Toni Preckwinkle
President
Cook County Board of Commissioners

CDBG PROGRAM YEAR – 2011

FINAL PERFORMANCE REPORT WORKSHEET (4TH Quarter)

(Reporting Period: October 1, 2011 – September 30, 2012)

SUBRECIPIENT NAME: _____
PROJECT TITLE: _____
PROJECT NUMBER: _____ **HUD ACTIVITY NUMBER:** _____ *(leave blank)*

Capital Improvement Projects: ☐ **Planning Studies and Public Service Projects:** ☐
(Please check the appropriate box applicable to your open project.)

Faith Based Organization: Yes ☐ No ☐
Community Based Development Organization: Yes ☐ No ☐

The U.S. Department of Housing and Urban Development (HUD) requires annual updates on the Cook County Community Development Block Grant (CDBG) Program and reports from Subrecipients on their progress in administering CDBG funded projects.

In order to meet HUD's reporting requirements, this Performance Report was designed to capture all the data needed to satisfy federal requirements.

The County will be reporting to the U.S. Department of Housing and Urban Development (HUD) on Performance Measures (see Part II). The performance measurement is a tool to capture information about program performance. Your data input is extremely valuable to the success of Cook County receiving future CDBG Program funding.

Subrecipients must report on all projects considered "open". An open project is one in which there has been activity on the project during the program year. Activity means the Subrecipient has either expended funds, transferred funds from another project, changed the scope of the project, or completed the project. In some cases, the Subrecipient completed the project in a prior year, however, funds were drawn in the current program year. A performance report must be completed for those projects. For example, if you have a 2009 project that had activity in this program year, fill out a Performance Report capturing only the accomplishments that occurred in Program Year 2011. When entering the information on the following pages, please be as accurate as possible. **Do not double count**.

You may reproduce this worksheet for each open project, as needed.

I. INTRODUCTION and GENERAL INSTRUCTIONS

A. The completion of this FINAL 2011 CDBG Performance Report (4TH Quarter) is a required condition of your Subrecipient Agreement with Cook County. In evaluating the Subrecipient's performance, the County will consider all available information, including the information in this Subrecipient Performance Report. The review of performance is designed to determine:

1. Whether the Subrecipient has commenced its CDBG funded activities and its commitments to the Cook County Annual Action Plan in a timely manner;
2. Whether the Subrecipient has commenced those CDBG activities and its certifications in accordance with the requirements and the primary objectives of Title I of the Housing and Community Development Act of 1974, as amended and other applicable laws;
3. Whether the Subrecipient has a continuing capacity to carry out those CDBG funded activities in a timely manner; and

B. This Subrecipient Performance Report covers the activities of the specific project for the period October 1, 2011 through September 30, 2012.

C. Subrecipients need to accurately complete all applicable sections of this Report for each specific project.

D. Subrecipients who are submitting more than one Subrecipient Performance Report may submit the identical information for Section VII, Fair Housing Achievements.

E. The Subrecipient Performance Report(s) **MUST** be received by Cook County no later than **October 5, 2012**. Return via mail or email to:

Cook County Department of Planning and Development
Attn: Ms. Sonia Brown
69 West Washington, Suite 2900
Chicago, Illinois 60602
sonia.brown@cookcountyil.gov

II. PROJECT DESCRIPTION AND LOCATION:

Provide a brief but complete description of the **project** and each activity carried out with CDBG funds. The description should accurately describe the nature and purpose of the project. **The activity should be described with sufficient detail to permit a clear understanding of the project by citizens or readers of this report.**

Please note that if the CDBG funds are used for staff salaries**, describe the duties of the person being paid with CDBG funds as it relates to the overall project.** For example: Case Manager - conducts a detailed needs assessment, public benefits advocacy, and assists with money management, employment and housing needs. **The description should be comparable to that contained in the Subrecipient Agreement or in any amendments approved by the County.** Census tract data, i.e., number and percentage of low-to-moderate-income (L/M) individuals served by the project, as well as the total number of people served should be provided for low-to-moderate area benefit capital improvement projects.

A resource for census L/M data can be found here:
http://www.hud.gov/offices/cpd/systems/census/il/index.cfm

ACCOMPLISHMENTS: (For example, number of housing units, number of L/M persons in census tract; number of households served, etc.)

On the next page, provide a brief and concise summarization of the **actual accomplishments** and status achieved **during the reporting period** (October 1, 2011 through September 30, 2012). If it is not possible to provide a numerical unit description, enter a percentage estimate of that portion of the project that was completed by the end of the reporting period. Include any major milestones that have been completed.

Include in the accomplishments narrative, **only** detailed project activity from the 2011 Program Year. Describe the linear feet or units completed, persons or households served (whatever is applicable) and the completion percentage of the project.

III. SPECIFIC ACCOMPLISHMENTS NARRATIVE *(for the project number identified above)*:

For Infrastructure projects (street reconstruction, sidewalks, alleys, etc.) please give the exact starting and ending addresses:

STARTING LOCATION: _____

ENDING LOCATION: _____

IV. STATUS OF FUNDS

A. **The reporting period for CDBG and non-CDBG funds covered in this section is cumulative from the year of project approval through September 30, 2012.**

B. The following definitions pertain to funds reported in this section:

1. Expenditures - The sum of actual cash paid out.
2. Unliquidated Obligations - Funds that have been obligated, i.e., orders placed, contracts let, etc., but no cash has been paid out whether or not goods have been received or services performed.
3. Unobligated Balance - The amount of CDBG funds remaining after all expenditures and all unliquidated obligations have been subtracted from the budget allocation for the project.
4. Non-CDBG Funds - Funds earmarked for the project from other private or government sources.

C. Complete the following CDBG Financial Summary for this project as of September 30, 2012. Include any budget transfers **approved** by the County during the reporting period.

1. Budget Authority
   (Amount of CDBG funds allocated to this project) _____
2. Expenditures: _____
3. Unliquidated Obligations: _____
4. Unobligated Balance: _____

Complete the following Non-CDBG Funds Financial Summary for this project as of September 30, 2012:

1. Budget Authority
   (Amount of Non-CDBG funds allocated to this project) _____
2. Expenditures: _____
3. Unliquidated Obligations: _____
4. Unobligated Balance: _____

V. THIS SECTION IS FOR REPORTING ON CAPITAL IMPROVEMENT PROJECTS OR INFRASTRUCTURE PROJECTS - FILL IN THE INFORMATION BELOW:

CDBG AREA BENEFIT DATA: LOW/MOD AREA (LMA) POPULATION BENEFITTING:

For area wide projects such as Capital Improvements you need only to complete the census tract data below:

Percentage of Low/Mod in service area: _____
Survey or census tract determination (S/C): ____C____

Census Tract No.	Block Groups	L/M Percentage

1) Need 4-digit, a decimal point and 2 digits for census tract.
2) Fill in block group numbers.

PUBLIC FACILITIES AND IMPROVEMENT ACTIVITIES:

Total benefiting for Program Year 2011: _____

Of the persons assisted, enter the number that:

Now have **new access** to this type of public facility or infrastructure improvement:	
Now have **improved access** to this type of public facility or infrastructure improvement:	
That are served by public facility or infrastructure that is no longer substandard:	
TOTAL	

VI. THIS SECTION IS FOR REPORTING ON LIMITED CLIENTELE OR PUBLIC SERVICE PROJECTS, FILL IN THE INFORMATION BELOW:

PUBLIC SERVICE ACTIVITIES:
Total benefiting for Program Year 2011: _____

Of the persons assisted, enter the number that:

Now have **new access** to this service or benefit:	
Now have **improved access** to this service or benefit:	
Now receive a service or benefit that is no longer substandard:	
TOTAL	
Homeless persons given overnight shelter	
# of beds created in overnight shelter or other emergency housing:	

LIMITED CLIENTELE (LMC) POPULATION BENEFITTING:

For the purposes of this Subrecipient Performance Report, an LMC activity is defined as a CDBG activity which requires the beneficiary to submit an application or to complete a personal record as an integral part of receiving the benefit of that activity. Generally, applications and personal records are completed by beneficiaries for the following four (4) types of activities.

Projects benefitting LMC beneficiaries include:

1. Economic Development;
2. Capital Improvement - Limited Clientele projects;
3. Housing Counseling; and
4. Public Services

For capital improvements for limited clientele, housing counseling and public services, furnish the following required data: (You do not have to include the income data for limited clientele groups that are presumed benefit by HUD being made up principally of low to moderate income persons.)

The following groups are presumed to be low to moderate-income as defined by HUD:

- Abused children (not children; children must be LMC)
- Elderly persons
- Battered spouses
- Homeless persons
- Illiterate adults
- Adults who are severely disabled
- Persons living with AIDS/HIV
- Migrant farm workers

To complete the LMC benefit data section you need to determine the total number of beneficiaries by “Households” or “Persons” [choose one or the other], and the number and percentage of low to moderate income beneficiaries. You then need to calculate the number and percentage of beneficiaries who are moderate income (mod-income), meaning their income falls between 61% to 80% of the area median income (AMI); low-income (low-income) as represented by those beneficiaries falling between 51% to 60% of AMI; those who are low income (very low-income) as represented by those beneficiaries falling between 31% to 50% of AMI, and those who are extremely low-income as represented by those beneficiaries falling between 0% to 30% of AMI.

Income Limits as of June 28, 2011:

Number in Household	Extremely Low-Income 0-30%	Very Low-Income 31-50%	Low-Income 51-60%	Mod-Income 61-80%
1	$15,750	$26,200	$31,440	$41,900
2	$18,000	$29,950	$35,940	$47,900
3	$20,250	$33,700	$40,440	$53,900
4	$22,450	$37,400	$44,880	$59,850
5	$24,250	$40,400	$48,480	$64,650
6	$26,050	$43,400	$52,080	$69,450
7	$27,580	$46,400	$55,680	$74,250
8+	$29,650	$49,400	$59,280	$79,050

The following is taken from the **Federal Register** 7/9/97, Part II. Pages 36873-36946
OFFICE OF MANAGEMENT AND BUDGET

1. Definitions

The basic racial and ethnic categories for Federal statistics and program administrative reporting are defined as follows:

a. **American Indian or Alaskan Native**. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

b. **Asian or Pacific Islander**. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

c. **Black**. A person having origins in any of the black racial groups of Africa.

d. **Hispanic**. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

e. **White**. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

2. Utilization for Record keeping and Reporting

To provide flexibility, it is preferable to collect data on race and ethnicity separately. If separate race and ethnic categories are used, the minimum designations are:

a. **Race**:
   -- American Indian or Alaskan Native
   --Asian or Pacific Islander
   --Black
   --White

b. **Ethnicity**:
   --Hispanic origin
   --Not of Hispanic origin

When race and ethnicity are collected separately, the number of White and Black persons who are Hispanic must be identifiable, and capable of being reported in that category.

For ethnicity, the categories are:

--**Hispanic origin**. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

-- **Not of Hispanic origin**. A person not of any Spanish culture or origin. When a combined format is used, the minimum categories are: (1) American Indian or Alaskan Native; (2) Asian or Pacific Islander; (3) Black, not of Hispanic origin; (4) Hispanic; and (5) White, not of Hispanic origin.

LMC CDBG DIRECT BENEFIT DATA – *BY PERSONS:*

RACE AND ETHNICITY DATA FOR PY 2011		
RACE	**TOTAL**	
Single Race	**All**	**Hispanic**
(11) White		
(12) Black/African American		
(13) Asian		
(14) American Indian/Alaskan Native		
(15) Native Hawaiian/Other Pacific Islander		
Multiple Race		
(16) American Indian/Alaskan Native & White		

(17) Asian and White		
(18) Black/African American and White		
(19) American Indian/Alaskan Native and Black/African American		
(20) Other Multi-racial		
TOTAL NUMBER ASSISTED		

LMC CDBG DIRECT BENEFIT DATA – *BY HOUSEHOLDS*:

RACE AND ETHNICITY DATA FOR PY 2011				
Single Race	**OWNER**		**RENTER**	
	All	**Hispanic**	**All**	**Hispanic**
(11) White				
(12) Black/African American				
(13) Asian				
(14) American Indian/Alaskan Native				
(15) Native Hawaiian/Other Pacific Islander				
Multiple Race				
(16) American Indian/Alaskan Native & White				
(17) Asian and White				
(18) Black/African American and White				
(19) American Indian/Alaskan Native and Black/African American				
(20) Other Multi-racial				
TOTAL NUMBER ASSISTED				
NUMBER OF FEMALE-HEADED HOUSEHOLDS:				

VII. INCOME DATA:

CDBG BENEFICIARY INCOME LEVELS – *BY PERSONS*:

Number of ***persons*** benefiting: _____

Totals for Program Year 2011:

INCOME LEVEL	TOTAL NUMBER OF PERSONS
Extremely Low-Income 0-30% of AMI	
Very Low-Income 31-50% of AMI	
Low-Income 51-60% of AMI	
Mod-Income 61-80% of AMI	
TOTAL	

CDBG BENEFICIARY INCOME LEVELS – *BY HOUSEHOLDS*:

Number of ***households*** benefiting: _____

Totals for Program Year 2011:

INCOME LEVEL	TOTAL NUMBER OF HOUSEHOLDS	
	OWNER	RENTER
Extremely Low-Income 0-30% of AMI		
Very Low-Income 31-50% of AMI		
Low-Income 51-60% of AMI		
Mod-Income 61-80% of AMI		
TOTAL		

NOTE: If the project benefits clientele who are presumed by HUD to be principally low-to-moderate income persons, only the total number of persons assisted needs to be entered.

VIII. SUMMARY OF PROJECT ACCOMPLISHMENTS

In order to quickly summarize the accomplishments of your project and to differentiate the cumulative and current progress of this project, please complete the following table. Identify specific numerical information appropriate to this project. You must also complete the information under V, VI.

PROJECT TYPE	***CURRENT PROGRAM YEAR (2011)***	***CUMULATIVE NUMBER***	***CENSUS TRACT/ BLOCK GROUP***	***LOW TO MODERATE PERCENTAGE***
Housing Activities:				
# of households counseled				
# Occupied by the elderly				
Units moved from substandard to standard (HQS or local code)				
Units qualified as Energy Star				
Units made ADA accessible				
Brought into compliance with lead safety rules (24 CFR Part 35)				

Economic Development:				
# of jobs created				
# of jobs retained				
Capital Improvements (LF = Lineal Feet):				
LF Street Reconstruction				
LF Street Resurfacing				
LF Alley Reconstruction				
LF Alley Resurfacing				
LF Sidewalk Construction				
LF Sidewalk Reconstruction				
LF Curb/Gutter Construction				
LF Curb/Gutter Reconstruction				
# of Streetlights installed				
# of Streetlights replaced				
LF Watermain Reconstruction				
LF of Fire Hydrants Replaced				
LF Sanitary Sewer Reconstruction				
LF Storm Drainage Improvements				
# of ADA Curb Cuts				
Other:				
Site Improvements:				
ADA Compliance/Architectural Barrier Removal (explain below)				
Recreational Facility (explain below)				
Parking Lot Construction (explain below)				
# of Demolitions (explain below)				
Facility Renovation (explain below)				
Facility Construction (explain below)				
Acquisition (explain below)				
Other:				

Comment: _____

_____

PROJECT TYPE	CURRENT PROGRAM YEAR (2011)	CUMULATIVE NUMBER	CENSUS TRACT/ BLOCK GROUP	LOW TO MODERATE PERCENTAGE
Public Services:				
Housing Counseling (# of people nd seminars)				
Homeless Persons (# of people and seminars)				
Senior Citizens (# of people and seminars)				
Emergency Domestic Violence Services (# of people and seminars)				
Other:				
Administration/Planning:				
Planning Grant (explain below)				
Fair Housing Activities (# of people and seminars)				
Other:				

IX. FAIR HOUSING ACHIEVEMENTS - 2011 PROGRAM YEAR

The Secretary of the United States Department of Housing and Urban Development requires that Community Development Block Grant recipients certify that they will comply with Title VIII of the Civil Rights Act of 1968.

To fulfill this certification, Cook County requires each municipal Subrecipient to take action each year to affirmatively further fair housing. The actions that your community defined are in the 2011 Fair Housing Action Plan that you submitted with the 2011 grant application as required in order to be eligible for funds.

As part of the performance review of your grant, please provide County staff with documentation and evidence that supports activities undertaken during the program year to further fair housing. Documentation may be in the form of:

- ✓ Copies of fair housing brochures published and distributed among realtors and other businesses in your community;
- ✓ Copies of newspaper articles published locally about fair housing issues in your community;
- ✓ A summary of activities conducted by the Human Relations Committee to promote an open community.
- ✓ Agenda for workshops held.
- ✓ Realtor, appraiser, or lender workshop held.
- ✓ If you participated in a County sponsored Fair Housing workshop, list the name of person who attended, the date, and any activities in your community that occurred as a result.

These points are suggestions for the types of documentation that are acceptable to demonstrate your community's active commitment to fair housing. Additional or different documentation may be acceptable as well, and your submissions are not limited to those types listed above.

The County is required to provide documentation supporting its activities in compliance with Title VIII of the Civil Rights Acts of 1968. The activities of Cook County's Subrecipients, therefore, require this documentation. Failure by a community to provide this information to the County in a timely manner may jeopardize future funding for that community.

Name of Subrecipient: _____
Summary of actions taken (please attach/include any relevant documentation):

PERFORMANCE REPORT WORKSHEET

PROGRAM YEAR - 2011

PART II

INSTRUCTIONS TO COMPLETE PERFORMANCE MEASURES

The U.S. Department of Housing and Urban Development is instituting these performance measures to gather information to prove that the programs funded with CDBG and HOME are meeting local needs. The County will use these same performance measures to show how HUD funds are leveraged with local dollars. Reporting information in this manner will ensure program outcomes are reported in a consistent manner. All information will be disseminated to HUD.

There are three main components to the Outcome Performance Measurement System:

- Objectives;
- Outcomes; and
- Indicators.

1. OBJECTIVES - *the first component of the system:*

Outcome Performance Measurement System offers three possible objectives for each activity (project).

- **Creating Suitable Living Environments** - relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
- **Providing Decent Housing** - covers the wide range of housing activities that are generally undertaken with HOME or CDBG funds. This objective focuses on housing activities whose purpose is to meet individual family or comunity housing needs.
- **Creating Economic Opportunities** - applies to activities related to economic development, commercial revitalization, or job creation.

2. OUTCOMES - *the second component of the system:*

The Program outcome helps further refine the nature of the change or the expected result of the objective. Outcomes correspond to the question "what is the expected result of the activity?"

- **Availability/Accessibility** - applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income people where they live.

- **Affordability** - applies to activities that provide affordability in a variety of ways to low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- **Sustainability** - applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

3. INDICATORS - *the third component of the system:*

There are four common indicators that are relevant for most activities (projects).

- Amount of money leveraged from other federal, state, local, and private sources, per activity.
- Number of persons, households, businesses, units or beds assisted, as appropriate.
- Income levels of persons or households by 30%, 50%, 60% or 80% of area median income (AMI).
- Race, ethnicity, and disability data for activities that currently report these dala elements.

In addition to the common indicators that are used for all program activities, there are major activity-specific indicator categories. For each category, there are several required data items that measure key characteristics of activities performed.

KEY INDICATORS

1. Infrastructure and Public Service Activities - Number of persons assisted:

	Number of Persons
With NEW access to service or benefit	
With IMPROVED access to service or benefit	
Where activity was used to meet a quality standard (code) or measurably improved quality, report number of households that no longer have access to substandard service.	

2. Are these activities part of a <u>geographically targeted revitalization</u> effort?

Yes [ ] No [ ] *If yes, is it:*

- Comprehensive - please clarify further below
- Commercial
- Housing
- Other Specify: _____

Choose all the indicators that apply (at least 3) if the effort is Comprehensive:

Number of new businesses assisted	
Number of businesses retained	
Number of jobs created or retained in target area	
Amount of money leveraged (from other public or private sources)	
Number of low-income persons serviced	
Slum/blight demolition	
Number of low-income households assisted	
Number of areas of remediated Brownsfield	
Number of households with new or improved access to public facilities/services	
Number of commercial facade treatment/business building rehabilitation	
Other - can include: crime number, property value change, housing code violations, business occupancy rates, employment rates, homeownership rates.	

3. Does the activity address slum and blight spot basis?:

Yes [ ] No [ ]

4. Number of commercial facade treatment/business building rehab (site, not target area based). _____

5. Number of acres of Brownfield redeveloped (site, not target area based) _____

6. Number of RENTAL UNITS constructed *<u>NEW</u>* per project or activity:

Total number of units, of which are:	
Number affordable	
Number made Section 504/ADA accessible	
Of the affordable units: Number of subsidized by program	
Number of years affordability guaranteed	
Number of housing units:	
How many for the chronically homeless	
Number made Section 504/ADA accessible	

7. Number of RENTAL UNITS rehabilitated:

Of the *total* number of units:	
Number affordable	
Number made Section 504/ADA accessible	
Number brought from substandard to standard (code) condition	
Number meeting IBC energy standards	
Number meeting Energy Star standards	
Number brought into compliance with lead safe housing rule	
Of the *affordable* units:	
Number of subsidized by federal, state or local programs	
Number subsidized by CDBG/HOME Programs	
Number of years of affordability guaranteed	
Number of housing units for persons with AIDS	
Number made Section 504/ADA accessible	
Number of units for homeless persons and families	

Fill in the information below ONLY if the rehabilitation of all the housing units reported in the project is limited to one or more of the items listed by checking the appropriate box. Example: If the rehab is limited to installing smoke detectors in a building, then complete the following. If smoke detectors are installed <u>and</u> the building's roof is replaced, then skip this section.

- ☐ Installing security devices
- ☐ Installing smoke detectors
- ☐ Performing emergency housing repairs
- ☐ Providing supplies and equipment for painting houses
- ☐ Operating a tool lending library
- ☐ None apply

8. Number of <u>OWNER-OCCUPIED</u> units <u>rehabilitated or improved</u>:

Number of units occupied by the elderly	
Section 504 Accessible Units	
Number of units brought from substandard to standard (HQS or local code) condition	
Number meeting IBC energy standards	
Number of units brought to Energy Star standards	
Number of units brought into compliance with lead safe housing rules	
Number of units subsidized by federal, state, or local program	

For **ECONOMIC DEVELOPMENT** projects provide the following: Indicate the number of full-time jobs created or retained:

9. Number of jobs created:

Employer sponsored health care benefits Yes ☐ No ☐	
Type of full time jobs created - specify: _____	
How many were unemployed before accepting employment?	

	PY 2011 CREATED	Cumulative* CREATED	PY 2011 RETAINED	Cumulative* RETAINED
1. The number of jobs expected to be created and/or retained.				
2. The cumulative number of jobs actually created and/or retained by September 30, 2012.				
3.The number of jobs expected to be available for low and moderate income persons				
4. The cumulative number of jobs actually available to low and moderate income persons by September 30, 2012.				

*Cumulative includes jobs from prior program years under this project (i.e., if a project has lasted more than one year).

In narrative form, briefly describe how the Subrecipient determined that a majority of the jobs to be created or retained by the assisted business would be available to low and moderate income persons, and the steps taken by the Subrecipient to ensure that the assisted business would meet its obligations in providing these full-time jobs:

10. Number of businesses assisted (with DUNS numbers)

New businesses assisted	
For each new business assisted provide the DUNS Number for each new business below:	
Name of Business: _____ _____ _____ _____ _____	DUNS Number: _____ _____ _____ _____ _____
Expansion	
Relocation	
Start-ups that remain operational 3 years after assistance	
Number of businesses assisted that provide goods or services to meet the needs of a service area.	

11. Does the assisted business provide a good service to meet the needs of the service area? Yes ☐ No ☐

12. Number of homeownership units constructed and/or acquired with rehabilitation

Total number of units, of which are:	
Number affordable	
Number of years of affordability	
Number meeting IBC energy standards	
Number meeting Energy Star standards	
Number made Section 504/ADA accessible	
Of the affordable units: Number of subsidized by state/local programs	
Number subsidized by federal programs	
Number assisting persons with HIV/AIDS	

Number assisting homeless	
Number assisting chronically homeless	
Number of units made Section 504/ADA accessible	
Number of years affordability guaranteed	
Number of housing units:	
How many for the chronically homeless	
Number made Section 504/ADA accessible	

13. Number of homeless persons stabilized due to access to overnight shelter or other emergency housing support. Number of persons: _____

PERFORMANCE REPORT WORKSHEET

PROGRAM YEAR - 2011

PART III

COOK COUNTY PERFORMANCE MEASUREMENTS DATA REQUEST

Planning Studies and Public Service Projects:

(Please check the appropriate box applicable to your open project.)

☐ Planning Studies

☐ Public Services *(This category may Include public facility projects.)*

☐ Economic Development

Please complete the following as it relates to all planning studies and public service projects:
(For jobs requests, please include the number of part-time and full-time employees.)

- Number of jobs supported by this project in the fourth quarter (7/1/12-9/30/12): _____
- Number of jobs supported by this project in the program year (10/1/11-9/30/12): _____
- Number of beneficiaries receiving housing services (Fair Housing, Housing Counseling, Subsistence Payment, etc.) in the fourth quarter (7/1/12-9/30/12): _____
- Number of beneficiaries receiving housing services in the program year (10/1/11-9/30/12):_____
- Number of beneficiaries receiving community-based social services in the fourth quarter (7/1/12-9/30/12): _____
- Number of beneficiaries receiving community-based social services in the program year (10/1/11-9/30/12): _____

Capital Improvement Projects:

(Please check the appropriate box applicable to your open project.)

☐ Infrastructure ☐ Demolition

☐ Public Facilities ☐ Economic Development

Please complete the following as it relates to all capital improvement projects:
(For jobs requests, please include the number of part-time and full-time employees.)

- Number of jobs supported by this project in the fourth quarter (7/1/12-9/30/12): _____
- Number of jobs supported by this project in the program year (10/1/11-9/30/12): _____

- Number of beneficiaries receiving community-based social services in the fourth quarter (7/1/12-9/30/12): _____
- Number of beneficiaries receiving community-based social services in the program year (10/1/11-9/30/12): _____
- Number of blighted properties removed in the fourth quarter (7/1/12-9/30/12): _____
- Number of blighted properties removed in the program year (10/1/11-9/30/12): _____
- Was your project completed during the program year (10/1/11-9/30/12) – yes/no? _____

VII. SUBRECIPIENT INFORMATION and CERTIFICATION

A. Enter the name, address and telephone number of the municipality or agency responsible for implementing this project.

NAME: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: (___) _____

4. Enter the name, address and telephone number of the person responsible for completing this report.

NAME: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: (___) _____

C. Enter the name and title of the Subrecipient's Chief Executive Officer (Mayor, Village President, or Executive Director), to certify this Report. The CEO must sign and date below.

CERTIFICATION: I certify to the best of my knowledge and belief that the data in this report is true and correct.

_____ **Date:** _____

Signature of CEO
Typed Name and Title: _____

_____