> Page 5 |
| (09) Loss of Rental Income* | <input type="checkbox"/> | Page 7 | <input type="checkbox"/> Page 5 |
| (11) Privately Owned Utilities* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (12) Construction Housing | <input type="checkbox"/> | Page 1 | |
| (13) Direct Homeownership Assistance | <input type="checkbox"/> | Page 2 | |
| (14A) Rehabilitation - Single Unit Residential | <input type="checkbox"/> | Page 4 | |
| (14B) Rehabilitation - Multi - Unit Residential | <input type="checkbox"/> | Page 4 | |
| (14C) Public Housing Modernization | <input type="checkbox"/> | Page 4 | |
| (14D) Rehabilitation - Publicly-Owner Residential Buildings | <input type="checkbox"/> | Page 4 | |
| (14E) Rehabilitation Publicly/Private Commercial Industry | <input type="checkbox"/> | Page 8 | |
| (14F) Energy Efficiency Improvements | <input type="checkbox"/> | Page 4 | |
| (14G) Acquisition for Rehabilitation | <input type="checkbox"/> | Page 4 | |
| (14I) Lead Based Paint, Hazards Test Abatement | <input type="checkbox"/> | Page 4 | |
| (15) Code Enforcement | <input type="checkbox"/> | Page 7 | |
| (16A) Residential Historic Preservation | <input type="checkbox"/> | Page 4 | |
| (16B) Non-Residential Historic Preservation | <input type="checkbox"/> | Page 6 | |
| (17A) CI Land Acquisition/Disposition | <input type="checkbox"/> | Page 8 | |
| (17B) CI Infrastructure Development | <input type="checkbox"/> | Page 8 | |
| (17C) Building Acquisition, Construction, Rehabilitation | <input type="checkbox"/> | Page 8 | |
| (17D) Other Commercial/Industrial Improvements | <input type="checkbox"/> | Page 8 | |
| (18A) ED Direct Financial Assistance for For-Profits | <input type="checkbox"/> | Page 8 | |
| (18C) Micro-Enterprise Assistance | <input type="checkbox"/> | Page 9 | |
| (19E) Operation and Repair Foreclosed Property | <input type="checkbox"/> | | <input type="checkbox"/> Page 5 |

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title J. Steven Worthley, Chairman, BOS

Date _____

06/10/2008

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
06-STBG-2598

Public Facilities and Improvements

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Public Facilities and Improvements (03)
- Senior Centers (03A)
- Handicapped Centers (03B)
- Homeless Facilities (03C)
- Youth Centers (03D)
- Neighborhood Facilities (03E)
- Parks, Recreation Facilities (03F)
- Operating Costs of Homeless/Aids (03T)
- Non-Residential Historic Preservation (16B)
- Privately Owned Utilities (11)*
- Parking Facilities (03G)
- Solid Waste Disposal Imp. (03H)*
- Flood Drainage Improvement (03I)*
- Water/Sewer Improvements (03J)*
- Street Improvements (03K)*
- Sidewalk Improvements (03L)*
- Child Care Centers (03M)
- Tree Planting (03N)
- Fire Station/Equipment (03O)
- Health Facilities (03P)
- Abused and Neglected Children Facilities (03Q)
- Asbestos Removal (03R)
- Facilities for Aids Patients (03S)

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members	Value of Contract
Women	\$0
Other (Specify) _____	\$0
	\$0

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants 0 Loans 0
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants 0 Loans 0
4. When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest Rate
(%) | Number of Months
(#) | Loan Amounts
(\$) |
|---|----------------------|-------------------------|----------------------|
| a. Amortized Loan: | <u>0</u> | <u>0</u> | <u>0</u> |
| b. Deferred Payment/
Forgiveness Loan: | <u>0</u> | <u>0</u> | <u>0</u> |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons	
	All	Hisp
White (11):	439	61
Black/African American (12):	2	0
Asian (13):	165	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	6	0
Am. Indian/Alaskan Native & White (16):	22	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>2889</u>	<u>2028</u>
TOTALS	3523	505

Number of Female Head of Households 44

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	2028	2723
Low (31%-50%)	597	587
Moderate (51%-80%)	98	98
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	2723	3408

Public Facilities and Improvements

IDIS cdbg 17B

1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year: 3408
 - b. Now have new access to this public facility (community facility) or public improvement (public works): 3408
 - c. Now have improved access to this type of public facility (community facility) or public improvement (public works): _____
 - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: 3408
2. a. What number of homeless persons were given overnight shelter: _____
b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

06-STBG-2598

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
06-STBG-2598

Appendix B - Displacement

IDIS cdbg 15

Indicate the census tract of origin _____
Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____
Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. _____
Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Self-Help Enterprises

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Appendix E - Slum & Blight Area

7/1/09-
6/30/10

06-STBG-2598

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY) 7/1/09-6/30/10

07-EDEF-3721

Annual GPR
Final GPR

Jurisdiction Name: County of Tulare

Name of Contact: Sandra Sabin

Address of Contact: 5961 S. Mooney Blvd.
Visalia, CA 93277

Telephone Number: (559)733-6291

E-Mail Address: ssabin@co.tulare.ca.us

SUMMARY OF ACTIVITIES

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In Support of Housing (LMH)

- | | | | |
|--|--------------------------|--------|---------------------------------|
| (01) Acquisition of Real Property | <input type="checkbox"/> | Page 1 | |
| (02) Disposition | <input type="checkbox"/> | Page 1 | |
| (03) Public Facilities & Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03A) Senior Centers | <input type="checkbox"/> | Page 6 | |
| (03B) Handicapped Centers | <input type="checkbox"/> | Page 6 | |
| (03C) Homeless Facilities | <input type="checkbox"/> | Page 6 | |
| (03D) Youth Centers | <input type="checkbox"/> | Page 6 | |
| (03E) Neighborhood Facilities | <input type="checkbox"/> | Page 6 | |
| (03F) Parks, Recreation Facilities | <input type="checkbox"/> | Page 6 | |
| (03G) Parking Facilities | <input type="checkbox"/> | Page 6 | |
| (03H) Solid Waste Disposal Imp.* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03I) Flood Drainage Improvement* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03J) Water/Sewer Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03K) Street Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03L) Sidewalk Improvements* | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03M) Child Care Centers | <input type="checkbox"/> | Page 6 | |
| (03N) Tree Planting | <input type="checkbox"/> | Page 6 | <input type="checkbox"/> Page 3 |
| (03O) Fire Station/Equipment | <input type="checkbox"/> | Page 6 | |
| (03P) Health Facilities | <input type="checkbox"/> | Page 6 | |
| (03Q) Abused and Neglected Children Facilities | <input type="checkbox"/> | Page 6 | |
| (03R) Asbestos Removal | <input type="checkbox"/> | Page 6 | |
| (03S) Facilities for Aids Patients | <input type="checkbox"/> | Page 6 | |
| (03T) Operating Costs of Homeless/Aids | <input type="checkbox"/> | Page 6 | |
| (04) Clearance and Demolition | <input type="checkbox"/> | Page 1 | |
| (04A) Cleanup of Contaminated Sites | <input type="checkbox"/> | Page 1 | |
| (05) Public Services - General | <input type="checkbox"/> | Page 7 | |
| (05A) Senior Services | <input type="checkbox"/> | Page 7 | |
| (05B) Handicapped Services | <input type="checkbox"/> | Page 7 | |
| (05C) Legal Services | <input type="checkbox"/> | Page 7 | |
| (05D) Youth Services | <input type="checkbox"/> | Page 7 | |

(05E) Transportation Services	<input type="checkbox"/>	Page 7	
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	
(05H) Employment Training	<input type="checkbox"/>	Page 7	
(05I) Crime Awareness	<input type="checkbox"/>	Page 7	
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7	
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7	
(05L) Child Care Services	<input type="checkbox"/>	Page 7	
(05M) Health Services	<input type="checkbox"/>	Page 7	
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7	
(05O) Mental Health Services	<input type="checkbox"/>	Page 7	
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7	
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7	
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2	
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5	
(05T) Security Deposits	<input type="checkbox"/>	Page 5	
(05U) Housing Counseling	<input type="checkbox"/>	Page 7	
(06) Interim Assistance	<input type="checkbox"/>	Page 7	
(08) Relocation*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(12) Construction Housing	<input type="checkbox"/>	Page 1	
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2	
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4	
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4	
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4	
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4	
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8	
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4	
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4	
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4	
(15) Code Enforcement	<input type="checkbox"/>	Page 7	
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4	
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6	
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8	
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8	
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8	
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8	
(18A) ED Direct Financial Assistance for For-Profits	<input checked="" type="checkbox"/>	Page 8	
(18C) Micro-Enterprise Assistance	<input checked="" type="checkbox"/>	Page 9	
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5

In Support
of Housing
(LMH)

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title J. Steven Worthley, Chairman, BOS

Date _____

06/10/2008

Grantee Performance Report
ECONOMIC DEVELOPMENT

Micro-Enterprise

Report Period
 7/1/09-
 6/30/10

Standard Agreement
 07-EDEF-3721

Use this page to report on any Micro-enterprise Technical Assistance activity and/or loans to Micro-enterprise Business Owners. Jurisdictions are required to provide information on race and income levels of all participants.

Micro-Enterprise Assistance (18C)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. A Subrecipient Agreement for this activity, complete Appendix D.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members	Value of Contract
Women	_____
Other (Specify) _____	_____

Micro-Enterprise Financing

IDIS cdbg 5

1. Indicate the number of loans provided to businesses this Report Period:

Loans _____

2. Indicate the total number of loans provided to date (entire contract term):

Loans _____

3. Enter the terms of financing:

	Interest Rate	Number of Months	Loan Amounts
	(%)	(#)	(\$)
Amortized Loan:	3	60	Vary

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on the race/ethnicity and the income levels of all micro-enterprise or persons assisted

Race & Code	Business Owners	
	Totals	
	All	Hisp
White (11):	25	24
Black/African American (12):	2	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	1	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Bkck/Afrcn (19):	0	0
Other Multi-Racial (20):	0	0
TOTALS	28	24

Number of Female Head of Households 7

INCOME LEVELS

IDIS cdbg 13

The income levels of micro-enterprise program participants:

	Persons	To Date Total all years
Extremely Low (<30%)	8	8
Low (31%-50%)	20	20
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	0	0
Totals	28	28

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	<u>7</u>	<u>7</u>	<u>0</u>	<u>0</u>
Expect to Retain:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2 Actual:				
Created:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Retained:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

3 What number of jobs have employer sponsored health care benefits:
Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: _____

5 Indicate the type of jobs being created or retained

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>7</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

Micro-Enterprise Business Assistance

1 Businesses assisted:

IDIS cdbg 28

Number of Existing:	<u>15</u>
Number of New:	<u>13</u>
Total:	<u>28</u>

2 Of the EXISTING Businesses assisted:

Number expanding:	<u>15</u>
Number relocating:	<u>0</u>

3 The number of businesses assisted with commercial façade treatment/business building rehab: 0

4 The number of businesses that provide goods or services to meet the needs of a service area, neighborhood or community 7

5 Specify Duns number for each business assisted:

Duns Number	
Clients receiving T/A do not have DUNS# yet	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

07-EDEF-3721

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.

IDIS cdbg 16

Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
07-EDEF-3721

Appendix B - Displacement

IDIS cdbg 15

Indicate the census tract of origin: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City _____

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Valley Small Business Development Corp., Community Services & Employment Training

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report
ECONOMIC DEVELOPMENT

Report Period
 7/1/09-
 6/30/10

Standard Agreement
 07-EDEF-3721

Business Assistance & Infrastructure

This section applies to Economic Development activities that facilitate the creation of business and jobs. Check off the activity you are reporting. If more than one activity is being reported, you will need to create a duplicate sheet. Do not use this page to report on Micro Enterprise activities, use page nine (9). (Page 9)

- Rehabilitation Publicly/Private Commercial Industry (14E)
- Commercial/Industrial Land Acquisition/Disposition (17A)
- Commercial Industrial Infrastructure Development (17B)
- Building Acquisition, Construction, Rehabilitation (17C)
- Other Commercial/Industrial Improvements (17D)
- ED Direct Financial Assistance for For-Profits (18A)
- Health Facilities - Jobs (03P)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. A designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members

Women

Other (Specify) _____

Value of Contract
\$0
\$0
\$0

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants 0 Loans 0
3. Indicate the total number of grants and/or loans provided for the entire contract term:
 Grants 0 Loans 0
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	<u>0</u>	<u>0</u>	<u>0</u>
b. Deferred Payment/ Forgiveness Loan:	<u>0</u>	<u>0</u>	<u>0</u>

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on race/ethnicity and income levels of employees for LMJ activities and people for an LMA service area :

Race & Code	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

The number of employees based on income levels:

	Employees	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	0	0

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expect to Retain:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2 Actual:				
Created:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Retained:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

3 What number of jobs have employer sponsored health care benefits:
 Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: _____

5 Indicate the type of jobs being created or retained:

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>0</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

Business Assistance

1 **Businesses assisted:**
 Number of Existing: 0
 Number of New: 0
 Total: 0

IDIS cdbg 28

2 **Of the EXISTING Businesses assisted:**
 Number expanding: 0
 Number relocating: 0

3 The number of businesses assisted with commercial
 façade treatment/business building rehab: 0

4 If the activity is serving a Low and Moderate Area, indicate the
 number of businesses that provide goods or services to meet
 the needs of a service area, neighborhood or community 0

5 Specify Duns number for each business assisted:
 Duns Number

PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF JOBS

If the activity has a matrix code from the 03 series (03A-03T) and creates jobs, than complete the following questions:

IDIS cdbg 17B

- 1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year 0
 - b. Now have new access to this public facility (community facility) or infrastructure improvement (public works): 0
 - c. Now have improved access to this type of public facility (community facility) or infrastructure improvement (public works): 0
 - d. That are served by the public facility (community facility) or infrastructure improvement (public works) that is no longer substandard: 0
- 2. If the activity provides beds and shelter to the homeless,
 - a. What number of homeless persons were given overnight shelter: 0
 - b. Indicate the number of beds created in overnight shelter or other emergency housing: 0

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

07-EDEF-3721

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.

IDIS cdbg 16

Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period

Standard Agreement

Appendix B - Displacement

7/1/09-
6/30/10

07-EDEF-3721

IDIS cdbg 15

Indicate the census tract of origin: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City: _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

Grantee Performance Report

Report Period

Standard Agreement

Appendix D - Sub-recipient Agreement

7/1/09-

6/30/10

07-EDEF-3721

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Valley Small Business Development Corporation

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Appendix E - Slum & Blight Area

7/1/09-

6/30/10

07-EDEF-3721

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY) 7/1/09-6/30/10

08-EDEF-5894

Annual GPR
Final GPR

Jurisdiction Name: County of Tulare

Name of Contact: Sandra Sabin
Address of Contact: 5961 S. Mooney Blvd.
Visalia, CA 93277

Telephone Number: (559)733-6291 E-Mail Address: ssabin@co.tulare.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

In Support of Housing (LMH)

- (01) Acquisition of Real Property Page 1
- (02) Disposition Page 1
- (03) Public Facilities & Improvements* Page 6 Page 3
- (03A) Senior Centers Page 6
- (03B) Handicapped Centers Page 6
- (03C) Homeless Facilities Page 6
- (03D) Youth Centers Page 6
- (03E) Neighborhood Facilities Page 6
- (03F) Parks, Recreation Facilities Page 6
- (03G) Parking Facilities Page 6
- (03H) Solid Waste Disposal Imp.* Page 6 Page 3
- (03I) Flood Drainage Improvement* Page 6 Page 3
- (03J) Water/Sewer Improvements* Page 6 Page 3
- (03K) Street Improvements* Page 6 Page 3
- (03L) Sidewalk Improvements* Page 6 Page 3
- (03M) Child Care Centers Page 6
- (03N) Tree Planting Page 6 Page 3
- (03O) Fire Station/Equipment Page 6
- (03P) Health Facilities Page 6
- (03Q) Abused and Neglected Children Facilities Page 6
- (03R) Asbestos Removal Page 6
- (03S) Facilities for Aids Patients Page 6
- (03T) Operating Costs of Homeless/Aids Page 6
- (04) Clearance and Demolition Page 1
- (04A) Cleanup of Contaminated Sites Page 1
- (05) Public Services - General Page 7
- (05A) Senior Services Page 7
- (05B) Handicapped Services Page 7
- (05C) Legal Services Page 7
- (05D) Youth Services Page 7

- (05E) Transportation Services Page 7
- (05F) Substance Abuse Services Page 7
- (05G) Battered and Abused Spouses Page 7
- (05H) Employment Training Page 7
- (05I) Crime Awareness Page 7
- (05J) Fair Housing Activities Page 7
- (05K) Tenant/Landlord Counseling Page 7
- (05L) Child Care Services Page 7
- (05M) Health Services Page 7
- (05N) Abused & Neglected Children Page 7
- (05O) Mental Health Services Page 7
- (05P) Screening Lead Paint & Hazards Page 7
- (05Q) Subsistence Payments Page 7
- (05R) Homeownership Assistance - not direct Page 2
- (05S) Rental Housing Subsidies Page 5
- (05T) Security Deposits Page 5
- (05U) Housing Counseling Page 7
- (06) Interim Assistance Page 7
- (08) Relocation* Page 7 Page 5
- (09) Loss of Rental Income* Page 7 Page 5
- (11) Privately Owned Utilities* Page 6 Page 3
- (12) Construction Housing Page 1
- (13) Direct Homeownership Assistance Page 2
- (14A) Rehabilitation - Single Unit Residential Page 4
- (14B) Rehabilitation - Multi - Unit Residential Page 4
- (14C) Public Housing Modernization Page 4
- (14D) Rehabilitation - Publicly-Owner Residential Buildings Page 4
- (14E) Rehabilitation Publicly/Private Commercial Industry Page 8
- (14F) Energy Efficiency Improvements Page 4
- (14G) Acquisition for Rehabilitation Page 4
- (14I) Lead Based Paint, Hazards Test Abatement Page 4
- (15) Code Enforcement Page 7
- (16A) Residential Historic Preservation Page 4
- (16B) Non-Residential Historic Preservation Page 6
- (17A) CI Land Acquisition/Disposition Page 8
- (17B) CI Infrastructure Development Page 8
- (17C) Building Acquisition, Construction, Rehabilitation Page 8
- (17D) Other Commercial/Industrial Improvements Page 8
- (18A) ED Direct Financial Assistance for For-Profits Page 8
- (18C) Micro-Enterprise Assistance Page 9
- (19E) Operation and Repair Foreclosed Property Page 5

In Support
of Housing
(LMH)

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title J. Steven Worthley, Chairman, BOS

Date _____

06/10/2008

Grantee Performance Report
ECONOMIC DEVELOPMENT

Report Period
 7/1/09-
 6/30/10

Standard Agreement
 08-EDEF-5894

Business Assistance & Infrastructure

This section applies to Economic Development activities that facilitate the creation of business and jobs. Check off the activity you are reporting. If more than one activity is being reported, you will need to create a duplicate sheet. Do not use this page to report on Micro Enterprise activities, use page nine (9). Page 9

- Rehabilitation Publicly/Private Commercial Industry (14E)
- Commercial/Industrial Land Acquisition/Disposition (17A)
- Commercial Industrial Infrastructure Development (17B)
- Building Acquisition, Construction, Rehabilitation (17C)
- Other Commercial/Industrial Improvements (17D)
- ED Direct Financial Assistance for For-Profits (18A)
- Health Facilities - Jobs (03P)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. A designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

- Minority group members
- Women
- Other (Specify) _____

Value of Contract
 _____ \$0
 _____ \$0
 _____ \$0

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants 0 Loans 0
3. Indicate the total number of grants and/or loans provided for the entire contract term:
 Grants 0 Loans 0
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	<u>3</u>	<u>60</u>	<u>Varies</u>
b. Deferred Payment/ Forgiveness Loan:	<u>0</u>	<u>0</u>	<u>0</u>

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on race/ethnicity and income levels of employees for LMJ activities and people for an LMA service area :

Race & Code	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Bck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

The number of employees based on income levels:

	Employees	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	0	0

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expect to Retain:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2 Actual:				
Created:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Retained:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

3 What number of jobs have employer sponsored health care benefits:
 Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: _____

5 Indicate the type of jobs being created or retained:

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>0</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

Business Assistance

1 **Businesses assisted:**
 Number of Existing: 0
 Number of New: 0
 Total: 0

IDIS cdbg 28

2 **Of the EXISTING Businesses assisted:**
 Number expanding: 0
 Number relocating: 0

3 The number of businesses assisted with commercial
 façade treatment/business building rehab: 0

4 If the activity is serving a Low and Moderate Area, indicate the
 number of businesses that provide goods or services to meet
 the needs of a service area, neighborhood or community 0

5 Specify Duns number for each business assisted:
 Duns Number

PUBLIC FACILITIES AND IMPROVEMENTS IN SUPPORT OF JOBS

If the activity has a matrix code from the 03 series (03A-03T) and creates jobs, than complete the following questions:

IDIS cdbg 17B

- 1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year 0
 - b. Now have new access to this public facility (community facility) or infrastructure improvement (public works): 0
 - c. Now have improved access to this type of public facility (community facility) or infrastructure improvement (public works): 0
 - d. That are served by the public facility (community facility) or infrastructure improvement (public works) that is no longer substandard: 0
- 2. If the activity provides beds and shelter to the homeless,
 - a. What number of homeless persons were given overnight shelter: 0
 - b. Indicate the number of beds created in overnight shelter or other emergency housing: 0

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

08-EDEF-5894

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period

Standard Agreement

Appendix B - Displacement

7/1/09-
6/30/10

08-EDEF-5894

IDIS cdbg 15

Indicate the census tract of origin: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. & White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated: _____

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. & White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City: _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Organization to be determined

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Appendix E - Slum & Blight Area

7/1/09-

6/30/10

08-EDEF-5894

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report
ECONOMIC DEVELOPMENT

Micro-Enterprise

Report Period
 7/1/09-
 6/30/10

Standard Agreement
 08-EDEF-5894

Use this page to report on any Micro-enterprise Technical Assistance activity and/or loans to Micro-enterprise Business Owners. Jurisdictions are required to provide information on race and income levels of all participants.

Micro-Enterprise Assistance (18C)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. A Subrecipient Agreement for this activity, complete Appendix D.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Minority group members

Women

Other (Specify) _____

Value of Contract

Micro-Enterprise Financing

IDIS cdbg 5

1. Indicate the number of loans provided to businesses this Report Period:

Loans 0

2. Indicate the total number of loans provided to date (entire contract term):

Loans 0

3. Enter the terms of financing:

	Interest Rate	Number of Months	Loan Amounts
	(%)	(#)	(\$)
Amortized Loan:	<u>3</u>	<u>60</u>	<u>Varies</u>

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on the race/ethnicity and the income levels of all micro-enterprise or persons assisted

Race & Code	Business Owners	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	0	0
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

The income levels of micro-enterprise program participants:

	Persons	To Date Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	0	0
Totals	0	0

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	0	0	0	0
Expect to Retain:	0	0	0	0
2 Actual:				
Created:	0	0	0	0
Retained:	0	0	0	0

3 What number of jobs have employer sponsored health care benefits:
Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: _____

5 Indicate the type of jobs being created or retained

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>0</u>	<u>0</u>
Professional	<u>0</u>	<u>0</u>
Technicians	<u>0</u>	<u>0</u>
Sales	<u>0</u>	<u>0</u>
Office and Clerical	<u>0</u>	<u>0</u>
Craft Workers (skilled)	<u>0</u>	<u>0</u>
Operatives (semi-skilled)	<u>0</u>	<u>0</u>
Laborers (unskilled)	<u>0</u>	<u>0</u>
Service Workers	<u>0</u>	<u>0</u>

Micro-Enterprise Business Assistance

1 Businesses assisted:

IDIS cdbg 28

Number of Existing:	<u>0</u>
Number of New:	<u>0</u>
Total:	<u>0</u>

2 Of the EXISTING Businesses assisted:

Number expanding:	<u>0</u>
Number relocating:	<u>0</u>

3 The number of businesses assisted with commercial façade treatment/business building rehab: 0

4 The number of businesses that provide goods or services to meet the needs of a service area, neighborhood or community 0

5 Specify Duns number for each business assisted:

Duns Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

08-EDEF-5894

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.

IDIS cdbg 16

Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period

Standard Agreement

Appendix B - Displacement

7/1/09-

6/30/10

08-EDEF-5894

Indicate the census tract of origin: _____

IDIS cdbg 15

Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City _____

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Organization to be determined

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY)

7/1/08-
6/30/09

Program Income RLF

Annual GPR

Final GPR

Jurisdiction Name: County of Tulare

Name of Contact: Sandra Sabin

Address of Contact: 5961 S. Mooney Blvd.
Visalia, CA 93277

Telephone Number: (559)733-6291

E-Mail Address: ssabin@co.tulare.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

In Support of Housing (LMH)

- (01) Acquisition of Real Property Page 1
- (02) Disposition Page 1
- (03) Public Facilities & Improvements* Page 6 Page 3
- (03A) Senior Centers Page 6
- (03B) Handicapped Centers Page 6
- (03C) Homeless Facilities Page 6
- (03D) Youth Centers Page 6
- (03E) Neighborhood Facilities Page 6
- (03F) Parks, Recreation Facilities Page 6
- (03G) Parking Facilities Page 6
- (03H) Solid Waste Disposal Imp.* Page 6 Page 3
- (03I) Flood Drainage Improvement* Page 6 Page 3
- (03J) Water/Sewer Improvements* Page 6 Page 3
- (03K) Street Improvements* Page 6 Page 3
- (03L) Sidewalk Improvements* Page 6 Page 3
- (03M) Child Care Centers Page 6
- (03N) Tree Planting Page 6 Page 3
- (03O) Fire Station/Equipment Page 6
- (03P) Health Facilities Page 6
- (03Q) Abused and Neglected Children Facilities Page 6
- (03R) Asbestos Removal Page 6
- (03S) Facilities for Aids Patients Page 6
- (03T) Operating Costs of Homeless/Aids Page 6
- (04) Clearance and Demolition Page 1
- (04A) Cleanup of Contaminated Sites Page 1
- (05) Public Services - General Page 7
- (05A) Senior Services Page 7
- (05B) Handicapped Services Page 7
- (05C) Legal Services Page 7
- (05D) Youth Services Page 7

(05E) Transportation Services	<input type="checkbox"/>	Page 7		
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7		
(05H) Employment Training	<input type="checkbox"/>	Page 7		
(05I) Crime Awareness	<input type="checkbox"/>	Page 7		
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7		
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7		
(05L) Child Care Services	<input type="checkbox"/>	Page 7		
(05M) Health Services	<input type="checkbox"/>	Page 7		
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7		
(05O) Mental Health Services	<input type="checkbox"/>	Page 7		
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7		
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7		
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2		
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5		
(05T) Security Deposits	<input type="checkbox"/>	Page 5		
(05U) Housing Counseling	<input type="checkbox"/>	Page 7		
(06) Interim Assistance	<input type="checkbox"/>	Page 7		
(08) Relocation*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3	
(12) Construction Housing	<input type="checkbox"/>	Page 1		
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2		
(14A) Rehabilitation - Single Unit Residential	<input checked="" type="checkbox"/>	Page 4		
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4		
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4		
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4		
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8		
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4		
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4		
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4		
(15) Code Enforcement	<input type="checkbox"/>	Page 7		
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4		
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6		
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8		
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8		
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8		
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8		
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8		
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9		
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5	

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title J. Steven Worthley, Chairman, BOS

Date _____

06/10/2008

Grantee Performance Report

Report Period

Standard Agreement

Public Facilities and Improvements

07/01/09-
06/30/10

Program Income RLF

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Public Facilities and Improvements (03)
- Senior Centers (03A)
- Handicapped Centers (03B)
- Homeless Facilities (03C)
- Youth Centers (03D)
- Neighborhood Facilities (03E)
- Parks, Recreation Facilities (03F)
- Operating Costs of Homeless/Aids (03T)
- Non-Residential Historic Preservation (16B)
- Privately Owned Utilities (11)*
- Parking Facilities (03G)
- Solid Waste Disposal Imp. (03H)*
- Flood Drainage Improvement (03I)*
- Water/Sewer Improvements (03J)*
- Street Improvements (03K)*
- Sidewalk Improvements (03L)*
- Child Care Centers (03M)
- Tree Planting (03N)
- Fire Station/Equipment (03O)
- Health Facilities (03P)
- Abused and Neglected Children Facilities (03Q)
- Asbestos Removal (03R)
- Facilities for Aids Patients (03S)

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

- Minority group members
- Women
- Other (Specify) _____

Value of Contract

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	_____	_____	_____
b. Deferred Payment/ Forgiveness Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons Totals	
	All	Hisp
White (11):	439	61
Black/African American (12):	2	0
Asian (13):	165	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	6	0
Am. Indian/Alaskan Native & White (16):	22	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Bk/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>2889</u>	<u>2028</u>
TOTALS	3523	2089

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	2028	2028
Low (31%-50%)	597	597
Moderate (51%-80%)	98	98
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	2723	2723

Public Facilities and Improvements

- 1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year: 2723
 - b. Now have new access to this public facility (community facility) or public improvement (public works): _____
 - c. Now have improved access to this type of public facility (community facility) or public improvement (public works): _____
 - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: _____
- 2. a. What number of homeless persons were given overnight shelter: _____
- b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/08-

6/30/09

Program Income RLF

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.

IDIS cdbg 16

Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit _____

Two Bedroom Units _____

Three Bedroom Units _____

Four Bedroom Units _____

5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

0/1 Zero or One bedroom unit _____

Two Bedroom Units _____

Three Bedroom Units _____

Four Bedroom Units _____

5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period

Standard Agreement

Appendix B - Displacement

7/1/08-
6/30/09

Program Income RLF

IDIS cdbg 15

Indicate the census tract of origin _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

Grantee Performance Report

Appendix D - Sub-recipient Agreement

Report Period

7/1/08-
6/30/09

Standard Agreement

Program Income RLF

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Self-Help Enterprises, Inc.

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period
7/1/08-
6/30/09

Standard Agreement

Appendix E - Slum & Blight Area

Program Income RLF

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY)

7/1/09-
6/30/10

09-STBG-6419

Annual GPR

Final GPR

Jurisdiction Name:

County of Tulare

Name of Contact:

Sandra Sabin

Address of Contact:

5961 S. Mooney Blvd.
Visalia, CA 93277

Telephone Number:

(559)624-7071

E-Mail Address: ssabin@co.tulare.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

		In Support of Housing (LMH)
(01) Acquisition of Real Property	<input type="checkbox"/> Page 1	
(02) Disposition	<input type="checkbox"/> Page 1	
(03) Public Facilities & Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03A) Senior Centers	<input type="checkbox"/> Page 6	
(03B) Handicapped Centers	<input type="checkbox"/> Page 6	
(03C) Homeless Facilities	<input type="checkbox"/> Page 6	
(03D) Youth Centers	<input type="checkbox"/> Page 6	
(03E) Neighborhood Facilities	<input type="checkbox"/> Page 6	
(03F) Parks, Recreation Facilities	<input type="checkbox"/> Page 6	
(03G) Parking Facilities	<input type="checkbox"/> Page 6	
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03I) Flood Drainage Improvement*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03J) Water/Sewer Improvements*	<input checked="" type="checkbox"/> Page 6	<input checked="" type="checkbox"/> Page 3
(03K) Street Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03L) Sidewalk Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03M) Child Care Centers	<input type="checkbox"/> Page 6	
(03N) Tree Planting	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03O) Fire Station/Equipment	<input type="checkbox"/> Page 6	
(03P) Health Facilities	<input type="checkbox"/> Page 6	
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/> Page 6	
(03R) Asbestos Removal	<input type="checkbox"/> Page 6	
(03S) Facilities for Aids Patients	<input type="checkbox"/> Page 6	
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/> Page 6	
(04) Clearance and Demolition	<input type="checkbox"/> Page 1	
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/> Page 1	
(05) Public Services - General	<input type="checkbox"/> Page 7	
(05A) Senior Services	<input type="checkbox"/> Page 7	
(05B) Handicapped Services	<input type="checkbox"/> Page 7	
(05C) Legal Services	<input type="checkbox"/> Page 7	
(05D) Youth Services	<input type="checkbox"/> Page 7	

(05E) Transportation Services	<input type="checkbox"/>	Page 7	
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	
(05H) Employment Training	<input type="checkbox"/>	Page 7	
(05I) Crime Awareness	<input type="checkbox"/>	Page 7	
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7	
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7	
(05L) Child Care Services	<input type="checkbox"/>	Page 7	
(05M) Health Services	<input type="checkbox"/>	Page 7	
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7	
(05O) Mental Health Services	<input type="checkbox"/>	Page 7	
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7	
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7	
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2	
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5	
(05T) Security Deposits	<input type="checkbox"/>	Page 5	
(05U) Housing Counseling	<input type="checkbox"/>	Page 7	
(06) Interim Assistance	<input type="checkbox"/>	Page 7	
(08) Relocation*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/> Page 3
(12) Construction Housing	<input type="checkbox"/>	Page 1	
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2	
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4	
(14B) Rehabilitation - Multi - Unit Residential	<input checked="" type="checkbox"/>	Page 4	
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4	
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4	
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8	
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4	
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4	
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4	
(15) Code Enforcement	<input type="checkbox"/>	Page 7	
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4	
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6	
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8	
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8	
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8	
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8	
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8	
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9	
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		Page 5

In Support
of Housing
(LMH)

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title J. Steven Worthley, Chairman, BOS

Date _____

06/10/2008

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6419

Public Facilities and Improvements

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- | | | |
|--|--|---|
| <input type="checkbox"/> Public Facilities and Improvements (03) | <input type="checkbox"/> Parking Facilities (03G) | <input type="checkbox"/> Tree Planting (03N) |
| <input type="checkbox"/> Senior Centers (03A) | <input type="checkbox"/> Solid Waste Disposal Imp. (03H)* | <input type="checkbox"/> Fire Station/Equipment (03O) |
| <input type="checkbox"/> Handicapped Centers (03B) | <input type="checkbox"/> Flood Drainage Improvement (03I)* | <input type="checkbox"/> Health Facilities (03P) |
| <input type="checkbox"/> Homeless Facilities (03C) | <input type="checkbox"/> Water/Sewer Improvements (03J)* | <input type="checkbox"/> Abused and Neglected Children Facilities (03Q) |
| <input type="checkbox"/> Youth Centers (03D) | <input checked="" type="checkbox"/> Street Improvements (03K)* | <input type="checkbox"/> Asbestos Removal (03R) |
| <input type="checkbox"/> Neighborhood Facilities (03E) | <input type="checkbox"/> Sidewalk Improvements (03L)* | <input type="checkbox"/> Facilities for Aids Patients (03S) |
| <input type="checkbox"/> Parks, Recreation Facilities (03F) | <input type="checkbox"/> Child Care Centers (03M) | |
- Operating Costs of Homeless/Aids (03T)
 Non-Residential Historic Preservation (16B)
 Privately Owned Utilities (11)*

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- | | |
|--|-------------------------------------|
| a. One-for-One Replacement (Reconstruction) complete Appendix A. | <input type="checkbox"/> |
| b. Public improvement activity for which a Special Assessment will be levied. | <input type="checkbox"/> |
| c. Displacement of household, business, farms, nonprofits, complete Appendix B. | <input type="checkbox"/> |
| d. Creating a new Revolving Fund/Revolving Loan Account (RLA). | <input type="checkbox"/> |
| e. The designation of an economic development "Favored activity". | <input type="checkbox"/> |
| f. The funding of Colonia(s). | <input type="checkbox"/> |
| g. Brownfield Activity Indicate the number of remediated acres: _____ | <input type="checkbox"/> |
| h. Historic Preservation Area. | <input type="checkbox"/> |
| i. Presidential Declared Disaster. | <input type="checkbox"/> |
| j. Multi-Unit Housing (2+ Units/structure). | <input type="checkbox"/> |
| k. Rental Housing. | <input type="checkbox"/> |
| l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C. | <input type="checkbox"/> |
| m. A Subrecipient Agreement for this activity, complete Appendix D. | <input checked="" type="checkbox"/> |
| n. The designation of Slum and Blight, complete Appendix E. | <input type="checkbox"/> |

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:	Value of Contract
Minority group members _____	_____
Women _____	_____
Other (Specify) _____	_____

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest Rate | Number of Months | Loan Amounts |
|---|---------------|------------------|--------------|
| | (%) | (#) | (\$) |
| a. Amortized Loan: | _____ | _____ | _____ |
| b. Deferred Payment/
Forgiveness Loan: | _____ | _____ | _____ |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons	
	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	0	0
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	0	0
Totals	0	0

Public Facilities and Improvements

IDIS cdbg 17B

- 1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year: _____
 - b. Now have new access to this public facility (community facility) or public improvement (public works): _____
 - c. Now have improved access to this type of public facility (community facility) or public improvement (public works): _____
 - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: _____
- 2. a. What number of homeless persons were given overnight shelter: _____
- b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-

6/30/10

09-STBG-6419

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.

IDIS cdbg 18

Indicate the address of the units to be demolished-converted:

Demolished/Converted
Address

Indicate the number and type of bedroom units

0/1 Zero or One bedroom unit _____

Two Bedroom Units _____

Three Bedroom Units _____

Four Bedroom Units _____

5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

0/1 Zero or One bedroom unit _____

Two Bedroom Units _____

Three Bedroom Units _____

Four Bedroom Units _____

5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6419

Appendix B - Displacement

IDIS cdbg 15

Indicate the census tract of origin _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____

Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated.

Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6419

Appendix D - Sub-recipient Agreement

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Keller-Wegley Engineering

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Appendix E - Slum & Blight Area

7/1/09-
6/30/10

09-STBG-6419

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report

Housing Rehabilitation

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6419

This section applies to activities with a National Objective of Low and Moderate Housing (LMH) and Slums and Blight Area (SBA) or Slum and Blight Spot (SBS) or Urgent Need (URG) for the following. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Rehabilitation - Single Unit Residential (Matrix 14A)
- Rehabilitation - Multi - Unit Residential (Matrix 14B)
- Public Housing Modernization (Matrix 14C)
- Energy Efficiency Improvements (Matrix 14F)
- Rehabilitation - Publicly-Owner Residential Buildings (Matrix 14D)
- Acquisition for Rehabilitation (Matrix 14G)
- Lead Based Paint, Hazards Test Abatement (14I)
- Residential Historic Preservation (16A)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Minority group members

Women

Other (Specify) _____

Value of Contract

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest Rate
(%) | Number of Months
(#) | Loan Amounts
(\$) |
|---|----------------------|-------------------------|----------------------|
| a. Amortized Loan: | _____ | _____ | _____ |
| b. Deferred Payment/
Forgiveness Loan: | _____ | _____ | _____ |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	HOUSING ACTIVITIES			
	Owner		Renter	
	All	Hisp	All	Hisp
White (11):	0	0	0	0
Black/African American (12):	0	0	0	0
Asian (13):	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0	0	0
Am. Indian/Alaskan Native & White (16):	0	0	0	0
Asian & White (17):	0	0	0	0
Black/African Am. & White (18):	0	0	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0	0	0
Other Multi-Racial (20):	0	0	0	0
TOTALS	0	0	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	0	0	0
Low (31%-50%)	0	0	0
Moderate (51%-80%)	0	0	0
Non-Low/Moderate Income (+80%)	0	0	0
Totals	0	0	0

REHABILITATION OF UNITS

IDIS cdbg 9

1. Indicate if the rehabilitation was offering a program with these specific services:
 (May apply for activities with an national objective LMH with Matrix Code 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

REHABILITATION OF THE OWNER UNITS

IDIS cdbg 24

1. Enter the total number 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): _____

If this activity includes multi-unit housing with (2+ units) complete the rest of the following questions:

MULTI-UNIT HOUSING

IDIS cdbg 14

THIS REPORTING PERIOD	Total	Occupied	Occupied Low/Mod
Number of Units at Start:	<u>0</u>	<u>0</u>	<u>0</u>
Number of Units Expected at Completion:	<u>0</u>	<u>0</u>	<u>0</u>
FOR TOTAL GRANT TERM	Total	Occupied	Occupied Low/Mod
Number of Units Completed:	<u>0</u>	<u>0</u>	<u>0</u>

(Complete the following questions if the activity includes the Rehabilitation of Rental Units)

REHABILITATION OF RENTAL UNITS

IDIS cdbg 20 & 21

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: _____

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

09-STBG-6419

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6419

Appendix B - Displacement

IDIS cdbg 15

Indicate the census tract of origin _____
Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____
Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. _____
Indicate the City _____

Grantee Performance Report
Appendix C - Presumed Benefit & Nature and Location

Report Period
6/30/10

Standard Agreement
09-STBG-6419

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--------------------|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | |

Use Moderate Income if at a center with services,
if not center based, use Low Income

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6419

Appendix D - Sub-recipient Agreement

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Self-Help Enterprises, Inc.

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Appendix E - Slum & Blight Area

7/1/09-
6/30/10

09-STBG-6419

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____

Grantee Performance Report

Standard Agreement #

Please Check One

Report Period (FY) 7/1/09-6/30/10

09-STAR-6387

Annual GPR
Final GPR

Jurisdiction Name: County of Tulare

Name of Contact: Sandra Sabin

Address of Contact: 5961 S. Mooney Blvd.
Visalia, CA 93277

Telephone Number: (559)624-7071

E-Mail Address: ssabin@co.tulare.ca.us

SUMMARY OF ACTIVITIES

Complete the information above indicating the fiscal year and the Standard Agreement number. Indicate if this report represents an "Annual GPR" (Grantee Performance Report) or if this represents a "Final GPR" for which you are closing and finished the activity. Select from the following activities based on the matrix codes in your Standard Agreement. Check the box next to the activity and use the button to the right to be directed to the page to use in completing this report for each activity. If you have any questions regarding the correct matrix code, contact your CDBG Representative. If the activity has the option of two pages, the second page under the column heading "In Support of Housing" represents those activities with a National Objective Code of Low and Moderate Housing (LMH). For non-housing activities, use the button to the left.

		In Support of Housing (LMH)
(01) Acquisition of Real Property	<input type="checkbox"/> Page 1	
(02) Disposition	<input type="checkbox"/> Page 1	
(03) Public Facilities & Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03A) Senior Centers	<input type="checkbox"/> Page 6	
(03B) Handicapped Centers	<input type="checkbox"/> Page 6	
(03C) Homeless Facilities	<input type="checkbox"/> Page 6	
(03D) Youth Centers	<input type="checkbox"/> Page 6	
(03E) Neighborhood Facilities	<input type="checkbox"/> Page 6	
(03F) Parks, Recreation Facilities	<input type="checkbox"/> Page 6	
(03G) Parking Facilities	<input type="checkbox"/> Page 6	
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03I) Flood Drainage Improvement*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03J) Water/Sewer Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03K) Street Improvements*	<input checked="" type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03L) Sidewalk Improvements*	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03M) Child Care Centers	<input type="checkbox"/> Page 6	
(03N) Tree Planting	<input type="checkbox"/> Page 6	<input type="checkbox"/> Page 3
(03O) Fire Station/Equipment	<input type="checkbox"/> Page 6	
(03P) Health Facilities	<input type="checkbox"/> Page 6	
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/> Page 6	
(03R) Asbestos Removal	<input type="checkbox"/> Page 6	
(03S) Facilities for Aids Patients	<input type="checkbox"/> Page 6	
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/> Page 6	
(04) Clearance and Demolition	<input type="checkbox"/> Page 1	
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/> Page 1	
(05) Public Services - General	<input type="checkbox"/> Page 7	
(05A) Senior Services	<input type="checkbox"/> Page 7	
(05B) Handicapped Services	<input type="checkbox"/> Page 7	
(05C) Legal Services	<input type="checkbox"/> Page 7	
(05D) Youth Services	<input type="checkbox"/> Page 7	

(05E) Transportation Services	<input type="checkbox"/>	Page 7		
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7		
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	In Support of Housing (LMH)	
(05H) Employment Training	<input type="checkbox"/>	Page 7		
(05I) Crime Awareness	<input type="checkbox"/>	Page 7		
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7		
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7		
(05L) Child Care Services	<input type="checkbox"/>	Page 7		
(05M) Health Services	<input type="checkbox"/>	Page 7		
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7		
(05O) Mental Health Services	<input type="checkbox"/>	Page 7		
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7		
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7		
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2		
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5		
(05T) Security Deposits	<input type="checkbox"/>	Page 5		
(05U) Housing Counseling	<input type="checkbox"/>	Page 7		
(06) Interim Assistance	<input type="checkbox"/>	Page 7		
(08) Relocation*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7		<input type="checkbox"/> Page 5
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6		<input type="checkbox"/> Page 3
(12) Construction Housing	<input type="checkbox"/>	Page 1		
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2		
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4		
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4		
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4		
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4		
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8		
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4		
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4		
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4		
(15) Code Enforcement	<input type="checkbox"/>	Page 7		
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4		
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6		
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8		
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8		
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8		
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8		
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8		
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9		
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>		<input type="checkbox"/> Page 5	

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title J. Steven Worthley, Chairman, BOS

Date _____

06/10/2008

Grantee Performance Report

Report Period

Standard Agreement

7/1/09-

6/30/10

09-STAR-6387

Public Facilities and Improvements

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Public Facilities and Improvements (03)
- Senior Centers (03A)
- Handicapped Centers (03B)
- Homeless Facilities (03C)
- Youth Centers (03D)
- Neighborhood Facilities (03E)
- Parks, Recreation Facilities (03F)
- Operating Costs of Homeless/Aids (03T)
- Non-Residential Historic Preservation (16B)
- Privately Owned Utilities (11)*
- Parking Facilities (03G)
- Solid Waste Disposal Imp. (03H)*
- Flood Drainage Improvement (03I)*
- Water/Sewer Improvements (03J)*
- Street Improvements (03K)*
- Sidewalk Improvements (03L)*
- Child Care Centers (03M)
- Tree Planting (03N)
- Fire Station/Equipment (03O)
- Health Facilities (03P)
- Abused and Neglected Children Facilities (03Q)
- Asbestos Removal (03R)
- Facilities for Aids Patients (03S)

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards

Firms owned wholly or in substantial part by:

Value of Contract

Minority group members _____

Women _____

Other (Specify) _____

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest Rate | Number of Months | Loan Amounts |
|---|---------------|------------------|--------------|
| | (%) | (#) | (\$) |
| a. Amortized Loan: | _____ | _____ | _____ |
| b. Deferred Payment/
Forgiveness Loan: | _____ | _____ | _____ |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons	
	Totals	
	All	Hisp
White (11):	0	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
TOTALS	0	0

Number of Female Head of Households _____

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	0	0
Low (31%-50%)	0	0
Moderate (51%-80%)	0	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	0	0

Public Facilities and Improvements

IDIS cdbg 17B

1. Indicate the number of households assisted, according to the following:
 - a. Total benefiting for the program year: _____
 - b. Now have new access to this public facility (community facility) or public improvement (public works): _____
 - c. Now have improved access to this type of public facility (community facility) or public improvement (public works): _____
 - d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: _____
2. a. What number of homeless persons were given overnight shelter: _____
- b. Indicate the number of beds created in overnight shelter or other emergency housing: _____

Grantee Performance Report

Report Period

Standard Agreement

Appendix A - One for One Replacement

7/1/09-
6/30/10

09-STAR-6387

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

Demolished/Converted
Address

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

Replacement
Address

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STAR-6387

Appendix B - Displacement

IDIS cdbg 15

Indicate the census tract of origin _____
Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. & White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____
Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. & White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Bick/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract and race distribution of those relocated. _____
Indicate the City _____

1. Presumed Benefit

IDIS User Guide 8-73

If the activity is funded under a National Objective Code of Low and Moderate Income Clientele, indicate the number of beneficiaries that fall into one or more of the following categories. Use the following income levels when reporting on the beneficiaries race and income on other pages of the GPR.

Number of:

- | | |
|---|--|
| <input type="checkbox"/> Abused Children | Extreme Low Income |
| <input type="checkbox"/> Battered Spouses | Low Income |
| <input type="checkbox"/> Severely Disabled Adults (Per Census Definition) | Low Income |
| <input type="checkbox"/> Illiterate Adults | Low Income |
| <input type="checkbox"/> Persons with Aids | Low Income |
| <input type="checkbox"/> Homeless Persons | Extreme Low Income |
| <input type="checkbox"/> Migrant Farm workers | Low Income |
| <input type="checkbox"/> Elderly Persons | Use Moderate Income if at a center with services,
if not center based, use Low Income |

2. Nature and Location

IDIS cdbg 10

Provide a narrative description of how the nature/location of this activity benefits low and moderate persons:

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Organization to be determined

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STAR-6387

Appendix E - Slum & Blight Area

IDIS cdbg 12

Provide a description of the boundaries of the designated area
(Not the census tract/block data required for LMA)

Boundaries:

Percent of Deteriorated Buildings/Qualified Properties: _____ %

Public Improvement/Type Condition:

Provide a brief description identifying each type of improvement / type of condition

Slum/Blight Designation Year _____



County of Tulare

C A L I F O R N I A

Housing Conditions Survey 2009

This study was funded by a Community Development Block Grant
Program Planning and Technical Assistance Grant from the California
Department of Housing and Community Development

I. Introduction

A. Background

The County of Tulare (County) entered into a Standard Agreement with the State of California Department of Housing and Community Development (HCD) Community Development Block Grant (CDBG) Program to finance a housing conditions survey of the unincorporated communities of the County. In fulfillment of this agreement, the County implemented the survey outlined in the grant application in a manner acceptable to HCD. This report summarizes the findings of the survey conducted between March and June of 2009.

B. Purpose of the Survey

One of the primary goals of both the County and HCD is to maintain an adequate stock of safe and sound affordable housing. The purpose of this survey was to evaluate the exterior conditions of the housing stock and document the need for housing rehabilitation in the unincorporated communities of the County. The survey results were used to update the County's 2009 General Plan Housing Element. The data will also be used in future grant applications to various funding sources, including the CDBG Program, which provide housing rehabilitation, first-time homebuyer assistance, new residential construction, public works and other activities that will benefit low and moderate-income households in the unincorporated areas of Tulare County.

II. Survey Methodology

A. Spatial Organization/Geographic Areas

The survey area was composed of randomly selected residential parcels within forty-nine (49) unincorporated communities, three (3) residential tract developments included in the unincorporated communities, and the county island and fringe areas of the cities of Visalia, Tulare and Porterville (see Table 5 in Appendix A). The areas in and around these cities are appropriately labeled "Visalia Fringe", "Tulare Fringe", and "Porterville Fringe" in the survey.

Housing conditions were also calculated for the Tulare County Association of Governments' (TCAG's) Housing Market Areas. TCAG is an advisory organization responsible for planning and transportation activities in the region. The three (3) regional Housing Market Areas within TCAG's jurisdiction are Lindsay/Strathmore/Porterville/Foothills/Southeast Tulare County (Porterville/Southeast) Market Area, Tulare/Southwest Tulare County (Tulare/Southwest) Market Area, and Visalia/Farmersville/Exeter/Sequoia Park/Dinuba/Cutler/Orosi (Visalia) Market Area. Figure 1 in Appendix A maps out the boundaries of these market areas.

B. Random Sampling

According to U.S. Census 2000, the housing stock of the unincorporated county numbered 45,195 dwelling units (see Table 13 in Appendix F). The County committed to survey at least 7,533 housing units to achieve at least a one-in-six (1:6) sample. In order to generate an estimate of the overall housing conditions of its unincorporated areas, the County focused the survey on forty-nine (49) selected unincorporated communities and residential tracts. Although the exact number of housing units in these areas was

unknown, it was estimated that these communities comprised about one half (½) of the housing stock in the unincorporated county. As a result, sample sizes larger than one-in-six (1:6) needed to be surveyed for each selected unincorporated community and residential tract in order to gather data on at least 7,533 residences.

The County decided that at least a one-in-four (1:4) sample was needed for each of the twenty-one (21) census designated places (CDPs) surveyed, where the universe of residences had been determined by Census 2000. The other twenty-eight (28) unincorporated communities and three (3) residential tracts surveyed were smaller communities, typically less than 200 housing units, where the universe of residences was unknown. To ensure an accurate survey for these smaller areas, the County decided to take at least a one-in-three (1:3) sample.

After surveying these communities, it was calculated that these sample sizes resulted in approximately 6,000 housing units surveyed. The remainder of the housing units to complete the desired sample size overall (approximately 2,500 units) was then randomly drawn from the county island and fringe area populations. In total, the County surveyed 8,431 residences, which were 898 units greater than goal of a one-in-six (1:6) sample size. Table 1 shows the breakdown of the number of units surveyed by geographical area.

Table 1: Breakdown of Geographical Areas Surveyed

Geographical Designation	Number of Areas	Minimum Sample Size	Units Surveyed	Percent of Survey
Census Designated Places	20	1:6	3,992	47%
Other Unincorporated Communities	29	1:3	1,412	17%
Fringe Areas	3	1:2	523	6%
Other non-communities	na	2504	2,504	30%
Total	52	7,533	8,431	100%

C. Field Survey Procedures

Starting in March of 2009, a two-person team conducted a “windshield survey” of 8,431 residential housing units located within the fifty-two (52) unincorporated communities and areas targeted by the County. The survey team was equipped with a notebook computer loaded with the HCD-approved housing conditions survey form (see Figure 5 in Appendix E) translated into an easy to use Microsoft Excel spreadsheet for quick data entry and results compilation. The team used GIS parcel maps provided by the County GIS Division to identify and randomly select housing units from all residential parcels located in the survey areas. The team also used GIS data for random selection of addresses.

D. Housing Condition Categories

The survey team inspected the exterior condition of all sampled residential structures. The physical condition of the sampled housing stock was evaluated on the basis of HCD criteria set forth in Chapter 16 of the CDBG Grant Management Manual as follows:

Sound: Housing units that appear new or well maintained and structurally intact. The foundation should appear structurally undamaged and there should be straight roof lines. Siding, windows, and doors should be in good repair with good exterior paint condition. Minor problems such as small areas of peeling paint and/or other maintenance items are allowable under this category.

Deteriorated: Housing units in need of replacement of one (1) or more major components and other repairs, such as roof replacement, painting, and window repairs. The Deteriorated classification is divided into three (3) sub-categories: Minor, Moderate, and Substantial Rehabilitation.

Minor: Housing units that show signs of deferred maintenance, or which needs only one (1) major component such as a roof.

Moderate: Housing units in need of replacement of one (1) or more major components and other repairs, such as roof replacement, painting, and window repairs.

Substantial: Housing units that require replacement of several major systems and possibly other repairs (e.g. complete foundation work, roof structure replacement and re-roofing, as well as painting and window replacement).

Dilapidated: Housing units suffering from excessive neglect, where the building appears structurally unsound and maintenance is non-existent, not fit for human habitation in its current condition, and may be considered for demolition or at minimum, major rehabilitation will be required. A unit is considered dilapidated if it is deteriorated beyond the point of rehabilitation being economically feasible.

III. Survey Results

A. Communities/Remaining Unincorporated Areas

For the purpose of calculations, the survey of 8,431 residential units was tabulated into fifty-two (52) discrete areas including twenty (20) census designated places; twenty-nine (29) other unincorporated communities, three (3) county island/fringe areas in and around incorporated cities; and other residential structures in the County general.

The tabular results, shown in Table 2, indicate that the majority of the housing units surveyed (5,985 units or 71%) were assessed as being in sound condition. The survey

team recorded 1,713 housing units (17%) as deteriorated and 1,033 units (12%) as dilapidated.

The data in Table 2 illustrates the disparity between the housing stock adjacent to the incorporated cities and housing stock in the unincorporated communities of the County. Sound housing is predominant in the fringe areas and residential tracts, is higher in the census designated places, but is lower in the smaller unincorporated areas of the County. The rates of deterioration and dilapidation are more prevalent in the unincorporated communities compared to deterioration and dilapidation in the county island and fringe areas. Housing conditions in the residential tracts paralleled the condition of the unincorporated communities.

Sound, deteriorated, and dilapidated housing conditions for each survey area are shown below in Table 3.

Table 3: Housing Conditions (including Minor, Moderate, and Substantial) by Survey Area

Survey Area	SOUND		DETERIORATED						DILAPIDATED		Total Units
	Units	Percent	Minor		Moderate		Substantial		Units	Percent	
			Units	Percent	Units	Percent	Units	Percent			
Allensworth	1	5%	0	0%	3	15%	2	10%	14	70%	20
Alpaugh	15	15%	1	1%	21	21%	8	8%	53	54%	98
Angiola	0	0%	0	0%	0	0%	0	0%	1	100%	1
Cameron Creek	8	32%	0	0%	6	24%	4	16%	7	28%	25
Camp Nelson	180	97%	3	2%	3	2%	0	0%	0	0%	186
Cedar Slope	0	0%	0	0%	7	88%	1	13%	0	0%	8
Cutler	213	74%	5	2%	15	5%	12	4%	43	15%	288
Delft Colony	5	17%	0	0%	5	17%	8	28%	11	38%	29
Ducor	12	23%	3	6%	24	46%	6	12%	7	13%	52
Earlimart	365	67%	40	7%	71	13%	19	3%	49	9%	544
East Orosi	5	14%	1	3%	11	30%	10	27%	10	27%	37
East Porterville	105	37%	13	5%	30	10%	35	12%	104	36%	287
El Rancho	3	19%	4	25%	4	25%	2	13%	3	19%	16
Elderwood	36	75%	1	2%	7	15%	2	4%	2	4%	48
Goshen	116	46%	11	4%	70	28%	21	8%	32	13%	250
Hypemicum	4	25%	0	0%	5	31%	1	6%	6	38%	16
Ivanhoe	218	63%	9	3%	34	10%	21	6%	63	18%	345
Lemon Cove	19	49%	2	5%	11	28%	6	15%	1	3%	39
Lindcove	7	37%	0	0%	4	21%	1	5%	7	37%	19
Linnell Camp	191	100%	0	0%	0	0%	0	0%	0	0%	191
London	16	15%	5	5%	14	13%	17	16%	57	52%	109
Matheny Tract	18	15%	1	1%	27	23%	13	11%	60	50%	119
Moore Tract	95	97%	3	3%	0	0%	0	0%	0	0%	98
Monson	1	11%	0	0%	4	44%	3	33%	1	11%	9
Oak Ranch(Visalia Fringe)	136	100%	0	0%	0	0%	0	0%	0	0%	136
Orosi	482	87%	17	3%	14	3%	9	2%	31	6%	553
Patterson Tract	58	44%	10	8%	32	24%	17	13%	15	11%	132
Pixley	115	45%	20	8%	23	9%	28	11%	71	28%	257

Plainview	10	13%	1	1%	21	27%	18	23%	29	37%	79
Ponderosa	91	100%	0	0%	0	0%	0	0%	0	0%	91
Poplar-Cotton Center	74	43%	5	3%	9	5%	18	10%	68	39%	174
Richgrove	107	76%	1	1%	8	6%	2	1%	22	16%	140
Rodriguez Camp	0	0%	0	0%	0	0%	0	0%	35	100%	35
Seville	12	41%	2	7%	6	21%	4	14%	5	17%	29
Springville	55	40%	10	7%	17	13%	13	10%	41	30%	136
Strathmore	37	19%	15	8%	75	39%	39	21%	24	13%	190
Sultana	4	13%	3	10%	9	30%	4	13%	10	33%	30
Terra Bella	33	35%	10	11%	22	23%	16	17%	14	15%	95
Teviston	17	36%	0	0%	5	11%	6	13%	19	40%	47
Three Rivers	280	90%	9	3%	10	3%	3	1%	10	3%	312
Tipton	141	73%	14	7%	16	8%	7	4%	14	7%	192
Tonyville	2	9%	1	5%	3	14%	4	18%	12	55%	22
Tooleville	12	31%	1	3%	4	10%	1	3%	21	54%	39
Traver	18	27%	2	3%	17	25%	9	13%	21	31%	67
Tulare Fringe (E Tulare)	85	85%	13	13%	0	0%	0	0%	2	2%	100
Tulare River Indian Reservation	24	100%	0	0%	0	0%	0	0%	0	0%	24
Waukena	6	55%	0	0%	4	36%	1	9%	0	0%	11
Wells Tract	4	24%	1	6%	3	18%	1	6%	8	47%	17
W Goshen	21	30%	3	4%	34	49%	6	9%	5	7%	69
Woodville	24	21%	9	8%	33	29%	24	21%	24	21%	114
Yettem	0	0%	0	0%	1	50%	0	0%	1	50%	2
Non Community	2504	100%	0	0%	0	0%	0	0%	0	0%	2504
SURVEY TOTAL	5,985	71%	249	3%	742	9%	422	5%	1033	12%	8,431

The ranking of the survey areas (in descending order), based on the percentages of sound, deteriorated, and dilapidated housing units identified in each survey area is shown in a series of tables and column graphs contained in Appendix D of this report. These graphics readily assist in identifying the areas in which a significant proportion of substandard housing conditions are concentrated. Substandard housing is defined as a unit rated as deteriorated or dilapidated.

A review of these comprehensive tables reveals a strong presence of sound housing conditions within the mountainous areas of the County as well as in and around incorporated cities. Sound housing was prevalent particularly in the communities of Oak Ranch (100%), Ponderosa (100%), Camp Nelson (95%), and Three Rivers (90%).

Although the majority of the housing units in the unincorporated areas were sound overall, almost a quarter of the survey areas (12 out of 52) had a housing stock where the majority of units were rated as substandard, and nine (9) of these areas had a majority of dilapidated housing .

B. Housing Market Areas

The majority of housing units surveyed in each of the housing market areas identified by TCAG were rated as being sound. Table 3 shows housing conditions by market areas. Housing stock in the Visalia market area was the best in the County with the highest percentage of sound housing (65%) and lowest percentage of dilapidation (14%). The Lindsay market area is in need of the most rehabilitation with the lowest percentage of sound housing (46%) and highest percentage of dilapidation (22%). The Tulare market area also has a low amount of sound housing (54%) and a relatively high level of deteriorated housing (20%).

Table 3: Housing Conditions by Market Area

Geography	Sound		Deteriorated		Dilapidated		Total
	Units	Percent	Units	Percent	Units	Percent	
Visalia/Farmersville/Exeter/ Sequoia Park/Dinuba/Cutler/ Orosi Market Area	1,644	65%	507	20%	361	14%	2,512
Lindsay/Strathmore/Porterville/ Foothills/Southeast Tulare County Market Area	600	46%	424	32%	293	22%	1,317
Tulare/Southwest Tulare County Market Area	894	54%	420	26%	328	20%	1,642
Total	3,138	57%	1,351	25%	982	18%	5,471

The Porterville/Southeast market area differed only slightly from the other areas. However, a significant difference in housing conditions exists between the housing stock of the Visalia and Tulare/Southwest market area. The Visalia market area exhibits a sound housing stock eleven (11) percentage points higher than the other two areas: Tulare/Southwest and Lindsay/Porterville/Southeast which inversely exhibits a dilapidated housing stock 6-8 percentage points higher than Visalia.

The distribution of sound, deteriorated, and dilapidated housing units, by housing market area, is shown in Table 7 of Appendix C of this document.

IV. Summary Statement

The geographic pattern of housing condition deficiencies varied throughout the County's unincorporated communities and housing market areas. The highest concentrations of sound residential structures were located in the county islands and fringe areas in and around the incorporated cities of Visalia (100%) and Tulare (85%), and also in the mountain communities of Ponderosa (100%), and Camp Nelson (95%). Cedar Slope, Monson, Strathmore and Ducor had the highest percentages of deterioration, while Rodriguez Camp exhibited the highest rate of dilapidation (100%).

The Lindsay/Porterville/Southeast market area exhibited the greatest concentration of substandard housing (32%). The Visalia market area showed the best housing stock overall, and the Tulare/ Southwest market area rated in-between. Significant differences in housing conditions are only apparent between the Visalia and the other two market areas.

The greatest difference in housing conditions exists between the county island/fringe areas and the unincorporated communities and residential tracts of the county. With a high concentration of sound housing, these areas adjacent to incorporated cities boosted the overall housing conditions reported. The housing stock in the remainder of the County exhibited a more severe need for housing rehabilitation with nearly 40% of the residences rated as substandard.

This report documents the need for housing rehabilitation in unincorporated communities throughout the county. The data has been used to update the County's 2009 Housing Element and to demonstrate the need for housing rehabilitation in the County's General Allocation CDBG applications. With the submittal of this report, the County has satisfied its obligations to HCD and the CDBG program as outlined in their Standard Agreement with HCD.

V. Appendices

- A. Surveyed Areas
- B. Housing Conditions by Survey Area
- C. Housing Conditions by Market Area by Survey Area
- D. Survey Areas Ranked by Housing Condition Type
- E. Data Dictionary
- F. U.S. Census 2000 Selected Housing Characteristics

APPENDIX A: SURVEY AREAS

Table 5: Survey Areas by Geography Type

Census Designated Places (CDPs):

Alpaugh	Ivanhoe	Strathmore
Cutler-Orosi	Lemon Cove	Terra Bella
Ducor	London	Three Rivers
Earlimart	Pixley	Tipton
East Orosi	Poplar-Cotton Center	Traver
East Porterville	Richgrove	Woodville
Goshen	Springville	

Other Unincorporated Communities: (H = Hamlet) (MSC- Mountain Service Center)

Allensworth (H)	Lindcove (H)	Seville (H)
Angiola	Linnell Camp	Sultana
Cameron Creek	Matheny Tract	Teviston
Camp Nelson (MSC)	Monson (H)	Tonyville (H)
Cedar Slope (MSC)	Moore Tract	Tooleville
Delft Colony (H)	Patterson Tract	Tulare Indian Reservation
El Rancho	Plainview	Waukena (H)
Elderwood	Ponderosa (MSC)	Wells Tract
E Tulare (H)	Rodriguez Camp	W Goshen (H)
Hypericum		Yettem (H)

County Island and Fringe Areas:

Porterville Fringe	Tulare Fringe	Visalia Fringe (Oak Ranch)
--------------------	---------------	----------------------------

Residential Tracts:

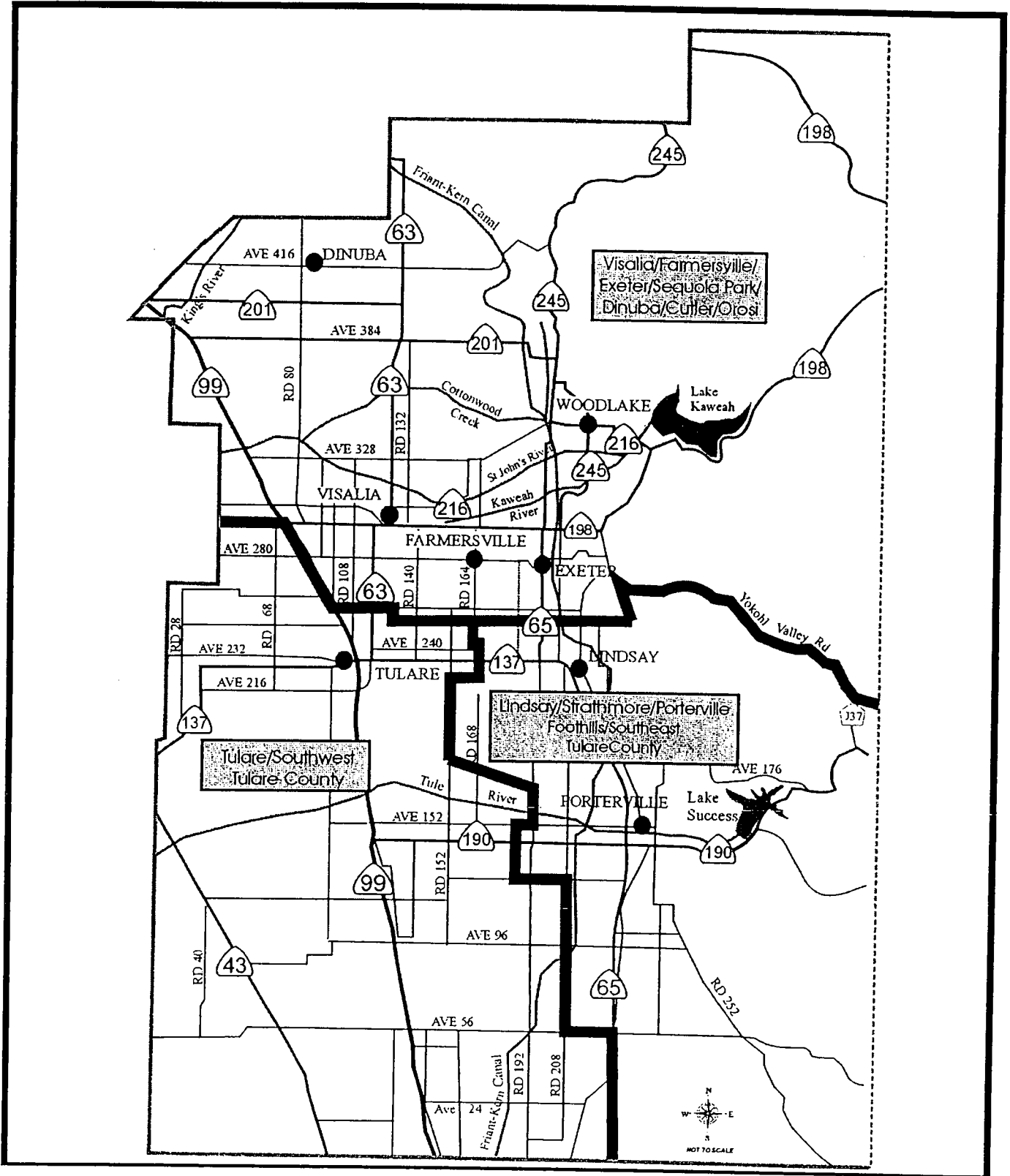
(Noted above)

Tulare County Association of Governments (TCAG) Housing Market Areas:

Lindsay/Strathmore/Porterville/ Foothills/Southeast Tulare County Market Area
 Tulare/Southwest Tulare County Market Area
 Visalia/Farmersville/Exeter/Sequoia Park/Dinuba/Cutler/Orosi Market Area

APPENDIX A: SURVEY AREAS

Figure 1: Map of Survey Area



This study was funded by a Community Development Block Grant Program Planning and Technical Assistance Grant from the California Department of Housing and Community Development

APPENDIX B: HOUSING CONDITIONS BY SURVEY AREA

Table 6: Housing Conditions (including Minor, Moderate, and Substantial) by Survey Area

Survey Area	SOUND		DETERIORATED						DILAPIDATED		Total Units
			Minor		Moderate		Substantial		Units	Percent	
	Units	Percent	Units	Percent	Units	Percent	Units	Percent			
Allensworth	1	5%	0	0%	3	15%	2	10%	14	70%	20
Alpaugh	15	15%	1	1%	21	21%	8	8%	53	54%	98
Angiola	0	0%	0	0%	0	0%	0	0%	1	100%	1
Cameron Creek	8	32%	0	0%	6	24%	4	16%	7	28%	25
Camp Nelson	180	97%	3	2%	3	2%	0	0%	0	0%	186
Cedar Slope	0	0%	0	0%	7	88%	1	13%	0	0%	8
Cutler	213	74%	5	2%	15	5%	12	4%	43	15%	288
Delft Colony	5	17%	0	0%	5	17%	8	28%	11	38%	29
Ducor	12	23%	3	6%	24	46%	6	12%	7	13%	52
Earlimart	365	67%	40	7%	71	13%	19	3%	49	9%	544
East Orosi	5	14%	1	3%	11	30%	10	27%	10	27%	37
East Porterville	105	37%	13	5%	30	10%	35	12%	104	36%	287
El Rancho	3	19%	4	25%	4	25%	2	13%	3	19%	16
Elderwood	36	75%	1	2%	7	15%	2	4%	2	4%	48
Goshen	116	46%	11	4%	70	28%	21	8%	32	13%	250
Hypericum	4	25%	0	0%	5	31%	1	6%	6	38%	16
Ivanhoe	218	63%	9	3%	34	10%	21	6%	63	18%	345
Lemon Cove	19	49%	2	5%	11	28%	6	15%	1	3%	39
Lindcove	7	37%	0	0%	4	21%	1	5%	7	37%	19
Linnell Camp	191	100%	0	0%	0	0%	0	0%	0	0%	191
London	16	15%	5	5%	14	13%	17	16%	57	52%	109
Matheny Tract	18	15%	1	1%	27	23%	13	11%	60	50%	119
Moore Tract	95	97%	3	3%	0	0%	0	0%	0	0%	98
Monson	1	11%	0	0%	4	44%	3	33%	1	11%	9
Oak Ranch(Visalia Fringe)	136	100%	0	0%	0	0%	0	0%	0	0%	136
Orosi	482	87%	17	3%	14	3%	9	2%	31	6%	553
Patterson Tract	58	44%	10	8%	32	24%	17	13%	15	11%	132
Pixley	115	45%	20	8%	23	9%	28	11%	71	28%	257
Plainview	10	13%	1	1%	21	27%	18	23%	29	37%	79
Ponderosa	91	100%	0	0%	0	0%	0	0%	0	0%	91
Poplar-Cotton Center	74	43%	5	3%	9	5%	18	10%	68	39%	174
Richgrove	107	76%	1	1%	8	6%	2	1%	22	16%	140
Rodriguez Camp	0	0%	0	0%	0	0%	0	0%	35	100%	35
Seville	12	41%	2	7%	6	21%	4	14%	5	17%	29
Springville	55	40%	10	7%	17	13%	13	10%	41	30%	136
Strathmore	37	19%	15	8%	75	39%	39	21%	24	13%	190
Sultana	4	13%	3	10%	9	30%	4	13%	10	33%	30
Terra Bella	33	35%	10	11%	22	23%	16	17%	14	15%	95
Teviston	17	36%	0	0%	5	11%	6	13%	19	40%	47
Three Rivers	280	90%	9	3%	10	3%	3	1%	10	3%	312
Tipton	141	73%	14	7%	16	8%	7	4%	14	7%	192
Tonyville	2	9%	1	5%	3	14%	4	18%	12	55%	22
Tooleville	12	31%	1	3%	4	10%	1	3%	21	54%	39
Traver	18	27%	2	3%	17	25%	9	13%	21	31%	67
Tulare Fringe (E Tulare)	85	85%	13	13%	0	0%	0	0%	2	2%	100

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APPENDIX B: HOUSING CONDITIONS BY SURVEY AREA

Tulare River Indian Reservation	24	100%	0	0%	0	0%	0	0%	0	0%	24
Waukena	6	55%	0	0%	4	36%	1	9%	0	0%	11
Wells Tract	4	24%	1	6%	3	18%	1	6%	8	47%	17
W Goshen	21	30%	3	4%	34	49%	6	9%	5	7%	69
Woodville	24	21%	9	8%	33	29%	24	21%	24	21%	114
Yettem	0	0%	0	0%	1	50%	0	0%	1	50%	2
Non Community	2504	100%	0	0%	0	0%	0	0%	0	0%	2504
SURVEY TOTAL	5,985	71%	249	3%	742	9%	422	5%	1033	12%	8,431

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APPENDIX C: HOUSING CONDITIONS BY MARKET AREA BY SURVEY AREA

Table 7: Housing Conditions by Market Area by Survey Area

Market Area/ Survey Area	Sound Units	Decorated Units			Disappointed Units	Total Units	% Sub- Standard
		Minor	Moderate	Substantial			
Visalia/Farmersville/Exeter/Sequoia Park/Dinuba/Cutler-Orosi Market Area							
Cutler-Orosi	695	22	29	21	74	841	17%
Delft Colony	5	0	5	8	11	29	83%
East Orosi	5	1	11	10	10	37	86%
Elderwood	36	1	7	2	2	48	25%
Goshen	116	11	70	21	32	250	54%
Ivanhoe	218	9	34	21	63	345	37%
Lemon Cove	19	2	11	6	1	39	51%
Lindcove	7	0	4	1	7	19	63%
London	16	5	14	17	57	109	85%
Monson	1	0	4	3	1	9	89%
Patterson Tract	58	10	32	17	15	132	56%
Seville	12	2	6	4	5	29	59%
Sultana	4	3	9	4	10	30	87%
Three Rivers	280	9	10	3	10	312	10%
Tonyville	2	1	3	4	12	22	91%
Tooleville	12	1	4	1	21	39	69%
Traver	18	2	17	9	21	67	73%
Visalia Fringe	136	0	0	0	0	136	0%
Wells Tract	4	1	3	1	8	17	76%
Yettem	0	0	1	0	1	2	50%
Area Subtotal	1,644	80	274	153	361	2512	35%
Tulare/Southwest Tulare County Market Area							
Allensworth	1	0	3	2	14	20	95%
Alpaugh	15	1	21	8	53	98	85%
Earlimart	365	40	71	19	49	544	33%
Matheny Tract	18	1	27	13	60	119	85%
Pixley	115	20	23	28	71	257	55%
Richgrove	107	1	8	2	22	140	24%
Teviston	17	0	5	6	19	47	64%
Tipton	141	14	16	7	14	192	27%
Tulare Fringe/E Tulare	85	13	0	0	2	100	15%
Waukena	6	0	4	1	0	11	45%
Woodville	24	9	33	24	24	114	79%
Area Subtotal	894	99	211	110	328	1,642	46%
Lindsay/Strathmore/Porterville/Foothills/Southeast Tulare County Market Area							
Camp Nelson	180	3	3	0	3	189	5%
Cedar Slope	0	0	7	1	0	8	100%
Ducor	12	3	24	6	7	52	77%
East Porterville	105	13	30	35	104	287	63%
El Rancho	3	4	4	2	3	16	81%
Plainview	10	1	21	18	29	79	87%
Ponderosa	91	0	0	0	0	91	100%
Poplar-Cotton Center	74	5	9	18	68	174	57%
Porterville Fringe	105	13	30	35	104	287	63%
Springville	55	10	17	13	41	136	60%
Strathmore	37	15	75	39	24	190	81%
Terra Bella	33	10	22	16	14	95	65%
Area Subtotal	600	64	212	148	293	1317	54%

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APPENDIX D: SURVEY AREAS RANKED BY HOUSING CONDITION TYPE

Table 8: Survey Areas Ranked by the Percentage of Sound Housing

Survey Area	Sound Units	Percent of Community	Total Units Surveyed	Market Area
Visalia Fringe/Oak Park	136	100%	136	Visalia
Ponderosa	91	100%	91	Porterville/Southeast
Camp Nelson	180	95%	189	Porterville/Southeast
Three Rivers	280	90%	312	Visalia
Tulare Fringe	85	85%	100	Tulare/Southeast
Cutler-Orosi	695	83%	841	Visalia
Richgrove	107	76%	140	Tulare/Southwest
Elderwood	36	75%	48	Visalia
Tipton	141	73%	192	Tulare/Southwest
Earlimart	365	67%	544	Tulare/Southwest
Ivanhoe	218	63%	345	Visalia
Waukena	6	45%	11	Tulare/Southwest
Yettem*	1	50%	2	Visalia
Lemon Cove	19	49%	39	Visalia
Goshen	116	46%	250	Visalia
Pixley	115	45%	257	Tulare/Southwest
Patterson Tract	58	44%	132	Visalia
Poplar-Cotton Center	74	43%	174	Porterville/Southeast
Seville	12	41%	29	Visalia
Springville	55	40%	136	Porterville/Southeast
Porterville Fringe	105	37%	287	Porterville/Southeast
Lindcove	7	37%	19	Visalia
Teviston	17	36%	47	Tulare/Southwest
Terra Bella	33	35%	95	Porterville/Southeast
Tooleville	12	31%	39	Visalia
Traver	18	27%	67	Visalia
Wells Tract	4	24%	17	Visalia
Ducor	12	23%	52	Porterville/Southeast
Woodville	24	21%	114	Tulare/Southwest
Strathmore	37	19%	190	Porterville/Southeast
El Rancho	3	19%	16	Porterville/Southeast
Delft Colony	5	17%	29	Visalia
Alpaugh	15	15%	98	Tulare/Southwest
London	16	15%	109	Visalia
Matheny Tract	18	15%	119	Tulare/Southwest
East Orosi	5	14%	37	Visalia
Plainview	10	13%	79	Porterville/Southeast
Sultana	4	13%	30	Visalia
Monson	1	11%	9	Visalia
Tonyville	2	9%	22	Visalia
Allensworth	1	5%	20	Tulare/Southwest
Cedar Slope	0	0%	8	Porterville/Southeast
Angiola	0	0%	1	Tulare/Southwest
Rodriguez Camp	0	0%	35	Porterville/Southeast

* Based on 2 properties that are in the County database for this area

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APPENDIX D: SURVEY AREAS RANKED BY HOUSING CONDITION TYPE

Table 9: Survey Areas Ranked by the Percentage of Deteriorated Housing

Survey Area	Deteriorated Units	Percent of Community	Total Units Surveyed	Market Area
Cedar Slope	8	100%	8	Porterville/Southeast
Monson	7	77%	9	Visalia
Strathmore	129	68%	190	Porterville/Southeast
Ducor	33	64%	52	Porterville/Southeast
El Rancho	10	63%	16	Porterville/Southeast
W Goshen	43	62%	69	Visalia
East Orosi	22	60%	37	Visalia
Woodville	66	58%	114	Tulare/Southwest
Sultana	16	53%	30	Visalia
Plainview	40	51%	79	Porterville/Southeast
Terra Bella	48	51%	95	Porterville/Southeast
Yettem	1	50%	2	Visalia
Lemon Cove	19	48%	39	Visalia
Patterson Tract	59	45%	132	Visalia
Waukena	5	45%	11	Tulare/Southwest
Delft Colony	13	45%	29	Visalia
Seville	12	42%	29	Visalia
Traver	28	41%	67	Visalia
Cameron Creek	10	40%	25	Visalia
Goshen	102	40%	250	Visalia
Tonyville	8	37%	22	Visalia
Hypericum	6	37%	16	Visalia
Matheny Tract	41	35%	119	Tulare/Southwest
London	36	34%	109	Visalia
Alpaugh	30	30%	98	Tulare/Southwest
Springville	40	30%	136	Porterville/Southeast
Wells Tract	5	30%	17	Visalia
Pixley	71	28%	257	Tulare/Southwest
East Porterville	78	27%	287	Porterville/Southeast
Lindcove	5	26%	19	Visalia
Allensworth	5	25%	20	Tulare/Southwest
Teviston	11	24%	47	Tulare/Southwest
Earlimart	130	23%	544	Tulare/Southwest
Elderwood	10	21%	48	Visalia
Ivanhoe	64	19%	345	Visalia
Tipton	37	19%	192	Tulare/Southwest
Poplar-Cotton Center	32	18%	174	Porterville/Southeast
Tooleville	6	16%	39	Visalia
Tulare Fringe	13	13%	100	Tulare/Southwest
Cutler	32	11%	288	Visalia
Orosi	40	8%	553	Visalia
Richgrove	11	8%	140	Tulare/Southwest
Three Rivers	22	7%	312	Visalia
Camp Nelson	6	4%	186	Porterville/Southeast
Moore Tract	3	3%	98	Visalia
Linnell Camp	0	0%	191	Visalia
Oak Ranch	0	0%	136	Visalia
Rodriguez Camp	0	0%	35	Porterville/Southeast

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APPENDIX D: SURVEY AREAS RANKED BY HOUSING CONDITION TYPE

Tulare River Indian	0	0%	24	Porterville/Southeast
Angiola	0	0%	1	Tulare/Southwest
Ponderosa	0	0%	91	Porterville/Southeast
Visalia Fringe/Oak Ranch	0	0%	136	Visalia

APPENDIX D: SURVEY AREAS RANKED BY HOUSING CONDITION TYPE

Table 10: Survey Areas Ranked by the Percentage of Dilapidated Housing

Survey Area	Dilapidated Units	Percent of Community	Total Units Surveyed	Market Area
Rodriguez Camp	35	100%	35	Porterville/Southeast
Angiola	1	100%	1	Tulare/Southwest
Allensworth	14	70%	20	Tulare/Southwest
Tonyville	12	55%	22	Visalia
Tooleville	21	54%	39	Visalia
Alpaugh	53	54%	98	Tulare/Southwest
London	57	52%	109	Visalia
Matheny Tract	60	50%	119	Tulare/Southwest
Yettem	1	50%	2	Visalia
Wells Tract	8	47%	17	Visalia
Teviston	19	40%	47	Tulare/Southwest
Poplar-Cotton Center	68	39%	174	Porterville/Southeast
Hypernicum	6	38%	16	Visalia
Delft Colony	11	38%	29	Visalia
Plainview	29	37%	79	Porterville/Southeast
Lindcove	7	37%	19	Visalia
East Porterville	104	36%	287	Porterville/Southeast
Sultana	10	33%	30	Visalia
Traver	21	31%	67	Visalia
Springville	41	30%	136	Porterville/Southeast
Pixley	71	28%	257	Tulare/Southwest
Cameron Creek	7	28%	25	Visalia
East Orosi	10	27%	37	Visalia
Woodville	24	21%	114	Tulare/Southwest
El Rancho	3	19%	16	Porterville/Southeast
Ivanhoe	63	18%	345	Visalia
Seville	5	17%	29	Visalia
Richgrove	22	16%	140	Tulare/Southwest
Cutler	43	15%	288	Visalia
Terra Bella	14	15%	95	Porterville/Southeast
Ducor	7	13%	52	Porterville/Southeast
Goshen	32	13%	250	Visalia
Strathmore	24	13%	190	Porterville/Southeast
Monson	1	11%	9	Visalia
Patterson Tract	15	11%	132	Visalia
Earlimart	49	9%	544	Tulare/Southwest
Tipton	14	7%	192	Tulare/Southwest
W Goshen	5	7%	69	Visalia
Orosi	31	6%	553	Visalia
Elderwood	2	4%	48	Visalia
Lemon Cove	1	3%	39	Visalia
Three Rivers	10	3%	312	Visalia
Tulare Fringe	2	2%	100	Tulare/Southwest
Camp Nelson	0	0%	186	Porterville/Southeast
Cedar Slope	0	0%	8	Porterville/Southeast
Linnell Camp	0	0%	191	Visalia
Oak Ranch	0	0%	136	Visalia
Waukena	0	0%	11	Tulare/Southwest

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APPENDIX D: SURVEY AREAS RANKED BY HOUSING CONDITION TYPE

Tulare River Indian	0	0%	24	Porterville/Southeast
Moore Tract	0	0%	98	Visalia
Ponderosa	0	0%	91	Porterville/Southeast

APPENDIX E: DATA DICTIONARY

Figure 5: CDBG Housing Conditions Survey Form

MAP # _____ ADDRESS _____
 Vacant (---Yes/---No) CITY _____
 For Sale (---Yes/---No)

CONSTRUCTION TYPE

Wood Frame _____
 Masonry _____
 Mobile _____
 Modular _____
 Other _____

STRUCTURE TYPE

Single Family with Detached Garage _____
 Single Family with Attached Garage _____
 Duplex _____
 Multi-Family _____ # of Units _____
 Other _____

FRONTAGE IMPROVEMENTS IF APPLICABLE:

_____ CURBS (---Yes/---No) _____ PAVED STREET (---Yes/---No)
 _____ GUTTERS (---Yes/---No) _____ SIDEWALKS (---Yes/---No)
 _____ ADEQUATE SITE DRAINAGE (---Yes/---No) _____ Driveway (---Yes/---No)

#1 - FOUNDATION:

0 Existing foundation in good condition.
 10 Repairs needed
 15 Needs a partial foundation
 25 No foundation or needs a complete foundation.

#4 - WINDOWS:

0 No repair needed.
 1 Broken window panes
 5 In need of repair.
 10 In need of replacement.

#2 - ROOFING:

0 Does not need repair
 5 Shingles missing
 5 Chimney needs repair
 10 Needs re-roofing
 25 Roof structure needs replacement and re-roofing.

#5 - ELECTRICAL:

0 No repair needed.
 5 Minor repair.
 10 Replace main panel.

#3 - SIDING/STUCCO:

0 Does not need repair.
 1 Needs re-painting.
 5 Needs to be patched and re-painted.
 10 Needs replacement and painting.
 10 Asbestos/Lead-Based.

Sound	9 or less
Minor	10 - 15
Moderate	16 - 39
Substantial	40 - 55
Dilapidated	56 and over

56 Dilapidated-a unit suffering from excessive neglect, where the building appears structurally unsound and maintenance is nonexistent, not fit for human habitation in its current condition, may be considered for demolition or at a minimum, major rehabilitation will be required.

	#1 Foundation	#2 Roofing	#3 Siding/ Stucco	#4 Windows	#5 Electrical	TOTAL
Points						

Comments:

Surveyor _____ Date _____
 Revised 7/98

APPENDIX E: DATA DICTIONARY

Table 11: Occurrences of Rated Housing Conditions

Housing Conditions	Point Value	Number of Units	% of Total
Foundation			
Existing foundation in good condition	0	5,091	60%
Repairs needed	10	583	7%
Needs a partial foundation	15	783	9%
No foundation or needs a complete foundation	25	1,974	24%
Roofing			
Does not need repair	0	1,196	14%
Chimney needs repair	5	30	0%
Shingles missing	5	4,417	53%
Needs re-roofing	10	944	11%
Roof structure needs replacement and re-roofing	25	1,844	22%
Siding			
Does not need repair	0	1,281	15%
Needs re-painting	1	4,326	51%
Needs to be patched and re-painted	5	857	10%
Needs replacement and painting	10	1,891	23%
Asbestos/Lead-Based Paint	10	76	1%
Windows			
No repair needed	0	5949	71%
Broken window panes	1	62	1%
In need of repair	5	697	8%
In need of replacement	10	1723	20%
Electrical			
No repair needed	0	5779	68%
Minor repair	5	1001	12%
Replace main panel	10	1651	20%
Total Residences Surveyed		8,431	100%

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APPENDIX E: DATA DICTIONARY

Table 12: Occurrences of Surveyed Property Conditions

Condition of House	Number of Units	% of Total
Construction Type		
Wood Frame	8,087	95.9%
Masonry	15	.2%
Mobile	329	3.9%
Modular	0	0%
Other	0	0%
Structure Type		
Single Family with Detached Garage	211	3%
Single Family with Attached Garage	3,643	39%
Single Family with No Garage	4,363	56%
Duplex	10	0%
Multi-Family	204	2%
Other	0	0%
Curbs		
Yes	2,730	32%
No	5,727	68%
Gutters		
Yes	2,726	32%
No	5,705	68%
Drainage		
Yes	2,723	32%
No	5,708	68%
Paved Street		
Yes	8,388	99%
No	43	1%
Sidewalk		
Yes	1,836	22%
No	6,595	78%
Driveway		
Yes	4,572	75%
No	3,233	25%
Total Residences Surveyed	8,431	100%

APPENDIX F: U.S. CENSUS 2000 SELECTED HOUSING CHARACTERISTICS

Table 13: U.S. Census 2000 Selected Housing Characteristics by Geography

Geography	Total Population	Total Housing Units	Total Sample	Total Sample	% Occupied Units	% Vacant Units	% Single Units	% Mobile Homes	% Overcrowded	% Severely Overcrowded	% Total Units 1970-1990	% Total Units 1990-2000	One Adverse Condition	Two Adverse Conditions	Three or More Adverse Conditions	No. Adverse Conditions
Fulare County	368,021	119,639	19,940	29,910	92%	8%	77%	9%	19%	11%	40%	25%	36%	8%	0.4%	56%
Unincorporated Fulare County	140,949	45,116	7,519	11,279	88%	12%	79%	15%	22%	13%	49%	31%	37%	8%	0.6%	55%
Census Designated Places (CDPs)																
Alpaugh	687	251	42	63	84%	16%	63%	37%	24%	12%	47%	27%	36%	9%	1.4%	53%
Cutler-Orosi	11,716	2,758	460	690	94%	6%	83%	4%	42%	27%	43%	18%	44%	14%	2.1%	40%
Ducor	580	132	22	33	98%	2%	85%	7%	52%	28%	42%	33%	48%	19%	0.0%	33%
Earlsmart	6,588	1,604	267	401	94%	6%	80%	8%	47%	28%	50%	31%	47%	18%	0.8%	34%
East Orosi	436	105	18	26	86%	14%	82%	18%	60%	48%	59%	38%	24%	48%	0.0%	28%
East Porterville	6,897	1,838	306	460	93%	7%	76%	21%	34%	23%	59%	35%	42%	13%	0.9%	44%
Goshen	2,262	602	100	151	97%	3%	86%	10%	25%	14%	32%	19%	54%	5%	3.1%	38%
Ivanhoe	4,497	1,201	200	300	94%	6%	80%	9%	36%	18%	52%	44%	55%	12%	0.0%	33%
Lemon Cove	307	171	29	43	79%	21%	64%	13%	3%	0%	46%	34%	33%	0%	2.2%	64%
London	1,846	437	73	109	91%	9%	49%	51%	54%	39%	48%	26%	57%	20%	0.0%	23%
Pixley	2,540	708	118	177	91%	9%	90%	4%	28%	12%	48%	30%	46%	8%	1.7%	44%
Poplar-Cotton Center	1,488	378	63	95	95%	5%	80%	19%	42%	27%	57%	32%	45%	16%	0.0%	39%
Richgrove	2,728	589	98	147	96%	4%	80%	2%	58%	37%	34%	21%	55%	18%	0.7%	26%
Springville	1,123	613	102	153	89%	11%	55%	22%	5%	2%	62%	52%	30%	1%	0.0%	68%
Strathmore	2,527	763	127	191	92%	8%	70%	18%	27%	14%	46%	30%	45%	11%	1.0%	43%
Terra Bella	3,519	823	137	206	96%	4%	65%	20%	57%	40%	44%	23%	47%	21%	3.4%	28%
Three Rivers	2,229	1,307	218	327	75%	25%	88%	8%	5%	1%	42%	25%	27%	2%	0.0%	71%
Tipton	1,790	488	81	122	97%	3%	84%	5%	22%	11%	49%	28%	43%	5%	0.0%	52%
Traver	690	191	32	48	95%	5%	76%	21%	27%	15%	41%	28%	39%	12%	0.0%	49%
Woodville	1,638	375	63	94	97%	3%	82%	15%	37%	15%	48%	34%	49%	7%	0.0%	44%
Rest of Unincorporated Area	84,861	29,782	4,964	7,446	78%	13%	73%	16%	12%	6%	46%	31%	33%	5%	0.4%	62%

(Grantee Letterhead)

Name of CDBG Program Representative
California Department of Housing and Community Development
Financial Assistance Division
CDBG Program
1800 – 3rd Street, Suite 330
Sacramento, CA 95811

RE: CLOSEOUT CERTIFICATION of CDBG Grant No. 06-STBG-2598

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. Please see Chapter 19, Property Management, in the Grants Management Manual for more detailed instructions.

Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations. Please see CFR 24 Sec. 570.505 Use of real property for instructions.

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:	Typed Name and Title of Authorized Grantee Representative: Name: Jean M. Rousseau Title: County Administrative Officer	Signature of Authorized Grantee Representative:
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(Grantee Letterhead)

Name of CDBG Program Representative
California Department of Housing and Community Development
Financial Assistance Division
CDBG Program
1800 – 3rd Street, Suite 330
Sacramento, CA 95811

RE: CLOSEOUT CERTIFICATION of CDBG Grant No. 08-PTAG-5366

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. Please see Chapter 19, Property Management, in the Grants Management Manual for more detailed instructions.

Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations. Please see CFR 24 Sec. 570.505 Use of real property for instructions.

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:	Typed Name and Title of Authorized Grantee Representative: Name: Jean M. Rousseau Title: County Administrative Officer	Signature of Authorized Grantee Representative:
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