



Town of Babylon  
Department of Community Development  
47 West Main Street – Suite 1  
Babylon, New York 11702

**Public Service Quarterly Report / CAPER  
2015**

Choose appropriate report cycle

- \_\_\_\_\_ First Quarter {January – March} Due April 30<sup>th</sup>  
\_\_\_\_\_ Second Quarter {April – June} Due July 31<sup>st</sup>  
\_\_\_\_\_ Third Quarter {July – September} Due October 31<sup>st</sup>  
\_\_\_\_\_ Forth Quarter {October – December} Due January 31<sup>st</sup>

**XX CAPER Due January 31<sup>st</sup>**

Agency Name: **WYANDANCH COMMUNITY DEVELOPMENT CORPORATION**

Program: **Affordable Rental Housing**

Contact Person: **SONDRA COCHRAN**

Title: **EXECUTIVE DIRECTOR**

Address: **59 CUMBERBACH STREET, WYANDANCH, NEW YORK 11798**

Phone Number: **631-643-4786**

Email: **sondrawcdc@optonline.net**

DUNS #: **060329851**

Employer Identification #: **11-2325394**

Date: **January 15, 2016**

**\*\*PLEASE RETURN WITH ORIGINAL SIGNATURE\*\***

**PLEASE CHECK ONE**

**OBJECTIVES**

There are three objectives that originate from the statutory purposes of the formula grant program. Choose the best *OBJECTIVE* which represents your organization's objective.

Creating a Suitable Living Environment (SL)  
In general, this objective relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.

Provide Decent Affordable Housing (DH)  
The activities that typically emanate from this objective are designed to cover a wide range of housing possibilities under HOME, CDBG or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual, family or community needs and not program where housing is and element of a larger effort (not captured under Creating a Suitable Living Environment).

Creating Economic Opportunities (EO)  
This objective applies to the types of activities related to economic development, commercial revitalization and job creation.

**OUTCOMES**

There are three outcomes that reflect what the CDP seeks to achieve by the funded activity. Choose the best *OUTCOME* which represents your organization's objective.

Availability/Accessibility (1)  
This outcome category applies to activities which make services, infrastructure housing or shelters available or accessible to low-income people. In this category, accessibility does not only refer to physical barriers, but considers the affordability of the basic needs of daily life to low to moderate income people.

Affordability (2)  
The out come category applies to activities which provide affordability in a variety of ways in the lives of low and moderate income people. It can include but is not limited to the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day-care.

Sustainability: Promoting Livable or Viable Communities (3)  
This outcome applies to projects where the activity or activities are aimed at improving a neighborhood by helping make it more livable or viable for principally low and moderate income people through multiple activities, or by providing services that sustain communities or sections or communities.

# OUTCOME PERFORMANCE MEASUREMENT SYSTEM (OPMS)

## REPORTING ON PUBLIC SERVICE ACTIVITIES

Number of individuals or households (circle one) assisted with new access to a service: 15

- New access to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the grantee might elect to fund a new job transportation program for working mothers. No such program currently exists in the jurisdiction and so this is access to a new service for these households.

Number of individuals or households (circle one) assisted with improved access to a service:

- Improved access to a service is when a service was offered, but the public service activity allowed the grantee to expand the service, in terms of size, capacity, or location. For instance, assume that an existing 'Meals on Wheels' program only provided lunch and the expanded services provides lunch and dinner service. For these elderly households, this would constitute improved access. **If a grantee is re-funding an on-going program, this improved access indicator is generally used.**

Number of Female Head of Household beneficiaries served: 14

- This section is only to be filled out if the agency reports on households.

Number of individuals who now receive a service or benefit that is no longer substandard \_\_\_\_\_

- For those who receive Facility Improvement funding - ONLY

Quarterly number of clients assisted CAPER

Year to date number of HOUSEHOLDS assisted 15

**\*\*PLEASE COMPLETE THE FOLLOWING BENEFICIARY DOCUMENTATION FORM ON EITHER EACH INDIVIDUAL OR EACH HOUSEHOLD BEING REPORTED AND YOU MUST MAINTAIN COMPLETE BACKUP DOCUMENTATION ON FILE AT YOUR AGENCY\*\***

**\*\*REPORTING ON HOUSEHOLD BENEFICIARIES\*\***

**RACE/ETHNIC BREAKDOWN FOR HOUSEHOLDS**

HUD requires statistics on the race and ethnicity of households who benefit from their funded programs. This data is extremely important and is used to determine future funding.

Example: If you had 15 white households and 10 of the 15 were Hispanic your report would look like:

<b>RACE</b>		<b>HISPANIC</b>
<u>15</u> WHITE	(of the 15 – 10 were Hispanic)	<u>10</u>
<u>15</u> BLACK/African American	(of the 15 – 7 were Hispanic)	<u>7</u>
<b>30 Quarter Total</b>		<b>17 Qtr Total</b>

<u>RACE</u>	<u>HISPANIC</u>	<u>OWNER</u>	<u>RENTER</u>
<u>1</u> White	_____	_____	<u>1</u>
<u>14</u> BLACK/African American	_____	_____	<u>14</u>
_____ Asian	_____	_____	_____
_____ American Indian/Alaskan Native	_____	_____	_____
_____ Native Hawaiian/ Other Pacific Islander	_____	_____	_____
_____ American Indian/ Alaskan Native & White	_____	_____	_____
_____ Black/African American & White	_____	_____	_____
_____ American Indian/Alaskan Native and Black/African American	_____	_____	_____
_____ Other multi-racial	_____	_____	_____
<u>15</u> TOTALS	_____	<u>0</u>	<u>15</u>

**INCOME BREAKDOWN FOR HOUSEHOLDS**

Please refer to the 2015 HUD Income Guidelines for Nassau and Suffolk Counties. Please provide a breakdown of the total WHOLE numbers not percent of total beneficiaries.

	<u>OWNER</u>	<u>RENTER</u>
Extremely Low Income (0%-30% Median Family Income):	<u>0</u>	<u>7</u>
Low Income (31%-50% Median Family Income):	<u>0</u>	<u>6</u>
Low/Mod Income (51%-80% Median Family Income):	<u>0</u>	<u>2</u>
Median Income (81% and above Median Family Income)	<u>0</u>	<u>0</u>
<b>TOTALS:</b>	<b><u>0</u></b>	<b><u>15</u></b>

If you are unclear on the exact income level of your clients you may find the below chart to be helpful. Report the number of persons benefiting under the following income categories unless there is information to support reporting them under a different income category:

- Abused children – Extremely low income
- Battered spouses – Low income
- Severely disabled adults - Low income
- Homeless persons - Extremely low income
- Illiterate adults - Low income
- Persons with AIDS - Low income
- Migrant farm workers - Low income
- Elderly - If assistance is to acquire, construct, convert, and/or rehabilitate a senior center or to pay for providing center-based senior services, report the beneficiaries as moderate income. (Facility Improvement funding recipient)

## INCOME VERIFICATION

This project is eligible under the National Objective cited 24 CFR 570.208 (a)(2)(i)(B) Limited Clientele Activity, an eligible activity which benefits person/households of which 51% meet low and moderate income guidelines as set forth by HUD. Information of family size and income must be gathered and maintained by the Sub-recipient on all participants ensuring that at least 51% of beneficiaries meet low and moderate income criteria as set forth by the Department of Housing and Urban Development (HUD).

I certify that at least 51% of beneficiaries meet low and moderate income guidelines and that **back up documentation is on file in our offices**. I further certify that this information is true and accurate.

Signature: 

Title: **Executive Director**

Date: **January 15, 2016**

Failure to comply with HUD regulations can result in a FINDING which could lead to a SANCTION or TERMINATION of funding as outlined in regulation 24 CFR 85.43/44.

## QUARTER NARRATIVE

Please describe in narrative form the program activities that took place during this report period. This information will be reported to HUD on the Integrated Disbursement and Information System (IDIS).

**CAPER**

### CAPER NARRATIVE

Please summarize the activities that took place during the report **year**. This information will be used for our Consolidated Annual Performance Evaluation Report (CAPER) submitted to HUD.

WCDC services and projects are geared to fulfill organizational goals and a vision to reverse the blighted conditions in our area and improve the affordable rental housing in the Babylon Township. The organization rehabilitated 2 of our 3 bedroom single family affordable rental housing units and performed construction activities on 2 new units in the Wyandanch area. WCDC also provided safe, decent and affordable rental housing to 15 income eligible households, (61 individuals) who may have otherwise been forced to live in unhealthy or substandard conditions. All affordable rental housing was provided to families who meet the Section 8 and HOME income guidelines.

In addition to housing projects, WCDC rental program included measures to educate program participants from the inception of their tenancy. Some areas of concentration include, although are not limited to the tenant's rights and responsibilities, landlord's responsibilities and proper upkeep of the dwelling. We also stress the advantages of prioritizing and utilizing the correct avenues to achieve self-sufficiency. Participants were given key information that will assist them in reaching housing objectives and possibly achieving the goal of homeownership.

**2015 Funding Information**

In the boxes provided please indicate the sources and amounts of funding you anticipated receiving, the actual funds available during the year and the actual expenditures during the year.

THE AMOUNTS BELOW ARE FOR THE AFFORDABLE RENTAL PROGRAM ONLY

Description	Anticipated	Actual funds Available	Actual expenditures during year
CDBG			
HOME - CHDO ADMIN.	\$ 10,000	\$ 14,711	\$ 14,711
HOME CHDO Construction Grant	\$ 78,186.60 (balance from 2014)	\$ 78,186.60 (balance from 2014)	\$ 78,186.60 (balance from 2014)
OTHER FEDERAL			
STATE - Urban Initiatives	\$ 150,000	\$ 150,000	\$ 150,000
LOCAL			
PRIVATE			
OTHER Rental Subsidies	\$ 260,000	\$ 254,544	\$ 254,544
OTHER - HOME CHDO Construction Loan	\$ 122,530 (balance from 2014)	\$ 122,530 (balance from 2014)	\$ 122,530 (balance from 2014)
<b>TOTAL</b>	<b>\$ 620,716.60</b>	<b>\$ 619,971.60</b>	<b>\$ 619,971.60</b>

If actual funding levels were different than anticipated please explain. **Even though we accounted for the vacancy rate when projecting rental income, there was less rental income than anticipated this year due to a problem tenant.**



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\_\_\_\_\_ Forth Quarter {October – December} Due January 31<sup>st</sup>

**XX CAPER Due January 31<sup>st</sup>**

Agency Name: **WYANDANCH COMMUNITY DEVELOPMENT CORPORATION**

Program: **COMPREHENSIVE HOUSING COUNSELING**

Contact Person: **SONDRA COCHRAN**

Title: **EXECUTIVE DIRECTOR**

Address: **59 CUMBERBACH STREET, WYANDANCH, NEW YORK 11798**

Phone Number: **631-643-4786**

Email: **sondrawcdc@optonline.net**

DUNS #: **060329851**

Employer Identification #: **11-2325394**

Date: **January 19, 2016**

**\*\*PLEASE RETURN WITH ORIGINAL SIGNATURE\*\***



**PLEASE CHECK ONE**

**OBJECTIVES**

There are three objectives that originate from the statutory purposes of the formula grant program. Choose the best *OBJECTIVE* which represents your organization's objective.

**XX** Creating a Suitable Living Environment (SL)

In general, this objective relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.

Provide Decent Affordable Housing (DH)

The activities that typically emanate from this objective are designed to cover a wide range of housing possibilities under HOME, CDBG or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual, family or community needs and not program where housing is an element of a larger effort (not captured under Creating a Suitable Living Environment).

Creating Economic Opportunities (EO)

This objective applies to the types of activities related to economic development, commercial revitalization and job creation.

**OUTCOMES**

There are three outcomes that reflect what the CDP seeks to achieve by the funded activity. Choose the best *OUTCOME* which represents your organization's objective.

Availability/Accessibility (1)

This outcome category applies to activities which make services, infrastructure housing or shelters available or accessible to low-income people. In this category, accessibility does not only refer to physical barriers, but considers the affordability of the basic needs of daily life to low to moderate income people.

Affordability (2)

The outcome category applies to activities which provide affordability in a variety of ways in the lives of low and moderate income people. It can include but is not limited to the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day-care.

**XX** Sustainability: Promoting Livable or Viable Communities (3)

This outcome applies to projects where the activity or activities are aimed at improving a neighborhood by helping make it more livable or viable for principally low and moderate income people through multiple activities, or by providing services that sustain communities or sections or communities.

# OUTCOME PERFORMANCE MEASUREMENT SYSTEM (OPMS)

## REPORTING ON PUBLIC SERVICE ACTIVITIES

Number of individuals or households (circle one) assisted with new access to a service: 61\*\*

- New access to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the grantee might elect to fund a new job transportation program for working mothers. No such program currently exists in the jurisdiction and so this is access to a new service for these households.

Number of individuals or households (circle one) assisted with improved access to a service: 100

- Improved access to a service is when a service was offered, but the public service activity allowed the grantee to expand the service, in terms of size, capacity, or location. For instance, assume that an existing 'Meals on Wheels' program only provided lunch and the expanded services provides lunch and dinner service. For these elderly households, this would constitute improved access. **If a grantee is re-funding an on-going program, this improved access indicator is generally used.**

Number of Female Head of Household beneficiaries served: 34\*\*

- This section is only to be filled out if the agency reports on households.

Number of individuals who now receive a service or benefit that is no longer substandard \_\_\_\_\_

- For those who receive Facility Improvement funding - ONLY

Quarterly number of clients assisted CAPER

Year to date number of clients assisted 161

**\*\*PLEASE COMPLETE THE FOLLOWING BENEFICIARY DOCUMENTATION FORM ON EITHER EACH INDIVIDUAL OR EACH HOUSEHOLD BEING REPORTED AND YOU MUST MAINTAIN COMPLETE BACKUP DOCUMENTATION ON FILE AT YOUR AGENCY\*\***

**\*\*REPORTING ON HOUSEHOLD BENEFICIARIES\*\***

**RACE/ETHNIC BREAKDOWN FOR HOUSEHOLDS**

HUD requires statistics on the race and ethnicity of households who benefit from their funded programs. This data is extremely important and is used to determine future funding.

Example: If you had 15 white households and 10 of the 15 were Hispanic your report would look like:

<b>RACE</b>		<b>HISPANIC</b>
<u>15</u> <b>WHITE</b>	(of the 15 – 10 were Hispanic)	<u>10</u>
<u>15</u> <b>BLACK/African American</b>	(of the 15 – 7 were Hispanic)	<u>7</u>
<b>30 Quarter Total</b>		<b>17 Qtr Total</b>

<u>RACE</u>	<u>HISPANIC</u>	<u>OWNER</u>	<u>RENTER</u>
<u>19</u> White	<u>4</u>	<u>17</u>	<u>2</u>
<u>41</u> BLACK/African American	<u>1</u>	<u>24</u>	<u>17</u>
<u>1</u> Asian		<u>1</u>	
American Indian/Alaskan Native			
Native Hawaiian/ Other Pacific Islander			
American Indian/ Alaskan Native & White			
Black/African American & White			
American Indian/Alaskan Native and Black/African American			
Other multi-racial			
<b><u>61</u> TOTALS</b>	<b><u>5</u></b>	<b><u>42</u></b>	<b><u>19</u></b>

**Plus: 100 Other - 85 Formal Referrals and 15 Rental Renewals**

**INCOME BREAKDOWN FOR HOUSEHOLDS**

Please refer to the 2015 HUD Income Guidelines for Nassau and Suffolk Counties. Please provide a breakdown of the total WHOLE numbers not percent of total beneficiaries.

	<u>OWNER</u>	<u>RENTER</u>
Extremely Low Income (0%-30% Median Family Income):	<u>14</u>	<u>1</u>
Low Income (31%-50% Median Family Income):	<u>12</u>	<u>12</u>
Low/Mod Income (51%-80% Median Family Income):	<u>12</u>	<u>6</u>
Median Income (81% and above Median Family Income)	<u>4</u>	<u>0</u>
<b>TOTALS:</b>	<b><u>42</u></b>	<b><u>19</u></b>

**Plus: 100 Other - 85 Formal Referrals and 15 Rental Renewals**

If you are unclear on the exact income level of your clients you may find the below chart to be helpful. Report the number of persons benefiting under the following income categories unless there is information to support reporting them under a different income category:

- Abused children – Extremely low income
- Battered spouses – Low income
- Severely disabled adults - Low income
- Homeless persons - Extremely low income
- Illiterate adults - Low income
- Persons with AIDS - Low income
- Migrant farm workers - Low income
- Elderly - If assistance is to acquire, construct, convert, and/or rehabilitate a senior center or to pay for providing center-based senior services, report the beneficiaries as moderate income. (Facility Improvement funding recipient)

### INCOME VERIFICATION

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I certify that at least 51% of beneficiaries meet low and moderate income guidelines and **that back up documentation is on file in our offices**. I further certify that this information is true and accurate.

Signature: \_\_\_\_\_

Title: **Executive Director**

Date: **January 19, 2016**

Failure to comply with HUD regulations can result in a FINDING which could lead to a SANCTION or TERMINATION of funding as outlined in regulation 24 CFR 85.43/44.

### QUARTER NARRATIVE

Please describe in narrative form the program activities that took place during this report period. This information will be reported to HUD on the Integrated Disbursement and Information System (IDIS).

**161** new households received access to a service by WCDC staff in 2015 In addition to the new households served, **117** follow-up sessions were necessary to assist active program participants with achieving their housing objectives. The breakdown is as follows:

**\*28** Households were assisted with Home Retention (Default/Foreclosure Alternatives, HUD Loss Mitigation & Making Home Affordable Initiatives).

**4** Households were assisted with 1st Time Buyer education.

**14** Households were assisted with the STAR Property Tax Discount.

**\*1** Household received Budget Counseling.

**85** Consumers received formal referrals to other housing and non-housing agencies.

**14** Households were assisted at Homebuyer Seminars.

**15** TOB affordable housing renters were assisted with annual renewals.

**117** Follow-up sessions were necessary to assist consumers with reaching their housing objectives.

**\*29** Budgets were performed as necessary for the service.

**WCDC staff attended trainings on service related subjects and distributed marketing information for services as projected.**

Revised 2/2014

## CAPER NARRATIVE

Please summarize the activities that took place during the report **year**. This information will be used for our Consolidated Annual Performance Evaluation Report (CAPER) submitted to HUD.

WCDC offered comprehensive housing counseling administered by HUD certified counselors, which included mortgage default and delinquency counseling. In an effort to avoid foreclosures, WCDC worked with homeowners and lenders to initiate loss mitigation components such as Special Forbearance, Mortgage Modification and the HUD Partial Claim and Refinancing. In the event that our applications were non-efficacious, we assisted with counseling in the areas of Pre-Foreclosure Sale and Deed-in-lieu of Foreclosure or related recommendations. Our counseling services also included Homebuyers Education and financial management/budgeting and renter's seminars and assistance.

In an effort to minimize foreclosures and other housing problems in the community, trained staff worked with program participants to help them achieve and maintain their housing objectives. An educated consumer has a higher rate of success and during this critical time for the housing industry it was important to provide potential buyers with the tools that they needed to maintain their ownership status and educate and assist first time home buyers in our target area. These consumers were assisted on a one on one basis.

All individuals received financial and/or technical assistance through counseling services. Staff efforts included, although were not limited to; assessing each consumer's situation and identifying their objectives and goals. After an evaluation, a plan of action was established and executed. As a HUD certified housing counseling agency, there were various components of counseling available to homeowners having problems with their mortgages. Included were HUD Loss Mitigation, debt consolidation, credit/budget counseling and mortgage restructuring. Assistance allowed consumers to submit applications with confidence. The arduous procedures required for effective foreclosure alternatives are contributing to eliminating pockets of foreclosure and the abuse related to foreclosure. Ultimately, these efforts remediated further debasement of our catchment area and contributed to community stabilization as highlighted in our strategic plan. Counseling activities also allowed participants to identify and safeguard themselves against "under the table lending practices". Our staff enlightened homeowners about products and service availability. Consumers were also assisted through formal referrals. All referrals were documented and follow-ups were performed as applicable.

In light of the current housing crisis and the economic state of our communities, we provided 14 consumers with Subsidy Assistance. This step was part of a process that allowed staff to assess the program participant's financial situation and to help them meet their housing objectives. These activities included, completing and submitting the various types of property discount applications; Basic STAR, Enhanced STAR, Veteran's and Aged discounts and Federal & State refunds. In addition, we assisted 15 income eligible consumers with affordable housing subsidy applications and renewals. Approval afforded special populations with decreased housing costs and funds to subsidize living expenses.

**2015 Funding Information**

In the boxes provided please indicate the sources and amounts of funding you anticipated receiving, the actual funds available during the year and the actual expenditures during the year.

Description	Anticipated	Actual funds Available	Actual expenditures during year
CDBG	27,000	17,500	17,500
HOME			
OTHER FEDERAL			
STATE			
LOCAL			
PRIVATE			
OTHER			
OTHER	28,572	36,072	36,072
TOTAL	53,572	53,572	53,572

If actual funding levels were different then anticipated please explain.

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Department of Community Development  
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 Third Quarter {July – September} Due October 31<sup>st</sup>  
 Fourth Quarter {October – December} Due January 31<sup>st</sup>

**CAPER Due January 31<sup>st</sup>**

Agency Name: **WYANDANCH COMMUNITY DEVELOPMENT CORPORATION**

Program: **NEW SHILOH COMMUNITY DEVELOPMENT CORPORATION**

Contact Person: **ROBERT ALEXANDER**

Title: **CHAIRMAN**

Address: **221 MERRITT AVENUE, WYANDANCH, NEW YORK 11798**

Phone Number: **631-491-1137**

Email: **ralexander725@gmail.com**

DUNS #: **N/A**

Employer Identification #: **11-3448187**

Date: **January 15, 2016**

**\*\*PLEASE RETURN WITH ORIGINAL SIGNATURE\*\***

**PLEASE CHECK ONE**

**OBJECTIVES**

There are three objectives that originate from the statutory purposes of the formula grant program. Choose the best *OBJECTIVE* which represents your organization's objective.

**XX** Creating a Suitable Living Environment (SL)

In general, this objective relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.

Provide Decent Affordable Housing (DH)

The activities that typically emanate from this objective are designed to cover a wide range of housing possibilities under HOME, CDBG or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual, family or community needs and not program where housing is an element of a larger effort (not captured under Creating a Suitable Living Environment).

Creating Economic Opportunities (EO)

This objective applies to the types of activities related to economic development, commercial revitalization and job creation.

**OUTCOMES**

There are three outcomes that reflect what the CDP seeks to achieve by the funded activity. Choose the best *OUTCOME* which represents your organization's objective.

Availability/Accessibility (1)

This outcome category applies to activities which make services, infrastructure housing or shelters available or accessible to low-income people. In this category, accessibility does not only refer to physical barriers, but considers the affordability of the basic needs of daily life to low to moderate income people.

Affordability (2)

The outcome category applies to activities which provide affordability in a variety of ways in the lives of low and moderate income people. It can include but is not limited to the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day-care.

**XX** Sustainability: Promoting Livable or Viable Communities (3)

This outcome applies to projects where the activity or activities are aimed at improving a neighborhood by helping make it more livable or viable for principally low and moderate income people through multiple activities, or by providing services that sustain communities or sections or communities.



## OUTCOME PERFORMANCE MEASUREMENT SYSTEM (OPMS)

### REPORTING ON PUBLIC SERVICE ACTIVITIES

Number of **individuals** assisted with new access to a service: **106**

- New access to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the grantee might elect to fund a new job transportation program for working mothers. No such program currently exists in the jurisdiction and so this is access to a new service for these households.

Number of **individuals** assisted with improved access to a service: **378**

- Improved access to a service is when a service was offered, but the public service activity allowed the grantee to expand the service, in terms of size, capacity, or location. For instance, assume that an existing 'Meals on Wheels' program only provided lunch and the expanded services provides lunch and dinner service. For these elderly households, this would constitute improved access. **If a grantee is re-funding an on-going program, this improved access indicator is generally used.**

Number of Female Head of Household beneficiaries served: \_\_\_\_\_

- This section is only to be filled out if the agency reports on households.

Number of individuals who now receive a service or benefit that is no longer substandard \_\_\_\_\_

- For those who receive Facility Improvement funding - ONLY

Quarterly number of clients assisted: N/A

Year to date number of clients assisted: **484**

**\*\*PLEASE COMPLETE THE FOLLOWING BENEFICIARY DOCUMENTATION FORM ON EITHER EACH INDIVIDUAL OR EACH HOUSEHOLD BEING REPORTED AND YOU MUST MAINTAIN COMPLETE BACKUP DOCUMENTATION ON FILE AT YOUR AGENCY\*\***

**\*\*REPORTING ON INDIVIDUAL BENEFICIARIES\*\***

**RACE/ETHNIC BREAKDOWN FOR INDIVIDUALS**

HUD requires statistics on the race and ethnicity of persons who benefit from their funded programs. This data is extremely important and is used to determine future funding.

Example: If you had 15 white clients and 10 of the 15 were Hispanic your report would look like:

<b>RACE</b>		<b>HISPANIC</b>
<b>15 WHITE</b>	(of the 15 – 10 were Hispanic)	<b>10</b>
<b>15 BLACK/African American</b>	(of the 15 – 7 were Hispanic)	<b>7</b>
<b>30 Quarter Total</b>		<b>17 Qtr Total</b>

<i>RACE</i>	<i>HISPANIC</i>
<u>  139  </u> White	<u>  116  </u>
<u>  337  </u> Black/African American	<u>          </u>
<u>    8  </u> Asian	<u>          </u>
<u>      </u> American Indian/Alaskan Native	<u>          </u>
<u>      </u> Native Hawaiian/ Other Pacific Islander	<u>          </u>
<u>      </u> American Indian/ Alaskan Native & White	<u>          </u>
<u>      </u> Black/African American & White	<u>          </u>
<u>      </u> American Indian/Alaskan Native and Black/African American	<u>          </u>
<u>      </u> Other multi-racial	<u>          </u>
<u>  484  </u> TOTAL	<u>          </u> TOTAL

**INCOME BREAKDOWN FOR INDIVIDUALS**

Please refer to the 2014 HUD Income Guidelines for Nassau and Suffolk Counties. Please provide a breakdown of the total WHOLE numbers not percent of total beneficiaries.

- Extremely Low Income (0%-30% Median Family Income):   376
- Low Income (31%-50% Median Family Income):     93
- Low/Mod Income (51%-80% Median Family Income):     15
- Median Income (81% and above Median Family Income)

If you are unclear on the exact income level of your clients you may find the below chart to be helpful. Report the number of persons benefiting under the following income categories unless there is information to support reporting them under a different income category:

- Abused children – Extremely low income
- Battered spouses – Low income
- Severely disabled adults - Low income
- Homeless persons - Extremely low income
- Illiterate adults - Low income
- Persons with AIDS - Low income
- Migrant farm workers - Low income
- Elderly - If assistance is to acquire, construct, convert, and/or rehabilitate a senior center or to pay for providing center-based senior services, report the beneficiaries as moderate income. (Facility Improvement funding recipient)

## INCOME VERIFICATION

This project is eligible under the National Objective cited 24 CFR 570.208 (a)(2)(i)(B) Limited Clientele Activity, an eligible activity which benefits person/households of which 51% meet low and moderate income guidelines as set forth by HUD. Information of family size and income must be gathered and maintained by the Sub-recipient on all participants ensuring that at least 51% of beneficiaries meet low and moderate income criteria as set forth by the Department of Housing and Urban Development (HUD).

I certify that at least 51% of beneficiaries meet low and moderate income guidelines and **that back up documentation is on file in our offices**. I further certify that this information is true and accurate.

Signature: \_\_\_\_\_

Title: Board Secretary

Date: January 15, 2016

Failure to comply with HUD regulations can result in a FINDING which could lead to a SANCTION or TERMINATION of funding as outlined in regulation 24 CFR 85.43/44.

## CAPER NARRATIVE

Please summarize the activities that took place during the report year. This information will be used for our Consolidated Annual Performance Evaluation Report (CAPER) submitted to HUD.

*The food pantry was open on the 2nd & 4th Tuesday of each month. Each participating household was provided with food twice a month. Non perishable items, including clothing, appliances and furniture were provided throughout the year. Food and/or financial assistance were provided to senior and single parent households during the Thanksgiving holiday and in emergency situations. 43 children received toys from NEW SHILOH TOYS FOR TOTS, financial assistance and clothes were distributed at Christmas.*

**2015 Funding Information**

In the boxes provided please indicate the sources and amounts of funding you anticipated receiving, the actual funds available during the year and the actual expenditures during the year.

<b>Description</b>	<b>Anticipated</b>	<b>Actual funds Available</b>	<b>Actual expenditures during year</b>
CDBG			
HOME			
OTHER FEDERAL			
STATE			
LOCAL - WCDC (Financial Assistance for Toys For Tots)	\$ 0	\$ 200	\$ 200
PRIVATE			
OTHER - <b>Missionary Donations</b>	\$ 8,000	\$ 10,200	\$ 10,200
OTHER - <b>Individual Donations</b>	\$ 4,000	\$ 5,425	\$ 5,425
<b>TOTAL</b>	<b>\$12,000</b>	<b>\$15,825</b>	<b>\$15,825</b>

If actual funding levels were different than anticipated please explain.