

**Attachment 3**

**Forms Required for  
Community Development-Related Activities  
Funded with CDBG Program Dollars and  
Eliminating Slum and Blight**



OHIO COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
 FINAL PERFORMANCE REPORT  
 PERIOD COVERED: 01/03/2006 TO 12/31/2007  
 PAGE NO: 1 of 4

OHCP REPRESENTATIVE: Karen Fabiano

**A-T-05- -1**  
 GRANT AMOUNT: \$ 400,000

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.

David A. Taylor, Mayor  
 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	ACTIVITY/PROJECT LOCATION	APPROVED BUDGET	CDBG FUNDS	
				FUNDS DRAWN TO DATE	FUNDS DISBURSED TO DATE
01	01 - Street Improvements	Downtown	\$ 134.900	\$ 8.625.00	\$ _____
01	02 - Private Rehabilitation	Downtown	\$ 205.100	\$ 52.621.00	\$ _____
01	03 - General Administration	Downtown	\$ 60.000	\$ 13.084.00	\$ _____
GRANT TOTALS			\$ 400.000	\$ 74.330.00	\$ _____

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: 09/29/2006

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**III. BENEFICIARIES**

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

ACTIVITY	TOTAL PERSONS BENEFITING	TOTAL NBR OF LOW/MOD INCOME PERSONS	NBR OF LOW INCOME 31-50%	NBR OF VERY LOW INCOME 0-30%	CIVIL RIGHTS DATA: ENTER THE NUMBER OF PERSONS BENEFITING		MEMBERS OF ANY RACE MAY BE CONSIDERED HISPANIC. FOR EXAMPLE TO REPORT: ASIAN AND WHITE: 25/3 WOULD INDICATE A TOTAL OF 25/ ASIAN AND WHITE WITH 3 OF THAT TOTAL BEING AN ETHNICITY OF HISPANIC OR LATINO.				
					(A)	(B)		(C)	(D)	(E)	(F)
01-Street Improvements	11.797/		N/A	N/A			On the attached sheet, include the applicable Census Tract(s) and Block Group(s) for the service area.				
02-Private Rehabilitation	11.797/		N/A	N/A			On the attached sheet, include the applicable Census Tract(s) and Block Group(s) for the service area.				

\* For Area Wide and S/B Activities, grantees **Must** submit the Census Tract(s) and Block Group numbers for the benefiting areas as an **Attachment**, instead of completing columns(A)-(K).

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

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

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Please Complete this form for each Area Wide Benefit and Slum and Blight activity listed. Enter the Census Tract, Block Groups within the Census Tract, and the \*estimated percentage of the Persons benefiting in that Census Tract.

Activity	Census Tract(s) (6 Digit Nbr)	Block Group(s) (up to 7) (2 Digits i.e. 01 etc.)	*Percent of Census Tract Benefiting
01-Street Improvements	_____	_____	_____ %
	_____	_____	_____ %
	_____	_____	_____ %
	_____	_____	_____ %
02-Private Rehabilitation	_____	_____	_____ %
	_____	_____	_____ %
	_____	_____	_____ %
	_____	_____	_____ %