TOWN OF APPLE VALLEY
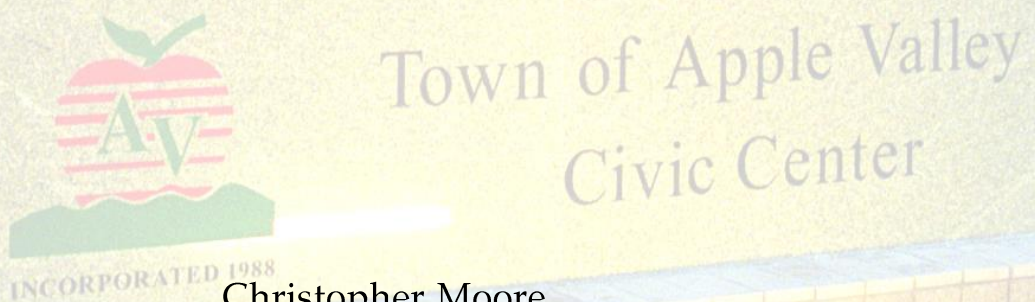
CDBG SUBRECIPIENT MONITORING WORKSHOP And REPORTING FORMS

July 10, 2017

Christopher Moore
Housing & Community Development Specialist
14955 Dale Evans Parkway
Apple Valley, CA 92307
(760) 240-7000 x 7921
cmoore@applevalley.org

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Town of Apple Valley
CDBG Subrecipient Monitoring Workshop
Agenda
August 2, 2017

Welcome

Housekeeping
Please Complete Sign-in Log

Introductions

Staff
Subrecipient Introduction
Brief Activity/Program Description
CDCAC committee members

17-18 Sub Recipient Agreement

Agreements- need executed prior to incurring expenses

Monitoring and Reporting

Town of Apple Valley CDBG Program Requirements

Monitoring Check List/File Maintenance

CDBG Monitoring Checklist
Subrecipient Monitoring Review Form

Quarterly Reports

Instructions for Completing CDBG Quarterly Reports
Payment Request
Beneficiary Qualification Statement
Progress Report (narrative)
Progress Report (spreadsheet)
Race/Ethnicity Definitions/Ethnicity Abbreviation Key
Performance Measurement System
Annual Performance Measurement Form/Guidelines for Completion

*All forms are available on http://www.applevalley.org/Index.aspx?page=1032. Click on link to CDBG Sub Recipient information on left side of page. Ensure your email address is correct and we will email the link to the quarterly report forms to you. Invitations have been sent to share files at Drop Box.

Close
Questions and Answers

TOWN OF APPLE VALLEY
CDBG PROGRAM

CDBG Monitoring Requirements

Town staff monitors each sub-recipient by conducting a quarterly desktop audit. Staff will make arrangements with the Program Director for an on-site monitoring visit for all newly-funded agencies. On-site monitoring may occur in alternate years for all other sub-recipients.

Desktop and or on-site monitoring visits provide an opportunity to partner with the sub-recipient to ensure all programs/projects are compliant with CDBG regulations. The monitoring process evaluates performance, reporting issues, record keeping (including program and fiscal issues), prior findings (both open and closed for compliance verification), and other areas that may warrant monitoring consideration.

The Town's Housing Division staff is responsible for the monitoring of all CDBG funds, which include public service projects, capital projects and administration. The statistics/data included in the progress reports submitted by public service agencies is a vital component of information that is reported to and required by HUD.

Progress Reports

Quarterly progress reports are required for every reimbursement request. Agencies requesting reimbursement on a more frequent basis will be required to submit more frequent progress reports. Sub-recipients may be contacted via telephone or e-mail to clarify information, to confirm documentation or to request additional information prior to issuing reimbursements. All public service programs are required to provide the ethnic data, income data, and the program accomplishments for reimbursement of CDBG funds.

Reimbursement

Reimbursements are usually issued to your organization within three (3) weeks after receipt of the Progress Report, billing documentation and Payment Request Form.

Payment Requests are to be sent in quarterly over the program year and received no later than 15 days after the end of each quarter.

2017-2018 Quarterly Report Due Dates

October 15, 2017

January 15, 2018

April 15, 2018

July 15, 2018

Town of Apple Valley

Town of Apple Valley
Community Development Block Grant (CDBG)
Monitoring Checklist

General Program Files. Below is a list of the <mark>necessary records</mark> pertaining to a CDBG funded program, which includes all items that are to be maintained, properly filed and labeled.

☐ Agency Documents

    ☐ Bylaws
    ☐ Articles of Incorporation
    ☐ Non-Profit Status
    ☐ Other _____

☐ Board of Directors actions/minutes
☐ Program needs assessment
☐ Citizen comments, complaints or letters of appreciation
☐ General Correspondence, public and Town of Apple Valley
☐ Program policies

    ☐ Personnel policies
    ☐ Fringe benefit plans
    ☐ Other _____

☐ Agreement/Contract with Town of Apple Valley
☐ Certificate of Insurance
☐ Fiscal documents, including expenditure documentation

    ☐ Invoices
    ☐ Receipts
    ☐ Time cards
    ☐ Pay stubs
    ☐ Cancelled checks
    ☐ Mileage records
    ☐ Program audit and pertinent correspondence
    ☐ <mark>Spreadsheet showing funding sources and cost allocation formulas</mark>
    ☐ Other _____

Contract Activity Files. CDBG funded service/activity properly filed and labeled:

☐ Activity descriptions, including goals, objectives, units of service to be provided, client target groups, other funding sources, etc.
☐ Notices and advertisements
☐ Correspondence pertaining to the service/activity
☐ Sub-contracts and procurement records

Monitoring Checklist (Continued)

☐ Client direct benefit documentation (client counts by ethnicity and female headed households) kept current, without double counting of clients
☐ Documented income verification and household size
☐ Activity progress documentation

Contract/Agreement Provisions:

Reports

☐ Monthly/Quarterly activity accomplishment reports submitted to the Town of Apple Valley
☐ Direct benefit activity submitted to the Town of Apple Valley (monthly, quarterly, annually)
☐ Adequate progress indicated
☐ Units of service provided in terms of the agreement/contract

Fiscal Management

☐ Budget including amendments/revisions
☐ Running balance of budget and expenditures

Audits

☐ Most recent copy of audit submitted to the Town of Apple Valley

Insurance

☐ Workers' Compensation
☐ Comprehensive General and Automobile Liability
☐ Professional Liability
☐ Other

Clientele Income Qualification

☐ Clientele income documentation- verify income or verify presumed benefit
☐ List of HUD Income Limits is current (Income Limits can be accessed at http://www.huduser.org/portal/datasets/il.html
(Under "State", select California, under "County", select San Bernardino County).

Service Performance

☐ Program performance follows the schedule outlined in the agreement
☐ Program provides full scope of services defined in the agreement
☐ Performance quality is consistent with the terms of the agreement

Other
☐ Any other pertinent information that documents the services provided
☐ Revised budget, if applicable, and approval from Town of Apple Valley

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Town of Apple Valley
CDBG Sub-recipient Monitoring Review Form

General Information	
Fiscal Year	
Name of Organization	
Name of Project/Program	
CDBG Grant Amount	
Date of monitoring visit	
Person completing form	
Project type (Check one)	☐ Public Service ☐ Housing ☐ Econ. Dev. ☐ Slum/blight

National Objective/Eligibility		
Which national objective does this project meet (570.208)?		
Benefit to low-moderate-income persons		
	☐	Low/mod area benefit
	☒	Limited clientele benefit
	☐	Low/mod housing benefit
	☐	Job creation/retention
Aid in the prevention or elimination of slum or blight		
	☐	On an area basis
	☐	On a spot basis
Meet an urgent need		
	☐	Needs having a particular urgency

Program Overview	
Identify the anticipated project goals:	
What are the actual measurable accomplishments of the project to date?	
Who is your intended client group and did you serve that group?	
Is your project on schedule? Explain any delays.	
Who serves as the Project Manager?	
Is the Project Manager familiar with the basic requirements established by HUD and the grantee for the use of CDBG funds?	
Is the Project Manager on-site and responsible for the day-to-day operation of the program?	
Has your organization increased levels of service in the last fiscal year? Why or why not?	

CDBG Sub-recipient Monitoring Review Form (Continued)

Financial Records	
How does your agency record and track the use of CDBG funds?	
Did the project operate within the approved CDBG budget?	
Are your accounting records supported by documentation such as invoices, contracts, and purchase orders?	
Is your agency in compliance with general accounting policies and practices and maintain a Chart of Accounts, journals, ledgers, reconciliation, data processing and reporting system?	
Has your organization expended $500,000 or more in federal funds this fiscal year? Is an Independent Public Accountant (IPA) audit required? Yes ☐ No ☐ Were there any findings included in the audit? Yes ☐ No ☐	
Has your agency prepared an audited financial statement as required per the CDBG agreement with the Town of Apple Valley?	
Does your agency receive program income? If yes, does the agency ensure program income is used before new grant funds are requested and the program income is used in accordance with CDBG rules and regulations?	
Does your agency track generated program income and use established revenue accounts to ensure accurate reporting?	
Are your costs for carrying out the scope of services adequate for the services you provide?	

Town of Apple Valley

Record Keeping				
If employees work on both CDBG-eligible and non-CDBG eligible activities, are appropriate time distribution records maintained? (Timesheets)				
Does your agency use current income limits in the administration of your project?				
Does your agency submit its quarterly reports in a timely manner?				
Does your agency maintain a client file? (Describe the type of information maintained).				
Does your agency have a process in place for determining which records should be retained and for long?				
Is a current Certification of Insurance on file?				
Does your agency maintain records that identify the following? (Circle one response for each category).	Income verification	Yes	No	NA
	Female headed household	Yes	No	NA
	Race	Yes	No	NA
	Ethnicity	Yes	No	NA
	Disability status	Yes	No	NA
	Payroll/timesheets	Yes	No	NA
	Other/	Yes	No	NA

Town of Apple Valley

CDBG Sub-recipient Monitoring Review Form (Continued)

Summary/Feedback	
Please identify any areas in which you require technical assistance.	
Describe your agency's greatest successes and challenges this program year.	
Please provide any additional comments or suggestions.	

_____   _____
Program Director   Date

_____   _____
Christopher Moore   Date
Housing & Community Development Specialist

Comments:

_____

_____

_____

_____

Findings:

_____

_____

_____

_____

Follow-up measures:

_____

_____

_____

_____

INSTRUCTIONS FOR COMPLETING
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
QUARTERLY REPORTS

- **Payment Request Form** (page 11)

    The Payment Request Form summarizes the billing description including the billing period for expenses incurred. CDBG payment requests are paid on a reimbursable basis. Please include the name and phone number of the person completing the report.

- **Progress Report Narrative** (page 12)

    Provide detailed accounting of progress including reasons for delay in the project, community outreach and any additional comments.

- **Beneficiary Qualification Statement** (page 13-14)

    Complete Project/Activity Title/Name/address of agency.
    Assist beneficiary if necessary; otherwise, let them make all determinations
    Names, addresses and phone numbers may be omitted before submission to the Town of Apple Valley.

- **Quarterly Progress Report Spreadsheet**(page 15)

    In order to complete the income, ethnicity and statistics section of the Progress Report refer to the Beneficiary Qualification Statements. Report number of persons served in the Income levels column and Race columns. If the household is served, count all people in Income as well as in Race and Hispanic Ethnicity columns. Characteristics in Race and Hispanic Ethnicity will be the same as Head of Household for all household members.

    Divided into four sections: Income Levels, Race, Total number of persons and Statistics

Income Levels:	Total should agree with total number of persons column
Race:	Total should agree with total number of persons column
Hispanic Ethnicity:	Tracks independently of count for Race
Statistics:	Tracking purposes only—will not agree with total number of persons column

Quarterly Report Checklist:

- ❐ Payment Request Form
- ❐ Beneficiary Qualification Statements
- ❐ Progress Report Form
- ❐ Quarterly Progress Report
- ❐ Documentation of Billing
- ❐ <u>Annual</u> Performance Measurement Form
- ❐ Ensure all forms are complete and submitted by the due date.

<u>Submit to:</u>

Christopher Moore, HCD Specialist
Town of Apple Valley
14955 Dale Evans Parkway, Apple Valley, CA 92307
760) 240 7000 x 7921 | cmoore@applevalley.org

**TOWN OF APPLE VALLEY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PAYMENT REQUEST**

Date:

Name of Organization:

Mailing Address of Organization:

Project Activity Title:

_____

Payment Request prepared by:

_____

Preparer: Telephone Number   Email Address

_____ _____ _____

Billing Period

	1st Qtr. Jul-Sep		2nd Qtr. Oct-Dec		3rd Qtr. Jan-Mar		4th Qtr. Apr-Jun
☐		☐		☐		☐	
Due 10/15/17		**Due 1/15/18**		**Due 4/15/18**		**Due 7/15/18**	

Billing Description:

_____

_____

Total Amount Requested For This Period:

All CDBG Payment Requests are paid on a reimbursement basis. <u>Please attach appropriate documentation, i.e., invoices, canceled checks, receipts</u>

Town of Apple Valley

PROGRESS REPORT   TOWN OF APPLE VALLEY   2017-2018 CDBG PROGRAM YEAR

COMMUNITY DEVELOPMENT DEPARTMENT * 14955 Dale Evans Parkway, Apple Valley, CA 92307 * (760) 240-7000 Ext. 7921 * www.applevalley.org

1)   Please describe specific progress made to date. Include expenditures, contracts and staff work which is not apparent from your schedules.

     _____

     _____

2)   Please indicate the reasons for any delays in the project or reasons for accelerated progress.

     _____

     _____

3)   Describe, if any, your community outreach activities for this quarter (i.e., workshops, expos, announcements, flyers/brochures, newspaper articles, etc).

     _____

4)   Please describe any additional comments regarding your CDBG project.

     _____

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TOWN OF APPLE VALLEY COMMUNITY DEVELOPMENT DEPARTMENT

Project/Activity Title: _____

Name/Address of Contractor Agency: _____   Program Year: **2017-2018**

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify for the use of Federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (legal guardian) requesting to receive benefits from the described project/activity. **Please answer the following questions.**

1. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?** _____

2. For this question a list of the current <u>EXTREMELY LOW-, VERY LOW- AND LOW-</u> income categories* are presented below. Calculate the <u>combined gross annual</u> income of all persons in your household from all sources of income.

Circle Income amount that exceeds household income in family size column (For CDBG eligibility cannot exceed 'Low Income' limit. Example- 4 person HH must be less than $51,600

Number of Persons in Your Family (May 2017)									
	1	2	3	4	5	6	7	8	
Household Income Thresholds	13,550	16,240	20,420	24,600	28,780	32,960	37,140	41,320	EX LOW
	22,600	25,800	29,050	32,250	34,850	37,450	40,000	42,600	V LOW
	36,150	41,300	46,450	51,600	55,750	59,900	64,000	68,150	LOW

<u>Ethnicity as well as race must be determined. Please answer item numbers 3 and 4</u>.

3. Indicate your ethnicity (see definitions on next page). Are you of **Hispanic Ethnicity**? ☐ Yes   ☐ No

4. Indicate your race (see definitions on next page).

RACE	11	12	13	14	15	16	17	18	19	20
	White	Blk Afr Am	Asian	Am Ind Alk Nat	Nat Haw OPI	Am Ind ANW	Asi Whi	Blk Afr Am Whi	Am Ind Alk Nat Am	Other Multi Racial

5. Are you a female Head of Household?   ☐ Yes   ☐ No
6. Is your home an ADA Household? ☐ Yes   ☐ No
    If so, have ADA property improvements been implemented? ☐ Yes   ☐ No
7. Check the word/s that best describe your qualifications in the following categories:

☐ abused child   ☐ battered spouse   ☐ elderly person   ☐ homeless person

☐ disabled person   ☐ illiterate person   ☐ migrant farm worker   ☐ veteran

_____
ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE. THE INFORMATION ON THIS FORM MAY BE VERIFIED.

NAME: _____ DATE: _____

ADDRESS: _____PHONE NO.: _____

SIGNATURE: _____
The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential. **Names, addresses and phone numbers may be omitted before submission to the Town of Apple Valley.**

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TOWN OF APPLE VALLEY COMMUNITY DEVELOPMENT DEPARTMENT

Proyecto/Titulo de actividad:

Nombre/Dirección de Agencia Contratista: <u>Ano del programa</u>: 2017-2018

DECLARACION DE CALIFICACIONES DEL BENEFICIARIO

Esta forma tiene el propósito de proporcionar la información necesaria para calificar y poder hacer el uso de los fondos Federales del Desarrollo Comunitario (CDBG) para los proyectos/actividades descrita arriba. Esta declaración tiene que ser llenada y firmada por cada persona o, cabeza de familia (guardián legal) solicitando para recibir beneficios del proyecto/actividad descrita.

Favor de responder a todas las siguientes preguntas.

1. Para esta pregunta una familia es un grupo de parientes o no parientes viviendo en la misma casa con por lo menos un miembro siendo la cabeza de familia Arrendatarios, huéspedes, o inquilinos no se pueden incluir como miembros del hogar. **¿Cuantas personas están en su hogar?** _____

2. Para esta pregunta, aquí abajo hay una lista* de "Sumamente bajo" "Muy bajo" y "Bajo" sueldos. Favor de marcar con un circulo el numero de personas en su domicilio y en esa misma columna marque con un circulo el sueldo que es igual o menos del sueldo/ingreso anuario combinado para todos en su domicilio.

Cuantas Personas Están En Su Familia								
NUMERO DE PERSONAS	1	2	3	4	5`	6	7	8
SUMAMENTE BAJO	13,550	16,240	20,420	24,600	28,780	32,960	37,140	41,320
MUY BAJO	22,600	25,800	29,050	32,250	34,850	37,450	40,000	42,600
BAJO	36,150	41,300	46,450	51,600	55,750	59,900	64,000	68,150

3. Favor de indicar su RAZA (marque una categoría) y ETNICIDAD HISPANA (indique si o no). Para ayuda consulte la lista de definiciones en la pagina 2.

RAZA									
11	12	13	14	15	16	17	18	19	20
Blanco/ europeo	Negro/ Africano/ Afro-Americano	Asia-tico	Indígena de las Americas o Alaska	Indígena de Hawai u otra Isla del Pacifico	Mestizo de Indígena americano y Blanco/ europeo	Asia-tico y Blanco/ europeo	Negro/ Africano y Blanco/ europeo	Indígena americano y Negro/ Africano	Otra com-binacion de razas

ETNIDAD HISPANA: **SI** ☐   **NO** ☐

4. Favor de indicar SI☐ o NO☐, si Usted es una mujer y mantenedora solo de su familia.
5. Indique si hay alguien incapacitado en su domicilio SI☐ NO☐ Si índico que si, ¿Ha modificado su domicilio para la persona incapacitada? SI☐ NO☐
6. Si calificaria UD. en uno de las categorías siguientes (marque todos que le aplican):

☐ niño maltratado   ☐ esposa batida   ☐anciono/a;   ☐persona sin casa   ☐veterano
☐ persona incapacitada   ☐ persona analfabeta   ☐ labrador del campo migratorio
_____

RECONOCIMIENTO Y RENUNCIO

YO CERTIFICO, BAJO PENA DE PERJURIO, QUE LAS DECLARACIONES DE SUELDO Y HOGAR HECHAS SOBRE ESTE IMPRESO SON CIERTOS. LA INFORMACION PUEDE SER VERIFICADA.

NOMBRE: _____ FECHA: _____

DIRECCION: _____

NUMERO TELEFONICO.: _____

FIRMA: _____
La información en esta forma es para el programa Community Development Block Grant (CDBG) y será guardado en confianza. Se puede quitar el nombre, direccion y número de teléfono antes de mandarle al Town of Apple Valley.

Town of Apple Valley

Town of Apple Valley Community Development Department

CDBG Quarterly Progress Report

Program Year July 1, 2017 through June 30, 2018

Agency name & address:_____

Contact name, phone number & email address:_____

	Income					Race																											Statistics			
	Ext. Low	Very Low	Low/ Mod	Non-Low/ Mod	Income Total	11 Whi	His # or 0	12 Blk Afr Am	His # or 0	13 Asian	His # or 0	14 Am Ind Alk Nat	His # or 0	15 Nat Haw OPI	His # or 0	16 Am Ind ANW	His # or 0	17 Asi Whi	His # or 0	18 Blk Afr Am Whi	His # or 0	19 Am Ind Alk Nat Am	His # or 0	20 Other Multi Racial	His # or 0	Race Total	Total Hispanic	Female Head of HH	Elderly	Disabled	Veteran						
1st Qtr.																																					
Jul	0	0			0																					0	0										
Aug					0																					0	0										
Sep					0																					0	0										
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
2nd Qtr.																																					
Oct					0																					0	0										
Nov					0																					0	0										
Dec					0																					0	0										
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
3rd Qtr.																																					
Jan					0																					0	0										
Feb					0																					0	0										
Mar					0																					0	0										
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
4th Qtr.																																					
Apr					0																					0	0										
May					0																					0	0										
Jun					0																					0	0										
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Cum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						

HUD 2016 Income Limits

	1	2	3	4	5	6	7	8
Ex. Low	13,550	16,240	20,420	24,600	28,780	32,960	37,140	41,320
V-Low	22,600	25,800	29,050	32,250	34,850	37,450	40,000	42,600
Low	36,150	41,300	46,450	51,600	55,750	59,900	64,000	68,150

PLEASE DO NOT TYPE IN YELLOW OR GREY CELLS

"Income Total" must equal "Race Total"

Hispanic Ethnicity count is independent of Race count

"Statistics" are for tracking purposes only and are not

required to equal "Total Number of Persons"

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Race/Ethnicity Definitions

In the simplest terms, **race** is used to describe genetic heritage (including one's skin color, and associated traits), while **ethnicity** describes one's cultural background or allegiance.

A person from Iran would be "White" whereas a person from China would be "Asian". However, it is up to the individual to determine what his/her race/ethnicity is. Staff should only make observational determinations if the individual chooses not to self-identify.

The **five racial** categories as revised by the federal Office of Management and Budget (OMB) are defined as follows:

1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

HUD requires beneficiaries answer yes or no with regard to ethnicity. The **two ethnic** categories as revised by OMB are defined as follows:

1. **Hispanic or Latino**. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

2. **Not Hispanic or Latino**. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Ethnicity Abbreviation Key	
Hispanic	His
Non-Hispanic	N-His

Race Abbreviation Key	
White	Whi
Black/African American	Blk/Afr/Am
Asian	Asi
American Indian/Alaskan Native	Am Ind/Alk/Nat
Native Hawaiian/Other Pacific Islander	Nat Haw OPI
American Indian/Alaskan Native & White	Am Ind/ANW
Asian & White	Asi/Whi
Black/African American & White	Blk/Afr/Am Whi
Am. Indian/Alaskan Native & Black/African Am	Am Ind Alk Nat Am
Other Multi-Racial	Other Multi-Racial

ETNIDAD Llave de Abreviaciones	
Hispano/a	His
No-Hispano/a	N-His

RAZA Llave de Abreviaciones	
Blanco	Blanco/europeo
Negro/Afro	Negro/Africano/Afro-Americano
Asi	Asiatico
Indigeno/a o Alaska	Indígena de las Americas o Alaska
Indigeno/a de Hawai	Indígena de Hawai u otra Isla del Pacifico
Mestizo de Ind	Mestizo de Indígena americano y Blanco/europeo
Asi & blanco	Asiatico y Blanco/europeo
Black/African American & White	Negro/Africano y Blanco/europeo
Indigeno/a Am.	Indígena Americano y Negro/Africano
Other Multi-Racial	Otra combinacion de razas

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Town of Apple Valley

Housing and Community Development Grants
Performance Measurement System

Congress passed the Government Performance and Results Act (GPRA) in 1993 establishing strategic planning and performance measurement in the Federal government and federally funded programs. The Town of Apple Valley and the Apple Valley Consortium, in compliance with the GPRA and the U.S. Department of Housing & Urban Development (HUD) Notice CPD–03-09, have undertaken the implementation of a performance measurement system to assess our performance and progress towards addressing the needs of the low-income people and areas we serve through our CDBG Program.

Performance Measurement System
The Town has modified HUD's Logic Model in designing its performance measurement system. This system is intended to provide the Town with a concise description of how its funded programs/projects will meet the Town's goals and positively impact our citizens and the community. Each funded program/project must complete the attached Performance Measurement Form as a part of its contract for funding.

Definitions
Goals: A goal is a broad statement that describes what can reasonably be achieved by completing a project. The Town's and/or Consortium goals are the proposed solutions to the problems or needs identified in the Strategic Plan of the Consolidated Plan. Each funded program/project must meet one of the Town's Strategic Plan Goals. The Town's current goals are:
Highest Ranked Priority Needs (Based on recent Community Participation Process)

- **Housing Programs**
  Transitional shelters; affordable housing for multi-family, single family, veterans; rehabilitation- owner occupied and rental; down payment assistance; code enforcement activity to improve neighborhood esthetics and values; reduce overcrowding in occupied properties; establish rent control for affordabilityy; encourage collaboration between public agencies, developers, investors and other stakeholders to develop inclusive housing development.

- **Homeless and At-Risk-of-Homelessness Services**
  Support the development of "one stop" resource centers to assist homeless persons to acquire the necessary documentation and consultation (mental health, physical health and nutrition, job skills training, identification, social security and disability benefits, etc.) to achieve reentry into employment and housing; food and nutrition services; utility assistance; support the Homeless Outreach Proactive Enforcement (HOPE) program; support public safety efforts; provide resource directories for available services; provide community resource directory for all available services; encourage collaboration between agencies, faith based organizations and other stakeholders to unify services; support efforts to increase volunteerism in public service programs.

- **Economic Development and Employment Opportunities**
  Increase job opportunity through education and job training programs; encourage small business development through business practices and fundamentals education: collaborate

with state, county and local agencies that offer trade skills training and basic job search techniques; encourage local education facilities to offer education and training that will lead to employment opportunities in the community; support job creation through business friendly policies and practices.

- **Human Services**
  Support programs that encourage the development of responsible, motivated and educated youth; support the development of arts, music and culture in the community; encourage programs that promote a healthy lifestyle; develop public facility amenities that facilitate community involvement and recreation; disseminate fair housing information through literature, media, referrals and workshops; encourage programs designed to unite youth, seniors, veterans and disabled persons in mentoring and caregiving.

- **Accessibility and Mobility**
  Develop and support efforts to improve mobility in the community; identify and remove barriers that impede accessibility in the community; support transit systems, mass and specialized, that enable residents to access destinations for employment, education, recreation and other essential purposes; support collaborative efforts to improve community and regional transit.

Your agency will also have its own goals that are generally related to the purpose of the agency, and express that purpose concisely. Examples are:
- Increase legal services to individuals without financial resources
- Improve the quality of life of the aging or physically disabled
- Improve access to nutritious food for low-income seniors
- Maintain housing stability for individuals/families at risk of homelessness/eviction

Inputs: Inputs are the resources dedicated to or consumed by the program such as money, staff/staff time, contractors, facilities, equipment and supplies.

Activities: Activities are what the program/project does with inputs to fulfill its mission. Activities include the major steps, milestones, or services provided in order to implement the program/project. Examples are:

- Hot lunch daily
- Tutoring session of ½ hour
- Counseling session of 1 hour
- One day of shelter
- One hour of legal counseling
- Intake/application screening

Outputs: Outputs are the direct products of a program's activities. Outputs are measured in terms of the volume of work accomplished or units of service accomplished. Examples are:
- The number of seniors provided with hot lunch on a daily basis
- The number of low-income households served
- The number of loan applications processed
- The number of units constructed or rehabilitated

- The number of jobs created or retained

Outcomes: Outcomes are the benefits to a person or the community that result from a program/project. Outcomes typically relate to a change in conditions, status, attitudes, skills, knowledge, or behavior. Outcomes may be long-term or short-term, but must be specific, measurable, achievable, realistic, and time delineated. Examples are:
- Improved mental health demonstrated by reducing presenting symptoms after 6 months of treatment
- Reduced criminal activity in targeted neighborhoods or census tracts or in the community overall by 10% within one year
- Improved reading skills by one or more age or grade levels within 3 months
- Increase in property values or home sales prices as a result of coordinated neighborhood activities, such as housing rehabilitation and new home construction over the next five years
- Reduction in blighted/nuisance properties as a result of code enforcement, acquisition, demolition, rehabilitation activities during the program year
- Decrease in the number of children with elevated blood lead levels as a result of the Lead Abatement activities over the next 12 months
- Increase in annual income within one year as a result of job training or employment
- Increased business sales in neighborhood commercial areas within one year as a result of the façade improvements
- Decrease by 5 to 10% in the number of chronically homeless individuals in the Town over the next year

Performance Measurement System (Continued)

Measuring Outcomes

To measure outcomes select measurement reporting tools that relate to the goals established for your funded program/project. The development of a performance measurement system will be an evolving process. The Town of Apple Valley will work with funded agencies to identify realistic outcomes that are suitable to the funded program/project.

Common measurement reporting tools are client assessments, surveys, observation tools, case records, and interviews. Subrecipients are not restricted or required to use any of these measurement reporting tools, due to the fact identifiable sources of data already collected may be utilized to measure outcomes.

Output and Outcome Characteristics

Checklist

❐ Quantifiable and measurable
❐ Simple, clear and understandable
❐ Realistic
❐ Manageable and achievable
❐ Identifies a specific group of clients

❐ Specifies a time frame
❐ Measures an end, not a means to an end
❐ Outcome measures are taken after the service has been delivered

Guidelines for Completion	
Program Name	List the name of your program or the name of your agency and program if they are different.
Strategic Plan Goal	List which of the Town's Strategic Plan goals your program/project plans to address (see page 19 of the Performance Measurement System).
Column 1 Service/Activity	List the actual services, activities, or major steps undertaken during the program year.
Column 2 Output Results	List the **cumulative** outputs that were reported in the Quarterly Progress Report.
Column 3 Outcome Goal(s)	List the outcome goals as approved in your approved agreement.
Column 4 Actual Outcomes	List the actual outcomes as measured utilizing the Measurement Reporting Tools listed in Column 5.
Column 5 Measurement Reporting Tools	Identify the tools, data sources, or procedures you used to measure the performance of the funded program/project. You must include your data sources and back up documentation you used.
Column 6 Additional Information	Use this column to provide additional information relating to the status or progress of your project; explain any significant variance in the outputs or outcomes projected in the contract; and/or describe any outstanding project achievements.

Town of Apple Valley
Annual Performance Measurement Form
Due July 15, 2018

Program Name: Residential Rehabilitation Loan Program Contact Name, Address and Phone: Christopher Moore 14955 Dale Evans Parkway Apple Valley, CA 92307 760 240 7000 x 7921	Strategic Plan Goal: Preserve existing housing stock (See definitions/goals on pages 16 & 17)

Program Description:

The Town of Apple Valley provides loans of up to $20,000 for repair work to single family, owner-occupied homes. The program is available to lower income homeowners who live within the Apple Valley Town limits. Loans are available at a rate of 0% simple interest, deferred for a maximum of 30 years. This means payments are not required during the term of the loan, however, deferred loans are immediately due on sale, refinance or transfer of title.

Column 1 Actual Services or Activities	Column 2 Output Results	Column 3 Outcome Goal(s)	Column 4 Actual Outcome(s)	Column 5 Measurement Reporting Tools	Column 6 Additional Information
Provide loans to low-income Apple Valley residents to make necessary repairs to their homes.	The number of homes rehabilitated.	Preservation of the housing stock, neighborhood beautification.	improving living environment for homeowners, improving neighborhood and community	Increase in property values or home sales prices, clientele satisfaction survey. Before and after photographs.	Media coverage, success stories, professional acknowledgments, additional grants received.

Note: For assistance in completing this form, refer to the attached guidelines

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Town of Apple Valley
Annual Performance Measurement Form

1. Select objective:

Why am I undertaking this activity?
- ➢ Create a suitable living environment
- ➢ Provide decent housing
- ➢ Create economic opportunities

2. Select Outcome

Which of the following best describes the intended result of the activity?
- ➢ Improve availability or accessibility of units or services
- ➢ Improve affordability not just of housing but also of other services
- ➢ Improve sustainability by promoting viable communities

Program Outcomes and Objectives

Using the table below, check the box that best describes the HUD defined outcome and objective that your proposed program/project will meet (select only one).

Outcomes→ Objectives↓	Availability/ Accessibility		Affordability		Sustainability	
Suitable Living Environment	☐	Enhance suitable living environment through new/improved accessibility	☐	Enhance suitable living environment through new/improved affordability	☐	Enhance suitable living environment through new/improved sustainability
Decent Housing	☐	Create decent housing with new/improved availability	☐	Create decent housing with new/improved affordability	☐	Create decent housing with new/improved sustainability
Economic Opportunity	☐	Provide economic opportunity through new/improved accessibility	☐	Provide economic opportunity through new/improved affordability	☐	Provide economic opportunity through new/improved sustainability

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