

**Attachment 2**

**Forms Required for  
Economic Development-Related Activities  
Funded with CDBG Program Dollars and  
Benefiting Low- and Moderate- Income Persons**



OHIO COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
 FINAL PERFORMANCE REPORT  
 PERIOD COVERED: 04/01/2006 TO 06/01/2007  
 PAGE NO: 1 of 4

OHCP REPRESENTATIVE: Mary Oakley B-E-05- -1  
GRANT AMOUNT:\$ 235,700

I certify that to the best of my knowledge the data in this report has been verified to be true and correct as of the date of this report. Providing false or misleading information in this document will result in sanctions against the above named grantee and, as outlined by the OHCP Progressive Corrective Action Policy, may lead to termination of the Grantee eligibility for OHCP Programs.

\_\_\_\_\_  
 Name and Title of Chief Executive Officer

\_\_\_\_\_  
 Signature of Chief Executive Officer: Date

\_\_\_\_\_  
 Report Completed By: Phone Number

**I. PROGRAM BUDGET - AWARDED FUNDS**

PROJECT	ACTIVITY NUMBER AND NAME	COMPANY NAME	CDBG FUNDS		
			APPROVED BUDGET	FUNDS DRAWN TO DATE	FUNDS DISBURSED TO DATE
01	01 - Water & Sewer Facilities		\$ 0	\$ 0.00	\$ _____
01	02 - Site Preparation		\$ 0	\$ 0.00	\$ _____
01	03 - Machine/Cap. Equipment		\$ 140,000	\$ 140,000.00	\$ _____
01	04 - Leasehold Improvements		\$ 85,700	\$ 85,700.00	\$ _____
01	05 - Working Capital		\$ 0	\$ 0.00	\$ _____
01	06 - General Administration		\$ 10,000	\$ 0.00	\$ _____
	GRANT TOTALS		\$ 235,700	\$ 225,700.00	\$ _____

Are ALL Grant Funds Accounted for on this Report?  Yes  No If No, Grantee Must Submit a Certificate of Completion to OHCP.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual expenditures for each activity. Explain ANY difference between total funds expended and total funds received. Describe your 'Best Efforts' to achieve the proposed levels:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





DATE PRINTED: 09/27/2006

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III. BENEFICIARIES (CIVIL RIGHTS DATA: ENTER THE NUMBER OF PERSONS BENEFITING)

COMPANY NAME	TOTAL PERSONS BENEFITING	NBR OF LOW INCOME PERSONS	NBR OF VERY LOW INCOME PERSONS	NBR OF LOW INCOME 31-50%	NBR OF VERY LOW INCOME 0-30%	CIVIL RIGHTS DATA: ENTER THE NUMBER OF PERSONS BENEFITING													
						(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)		

NOTE: Do Not enter any data into the "III. Beneficiaries" section of the Final Performance Report. Instead, as soon as the Job Creation/Retention requirements are met (But no later than 24 months after the Project Completion date), complete and submit the Job Certification Form. Subsequently, the "III. Beneficiaries" section of the Final Performance Report will be completed by OHCP using the data submitted on the Job Certification Form.

\*\* Data for columns (A)-(L) above must be entered as follows:

- A-White/Nbr Hispanics
- B-Black African American/Nbr Hispanics
- C-American Indian, Alaska Native/Nbr Hispanics
- D-Asian/Nbr Hispanics
- E-Native Hawaiian Other Pacific Is./Nbr Hispanics
- F-American Indian, Alaska Native & White/Nbr Hispanics
- G-Black, African American & White/Nbr Hispanics
- H-American Indian, Alaska Nat. & Black, Afr. Amer./Nbr Hispanics
- I-Asian & White/Nbr Hispanics
- J-Other Multi-Racial/Nbr Hispanics
- K-Female Head of Households
- L-Handicapped Persons

**Office of Housing and Community Partnerships  
Ohio Small Cities Community Development Block Grant Program  
Job Certification Summary**

Project Name: \_\_\_\_\_

- A. As per grant agreement number \_\_\_\_\_ and the subsequent agreement between \_\_\_\_\_ (community) and \_\_\_\_\_ (business), \_\_\_\_\_ full-time equivalent (FTE) jobs were to be created and \_\_\_\_\_ jobs were to be retained. Of these jobs, \_\_\_\_\_ were to be taken by or made available to persons from low- and moderate-income households (LMI).

The company's current level of employment is: \_\_\_\_\_ The project was completed on: \_\_\_\_\_

The company's level of employment prior to receiving assistance was: \_\_\_\_\_ The job creation period extended through: \_\_\_\_\_

**INCOME SUMMARY**

- B. As of this date, \_\_\_\_\_ FTE jobs were created and \_\_\_\_\_ FTE were retained. Of the jobs created and retained, \_\_\_\_\_ jobs were taken by persons from low- and moderate-income households (attach copies of job benefit verification forms). Of the \_\_\_\_\_ LMI jobs, \_\_\_\_\_ qualify at the 80% level, \_\_\_\_\_ qualify at the 50% level, and \_\_\_\_\_ qualify at the 30% level. \_\_\_\_\_ of the jobs created were taken by persons who were unemployed at the time of hire.

**ETHNICITY AND RACE SUMMARY:**

- C. \_\_\_\_\_/\_\_\_\_ White/Hispanic, \_\_\_\_\_/\_\_\_\_ Black-African American/Hispanic, \_\_\_\_\_/\_\_\_\_ American Indian-Alaska Native/Hispanic, \_\_\_\_\_/\_\_\_\_ Asian/Hispanic, Native Hawaiian-Other Pacific Islander/Hispanic, \_\_\_\_\_/\_\_\_\_ American Indian-Alaska Native & White/Hispanic, \_\_\_\_\_/\_\_\_\_ Black-African American & White/Hispanic, \_\_\_\_\_/\_\_\_\_ American Indian-Alaska Native & Black-African American/Hispanic, \_\_\_\_\_/\_\_\_\_ Asian & White/Hispanic, \_\_\_\_\_/\_\_\_\_ Other Multi-Racial/Hispanic.

**GENDER AND DISABILITY SUMMARY:**

- D. Female heads of household filled \_\_\_\_\_ of these jobs. Disabled individuals filled \_\_\_\_\_ of these jobs.

**JOB CLASSIFICATION SUMMARY:**

- E. Of the \_\_\_\_\_ jobs created and/or retained, \_\_\_\_\_ of these jobs are classified as manager or professional, \_\_\_\_\_ of these jobs are classified as sales, \_\_\_\_\_ of these jobs are classified as office/clerical, \_\_\_\_\_ of these jobs are classified as service, \_\_\_\_\_ of these jobs are classified as technicians, and \_\_\_\_\_ of these jobs are classified as other.

**A narrative explanation must be attached to this form to justify a difference between the projected and actual job creation figures.**

The undersigned community and business representatives certify that this is an accurate accounting of the job creation resulting from the \_\_\_\_\_ project.

Business C.E.O.: \_\_\_\_\_

Community C.E.O.: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of Housing and Community Partnerships  
Ohio Small Cities Community Development Block Grant Program  
Job Benefit Verification Employee Certification**

Your current/perspective employer, which appears below, is the recipient of financial assistance through the federally funded Ohio Community Development Block Grant (CDBG) Small Cities Program. As a result of the assistance received, the business must provide data on job creation and/or retention. **This information is not part of the interview process and will not be considered for hiring purposes.** This information is, however, subject to verification by authorized government officials.

- A. Name of Employer: \_\_\_\_\_(print)  
 Address of Employer: \_\_\_\_\_(print)  
 Name of Employee: \_\_\_\_\_(print)

B. Race, Ethnicity, Gender and Disability Status.

Please mark **only one** of the following race classifications:

- |   |   |
|---|---|
| <input type="checkbox"/> White                                  | <u>Multi-Racial:</u>  |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Black/African American & White                         |
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> American Indian/Alaska Native & White                  |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Asian & White  |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native & Black/African American |
|   | <input type="checkbox"/> Other Multi-Racial                                     |

Please check "Yes" or "No":

Hispanic or Latino: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please check all that apply:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Female Head of Household: \_\_\_\_\_  
 Disabled: \_\_\_\_\_ Unemployed: \_\_\_\_\_

- C. Circle your household size & one income range in the corresponding row that represents your household income for the prior 12 months:

Household Size	Income Range (30%)	Income Range (50%)	Income Range (80%)	Income Range (NL)
1 person				
2 person				
3 person				
4 person				
5 person				
6 person				
7 person				
8 persons or more				

- D. Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

===== Do Not Write Below This Line – To Be Completed By Employer After Hire =====

Job Description (check one): Manager/Professional:\_\_\_ Sales:\_\_\_ Office/Clerical:\_\_\_ Service:\_\_\_ Technician:\_\_\_ Other:\_\_\_  
 Date Employed (mo./day/yr.): \_\_\_/\_\_\_/\_\_\_ Check one: Full-Time: \_\_\_ Part-Time (less than 35 hrs/wk): \_\_\_

===== Do Not Write Below This Line – To Be Completed By Grant Administrator =====

County: \_\_\_\_\_ FY: \_\_\_\_\_ LMI Qualified Y: \_\_\_ N: \_\_\_