

CITY OF PACIFIC GROVE

AGENDA REPORT

To: Planning Commission

From: Terri C. Schaeffer, Housing Program Coordinator

Meeting Date: June 26, 2014

Subject: GRANTEE PERFORMANCE REPORT FOR COMMUNITY

DEVELOPMENT BLOCK GRANT FUNDED ACTIVITIES FOR FISCAL YEAR 2013/2014-HOUSING REHABILITATION

REVOLVING LOAN FUND.

CEQA Status: This does not constitute a "project" under California Environmental

Quality Act (CEQA) guidelines

RECOMMENDATION

Staff recommends that the Planning Commission receive the staff report, conduct a public hearing, and provide feedback on the Grantee Performance Report.

DISCUSSION

The purpose of the public hearing is to provide a forum where citizens have an opportunity to comment on Community Development Block Grant (CDBG) activities administered by the City of Pacific Grove in fiscal year 2013/2014. The Planning Commission will take no formal action during this public hearing, but may provide informal feedback to staff on the Grantee Performance Report (GPR).

The CDBG program is administered by the State Department of Housing and Community Development (HCD). HCD requires jurisdictions to submit GPRs annually for each active grant and each revolving loan account funded by program income of CDBG funded rehabilitation loans. The annual GPR is due on July 31st of each year and requires a public hearing prior to submittal to HCD.

The primary purpose of the GPR is to report information to the State and the public about the beneficiaries of the funded activity. The City of Pacific Grove did not have an active grant contract until February 2014. This fiscal year, the City spent a funds from the Housing Rehabilitation Program Income Revolving Loan Fund #34 and spent time recruiting applications for the program. As indicated in the attached GPR (Attachment 2), 2 loans were made from the revolving loan fund during the reporting period for a total of \$45,664.50. A total of 20 loans have been made from the revolving loan fund since it was established in 1999.

Item 7. a.

Pursuant to CDBG Citizen Participation requirements, a sign-in sheet will be available at the public hearing to document public participation and a copy of the FY 2013/2014 Grantee Performance Report will be placed in the Citizen Participation binder located in the lobby of the Community Development Department at City Hall.

ATTACHMENTS

- 1. Public Hearing Notice
- 2. Grantee Performance Report (Program Income)

Respectfully submitted:	Reviewed by:
Respectium submitted:	Reviewed by:

Sini Cheraeffer THOMAS PRITCHEY

Terri C. Schaeffer Thomas Frutchey

Housing Program Coordinator City Manager

Monterey County

www.montereyherald.com A Media News Group Newspaper PO BOX 271 • MONTEREY, CALIFORNIA 93942-0271

> 831-646-4387 Fax: 831-372-4225

Email: mhlegals@montereyherald.com

PACIFIC GROVE Account No. 3653701 **ACCOUNTS PAYABLE** 300 FOREST AVE PACIFIC GROVE, CA 93950

Legal No. 0005215686

Total Cost: \$290.01

Ordered by:

PROOF OF PUBLICATION

STATE OF CALIFORNIA

County of Monterey

I am a citizen of the United States and a resident of the County aforesaid. I am over the age of eighteen years, and not a party to or interested in the above-entitled matter. I am the principal clerk of the printer of The Herald, a newspaper of general circulation, printed and published daily and Sunday in the City of Monterey, County of Monterey, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of Monterey, State of California; that the notice, of which the annexed is a printed copy (set in type not smaller than 7 point), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

06/17/14

I certify (or declare), under penalty of perjury, that the foregoing is true and correct

Executed on 06/17/2014 at Monterey, California.

Daridle Kandaken

Item 7. a.

Attachment 1

CITY OF PACIFIC GROVE NOTICE OF PUBLIC HEARING Thursday, June 26, 2014 6:00 p.m.



The City of Pacific Grove Planning Commission will hold a public hearing on Thursday, June 26, 2014, at 6:00 p.m. at the Pacific Grove City Council Chambers, 300 Forest Avenue, Pacific Grove, California, to present performance information on Community Development Block Grant (CDBG) activities during the 2013/2014 fiscal year. CDBG funded activities include the Housing Rehabilitation Loan Program Revolving Loan Fund (HRRLF #34).

The purpose of the public hearing is to provide a forum where citizens have an opportunity to comment on CDBG activities administered by the City of Pacific Grove. The Planning Commission will take no formal action during this public hearing but may provide program input and feedback. If you are unable to attend the public hearing, you may direct written comments to the City of Pacific Grove, 300 Forest Ave., Pacific Grove, CA 93950 or you may telephone Housing Program Coordinator Terri Schaeffer at (831) 648-3199. In addition, information may be obtained at the above address between the hours of 8:00 a.m. to 12:00 p.m. & 1 p.m. to 5:00 p.m. Monday through Thursday.

The City promotes fair housing and makes all programs available to low-income families regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, or handicap. The City of Pacific Grove does not discriminate against persons with disabilities. The Pacific Grove Council Chambers is an accessible facility. A limited number of devices are available to assist those who are hearing impaired. If you would like to use one of these devices, please contact the Community Development Department at (831) 648-3190.

Publication Date: June 17, 2014

/s/ Terri C. Schaeffer

TERRI C. SCHAEFFER HOUSING PROGRAM COORDINATOR

Item 7. a.

Grantee Performanc		Standard Agreement #	Please Check One
Report Period (FY)	2013- 2014	Program Income	Annual GPR
Jurisdiction Name:	City of Pacific	Grove	Final GPR 🖸
Name of Contact:	Terri Schaeffe	r	FOR 2012 REPORTS- VERY IMPORTANT - IGNORE POP-
Address of Contact:	300 Forest Av Pacific Grove,		UP MESSAGES ABOUT FORM COMPATABLILTY. CLICK "CONTINUE"
Telephone Number:	831-648-3182	E-Mail Address:	tschaeffer@cl.pg.ca.u

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.

In Support of Housing (LMH) Page 1 (01) Acquisition of Real Property (02) Disposition Page 1 (03) Public Facilities & Improvements* ☐ + Page 3 Page 6 (03A) Senior Centers Page 6 (03B) Handicapped Centers Page 6 (03C) Homeless Facilities Page 6 (03D) Youth Centers Page 6 (03E) Neighborhood Facilities Page 6 (03F) Parks, Recreation Facilities Page 6 (03G) Parking Facilities П Page 6 (03H) Solid Waste Disposal Imp.* Page 6 Page 3 (03I)Flood Drainage Improvement* Page 6 _ · Page 3 (03J) Water/Sewer Improvements* Page 6 Page 3 (03K) Street Improvements* Page 6 Page 3 (03L) Sidewalk Improvements* Page 6 Page 3 (03M) Child Care Centers Page 6 Page 6 (03N) Tree Planting Page 3 Page 6 (030) Fire Station/Equipment (03P) Health Facilities Page 6 (03Q) Abused and Neglected Children Facilities Page 6 (03R) Asbestos Removal Page 6 (03S) Facilities for Aids Patients Page 6 (03T) Operating Costs of Homeless/Aids Page 6 (04) Clearance and Demolition Page 1 (04A) Cleanup of Contaminated Sites Page 1 (05) Public Services - General Page 7 (05A) Senior Services Page 7 (05B) Handicapped Services Page 7 (05C) Legal Services Page 7 (05D) Youth Services Page 7

(05E) Transportation Services		Page 7		
(05F) Substance Abuse Services		Page 7	In S	Support
(05G) Battered and Abused Spouses		Page 7	of h	lousing
(05H) Employment Training		Page 7	(LMH)
(05l) Crime Awareness		Page 7		
(05J) Fair Housing Activities		Page 7		
(05K) Tenant/Landlord Counseling		Page 7		
(05L) Child Care Services	n	Page 7		
(05M) Health Services	ā	Page 7		
(05N) Abused & Neglected Children		∵ Page 7		
(050) Mental Health Services		Page 7		
(05P) Screening Lead Paint & Hazards	j	Page 7		
(05Q) Subsistence Payments		Page 7		
(05R) Homeownership Assistance - not direct		Page 2		
(05S) Rental Housing Subsidies		Page 5		
(05T) Security Deposits		Page 5		
(05U) Housing Counseling		Page 7		
(06) Interim Assistance		Page 7		
(08) Relocation*		Page 7	m / p	770 F
(09) Loss of Rental Income*		Page 7		age 5 age 5
(11) Privately Owned Utilities*				
(12) Construction Housing		Page 6		age 3
(13) Direct Homeownership Assistance	님	Page 1		
		Page 2 Page 4		
(14A) Rehabilitation - Single Unit Residential		Page 4		
(14B) Rehabilitation - Multi - Unit Residential	닠	Page 4		
(14C) Public Housing Modernization	님			
(14D) Rehabilitation - Publicly-Owner Residential Buildings		Page 4		
(14E) Rehabilitation Publicly/Private Commercial Industry	اسا	Page 8		
(14F) Energy Efficiency Improvements	님	Page 4		
(14G) Acquisition for Rehabilitation		Page 4		
(14I) Lead Based Paint, Hazards Test Abatement	닠	Page 4		
(15) Code Enforcement		Page 7		
(16A) Residential Historic Preservation	Priese	Page 4		
(16B) Non-Residential Historic Preservation		Page 6		
(17A) CI Land Acquisition/Disposition		Page 8		
(17B) CI Infrastructure Development		Page 8		
(17C) Building Acquisition, Construction, Rehabilitation		Page 8		
(17D) Other Commercial/Industrial Improvements		Page 8		
(18A) ED Direct Financial Assistance for For-Profits		Page 8		
(18C) Micro-Enterprise Assistance		Page 9	-	
(19E) Operation and Repair Foreclosed Property			□	ge 5
Certification:				
I have reviewed the information contained in this report and certify that	t to the best of	man e lem annellan	J	
that it is true and accurate, and that supporting documentation is main				
Review .	tairied arid ava	manie ioi 3	ale	
	,,)			
Signature of Authorized Representative	Hw_			
Printed Name & Title Terri C. Schaeffer	1			
Date 6/11/14				
Suite Maria Property and Maria			6/10	/2008

2013-2014

Standard Agreement

Value of Contract

Attachment 2

Housing Rehabilitation Program Income 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 Rehabilitation - Single Unit Residential (Matrix 14A) Acquisition for Rehabilitation (Matrix 14G) Rehabilitation - Multi - Unit Residential (Matrix 14B) Lead Based Paint, Hazards Test Abatement (141) ☐ Public Housing Modernization (Matrix 14C) Residential Historic Preservation (16A) Energy Efficiency Improvements (Matrix 14F) 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. b. Public improvement activity for which a Special Assessment will be levied. c. Displacement of household, business, farms, nonprofits, complete Appendix B. d. Creating a new Revolving Fund/Revolving Loan Account (RLA). e. The designation of an economic development "Favored activity". f. The funding of Colonia(s). g. Brownfield Activity Indicate the number of remediated acres: h. Historic Preservation Area. i. Presidential Declared Disaster. j. Multi-Unit Housing (2+ Units/structure). k. Rental Housing. I. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C. m. A Subrecipient Agreement for this activity, complete Appendix D. n. The designation of Slum and Blight, complete Appendix E. 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)

TYPE OF ASSISTANCE	Item	7. a.		Attachment
What type of financing was provided to	o the beneficiaries	: Gr	ants 🔲 Loans	V
2 Indicate the number of grants and/or l	aana muakidad thia	Demont Deviced	No loans or gran	ts 🗌
Indicate the number of grants and/or li	oans provided this	Grants	Loan	s <u>2</u>
3. Indicate the total number of grants and	d/or loans provided	I to date (entire co	entract term): Loan	s <u> </u>
4. When assistance is provided in the for		he terms of finance per of Months (#)	sing: Loan Amount (\$)	s
a. Amortized Loan:				
b. Deferred Payment/	**************************************		*********	
Forgiveness Loan:	3%	<u>30 yrs</u>	\$45,664.50	
DIRECT BENEFIT This page allows you to report on benefici	aries race/ethnicity	and income leve	ls for the fiscal year	IDIS cdbg 8
		IG ACTIVITIES		
Race & Code	Owner All His	Renter o I All H	sp	
White (11):	2 0		مرد 0	
Black/African American (12):	0 0		7 0	
Asian (13):	0 0)	
American Indian/Alaskan Native (14):	0 0	0	0	
Native Hawaiian/Other Pacific Isl. (15):	0 0	0 1	0	
Am. Indian/Alaskan Native & White (16):	0 0	0 1)	
Asian & White (17):	0 0	0 (3	
Black/African Am. & White (18):	0 0	0 ()	
Am. Indian/Alaskan & Blck/Afrcn (19):	0 0	0 ()	
Other Multi-Racial (20):	<u>0</u> <u>0</u>	i <u>0</u> 9	2	
TOTALS	2 0	0)	
Number of Female Head of Households	2			
INCOME LEVELS				IDIS cdbg 13
Number of households benefiting based of	n Income:			
	Owner Rente	r Tota	l all years	
Extremely Low (<30%)	1 0		5	
Low (31%-50%)	1 0	j	7	
Moderate (51%-80%)	0 0		3	
Non-Low/Moderate Income (+80%)	0 0		<u>) </u>	
Totals	2 0	2	0	
DIRECT BENEFIT AND INCOME LEVELS	S MUST BE EQUA	NL		
LEAD PAINT				
APPLICABLE LEAD PAINT REQUIREME	ENT:			
Housing constructed before 1978				
*Exempt: housing constructed 1978 or late	r			
**Otherwise exempt				
Exempt: Hard costs <= \$5,000				
	Total	0		

2

- * 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

Item 7. a.

Attachment 2

Lead Hazard Remediation Actions: (For rehabilitation only)

Lead Safe Work Practices (24 CFR 35.930(b)) (Hard costs ,<= \$5,000)	
Interim Controls or Standard Practices (24 CFR 35.930 ©)) (Hard costs \$5,000 - \$25,000	
Abatement (24 CFR 35.930(d)) (Hard costs > \$25,000)	
Total	0

REHABILITATION OF UNITS	Item	7. a.		Attachment 2
1. Indicate if the rehabilitation was offe	ring a program v	vith these specific ser	vices:	
(May apply for activities with an national ob				
a. Installing security devices		, ., .,	T-	
b. Installing smoke detectors				
c. Performing emergency housing re	epairs			
d. Providing supplies and equipmen		uses		
e. Operating a tool lending library	. •			
			Laini .	- 4
REHABILITATION OF THE OWNER U	STIV			IDIS cdbg 24
 Enter the total number of owner unit 	s rehabilitated:		1	
2. Of the total number of owner-occupie	ed units rehabilit	tated, specify the num	nber of:	
 a. Units occupied by elderly: 				
 b. Units brought from substandard to 	o standard (Mee	eting HQS or local cod	le):1	
 c. Units qualified as Energy Star: 				
d. Units made accessible:				
e. Units in compliance with lead safe	ety rules (24 CF	R Part 35):	1	
If the patients included model and bar-	aliana salah (O	54-1		
If this activity includes multi-unit hou		nits)		
complete the rest of the following que	estions:			
MULTI-UNIT HOUSING				IDIO Ib 4.4
mozn own nooding				IDIS cdbg 14
THIS REPORTING PERIOD	Total	Occupied	Occupied Low/Mod	
Number of Units at Start:	0	0	0	
Number of Units Expected at Completion:	0	0	0	
	all and a second	and a strong with a section as		
FOR TOTAL GRANT TERM	Total	Occupied	Occupied Low/Mod	
Number of Units Completed:	0	0	0	
•		<u> خىنىتىنىت مىنىتىتىنىت</u>		
(Complete the following questions if the activ	ity includes the F	Rehabilitation of Rental L	Jnits)	
REHABILITATION OF RENTAL UNITS				IDIS cdbg 20 & 21
1. What is the total number of rental un				
2. Of the total rental units, what number	are:			
a. Affordable units:				
b. Section 504 accessible units:				
c. Changed from a substandard to a		tion,	annantifythan assertinen.	
(Meeting HQS or local code requi				
3. What number of units qualified as Er		fate and a		
4. What number of units are in complian	ice with lead sa	tety rules		
(24 CFR Part 35):	arawah aanwarai	an of		
What number of units were created to a non-residential to residential building		Off Of		
6. Of the number of rehabilitated rental	-	d affordable specify:		
a. Number of units occupied by elde		u anordabie, specity.		
b. The number of years there will be		trictions:		
c. Units subsidized with project-base				
by another federal, State or local		1100		
7. What number of affordable units were		persons with HIV/AII	os	
including units receiving assistance f				
a. Of those, what number are for chr		ss:	and the state of t	
8. What number of affordable units are	permanent hous	sing units for homeles	s	
persons and families, including units	receiving assist	ance for operations:		
 a. Of those, the number for the chroi 	nically homeless	S :		
Accomplishment Narrative (Please pro	ovide Activity A	Accomplishment Na	rrative)	
			Contraction and a second track and the second and	

Grantee Performance Report	I teµm n Eno a. 2013-	Standard Agreement	Attachment 2
Appendix A - One for One Replacement	2014	Program Income	-
Replacement Housing			
If multiple locations, please duplicate and mak	e additional forms as	necessary.	IDIS cdbg 16
Indicate the address of the units to be demolis	hed-converted:		
Demolished/Converted			
Address			
Indicate the number and type of bedroom units			
0/1 Zero or One bedroom unit		Grant or Loan Agreen	nent Executed Date:
Two Bedroom Units			
Three Bedroom Units		-	ii - iii - ii
Four Bedroom Units		Demolition or Conversi-	on Agreement Date:
5+ Five or more Bedroom Units			
Replacement			99999 99999
Address			ACCASION (ACCASION ACCASION AC
Number of bedroom units			
0/1 Zero or One bedroom unit	14.00 (14.00) 14.00 (14.00) 14.00 (14.00)		
Two Bedroom Units	10.00 mg	Date units will be availa	ible:
Three Bedroom Units			
Four Bedroom Units			
5+ Five or more Bedroom Units	VANCORE SERVICE	Date of any exception agreem	ent:

Item Zioa. 2013-

Standard Agreement Program Income

Attachment 2

Appendix B - Displacement

Indicate the City

2014 Indicate the census tract of origin

IDIS cdbg 15

	Disp	laced	Rei	main	Reloca	ted
Race & Code	ΑII	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 & Blck/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

	Disp	Displaced		main	Relocated	
Race & Code	All	Hisp	All	Hisp	Ali	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 & Blck/Afron (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

Appendix C - Presumed Benefit & Nature and Location	<u>2014</u> P	rogram Income
1. Presumed Benefit		IDIS User Guide 8-73
If the activity is funded under a National C indicate the number of beneficiaries that following income levels when reporting on GPR.	all into one or more of the following cat	egories. Use the
Number of:		
☐ Abused Children	Extreme Low Inc	come
☐ Battered Spouses	Low Income	
Severely Disabled Adults (Per Census	Definition) Low Income	
Illiterate Adults	Low Income	
Persons with Aids	Low Income	
☐ Homeless Persons	Extreme Low Inc	come
	Low Income	
Elderly Persons	Use Moderate Income if a	t a center with services,
	if not center based, use Lo	ow 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:
y		

ltem 7:∘a.

Standard Agreement

Attachment 2

Grantee Performance Report

2013-2014 Standard Agreement

Attachment 2

Appendix D - Sub-recipient Agreement

2013-2014 Program Income

ORGANIZATION CARRYING OUT ACTI	IVITY
--------------------------------	-------

IDIS cdbg 3

		10.0 00.09 0
Indicate if the activity will be carried of	ut 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 Agree	ement, indicate the name of the Organization:	
Activity is being carried out by: A 105 (a) (15) entity as defined ur Another unit of local government Another public agency	der the Housing and Development Act	
Indicate all that applies to this organiz Non-profit organization For-profit entity A faith-based organization An institution of higher education	ation:	IDIS cdbg 4

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.

Item Zioa.

Standard Agreement

Attachment 2

Appendix E - Slum & Blight Area

2013-2014

Program Income

IDIS cdbg 12

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