

Grantee Performance Report

Report Period (FY)

2015

Standard Agreement #

10-DRI-AM 3

Please Check One

Annual GPR Final GPR

Jurisdiction Name:

Yurok Tribe

Name of Contact:

Nicole Sager

Address of Contact:

PO Box 1027

Klamath CA 95548

FOR 2012 REPORTS- VERY
IMPORTANT - IGNORE POP-
UP MESSAGES ABOUT FORM
COMPATABILITY. CLICK
"CONTINUE"

Telephone Number:

707-482-1350

E-Mail Address: nwright@yuroktribe.n**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.

	<input type="checkbox"/>		<input type="checkbox"/>	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 checked="" 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 checked="" 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

Thomas P. O'Rourke

Printed Name & Title

Thomas P. O'Rourke, Chairperson

Date

7/7/2015

6/10/2008

Grantee Performance Report
Housing Rehabilitation

Report Period
2015

Standard Agreement
10-DRI-AM 3

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Rehabilitation - Single Unit Residential (Matrix 14A) | <input type="checkbox"/> Acquisition for Rehabilitation (Matrix 14G) |
| <input type="checkbox"/> Rehabilitation - Multi - Unit Residential (Matrix 14B) | <input type="checkbox"/> Lead Based Paint, Hazards Test Abatement (14I) |
| <input type="checkbox"/> Public Housing Modernization (Matrix 14C) | <input type="checkbox"/> Residential Historic Preservation (16A) |
| <input type="checkbox"/> Energy Efficiency Improvements (Matrix 14F) | |
| <input type="checkbox"/> Rehabilitation - Publicly-Owner Residential Buildings (Matrix 14D) | |

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 checked="" 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 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:

Minority group members

Women

Other (Specify)

Indian Contractor

Value of Contract

\$81,590

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 48 Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
Grants 48 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):	48	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):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS	48	0	0	0

Number of Female Head of Households n/a

INCOME LEVELS

IDIS cdbg 13

Number of households benefiting based on Income:

	Owner	Renter	Total all years
Extremely Low (<30%)	27	0	0
Low (31%-50%)	8	0	0
Moderate (51%-80%)	11	0	0
Non-Low/Moderate Income (+80%)	<u>2</u>	<u>0</u>	<u>0</u>
Totals	48	0	0

DIRECT BENEFIT AND INCOME LEVELS MUST BE EQUAL

LEAD PAINT

APPLICABLE LEAD PAINT REQUIREMENT:

Housing constructed before 1978	
*Exempt: housing constructed 1978 or later	
**Otherwise exempt	48
Exempt: Hard costs <= \$5,000	
Total	48

* A residential property for which construction was completed on or after January 1, 1978, or, in the case of jurisdictions which banned the sale or residential use of lead-containing paint prior to 1978, an earlier date as HUD may designate (see §35.160).

- * Exempt:
1. 0 bedroom
 2. Elderly/Disabled with no children under 6

- 3. Lead-based paint free, and/or
- 4. Used no more than 100 days in a year

Lead Hazard Remediation Actions: (For rehabilitation only)

Lead Safe Work Practices (24 CFR 35.930(b)) (Hard costs ,<= \$5,000)	29
Interim Controls or Standard Practices (24 CFR 35.930 ©)) (Hard costs \$5,000 - \$25,000	19
Abatement (24 CFR 35.930(d)) (Hard costs > \$25,000)	
Total	48

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: 48
- 2. Of the total number of owner-occupied units rehabilitated, specify the number of:
 - a. Units occupied by elderly: 27
 - b. Units brought from substandard to standard (Meeting HQS or local code):
 - c. Units qualified as Energy Star:
 - d. Units made accessible: 1
 - 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:

Accomplishment Narrative (Please provide Activity Accomplishment Narrative)

The Yurok Tribe successfully completed the rehabilitation of 48 homes to mitigate and prevent future emergency damage.

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
Appendix B - Displacement

Report Period
2015

Standard Agreement
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Indicate the census tract of origin
 Indicate the City

IDIS cdbg 15

Yurok Reservation

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 & Bck/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 & Bck/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:

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.

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 _____