



### HOUSING AND COMMUNITY DEVELOPMENT SERVICES

#### **Community Development Block Grant (CDBG)**

### Consolidated Annual Performance and Evaluation Report (CAPER) – Part I

For the Period: July 1, 20 —June 30, 20

Subrecipient Name and Address:					Projec	Project Name:						Contract Amount:	
					HUD A	HUD Activity Number		Count	County Contract Number:		l l	Program Year:	
Project Description:								I				ation:	
Contact Person:						Contact Phone Number: Contact E-ma					-mail:		
Pul   Pul   Pla   Pla	activity: (I plic Facilities rastructure nning/Admi ve: (Please Create Provide Create Create ee: (Please Availab	Please check s inistration c check one) a suitable livin c decent afforce conomic opp c check one) bility/accessibil ability	Econor Public Other:  g environment lable housing ortunities  ity (Activities does not (Activities housing, (Activitie) (Activitie)	that make so only refer to that provide that provide casic infrastru s that promo	(Activities living env (Housing for activit (Activities ervices, infraphysical barries affordabilit ucture hookite livable or	s that b ironme activities who is related astructuriers.)  y in a value, or iviable of viable of the structuriers.	Rental Hou Owner-occi enefit common nt) es that mee ere housing d to econor are, housing ariety of was services succommunitie	using cupied Hou munities/ et individua is an elen mic develo g, and sheli ays. It can ch as trans es and neig	families/i al family onent of a opment, conternation include to protection ghborhood	No Ho	n-homeles meless/HI by address ity needs; t.) revitalizati essible. N or mainte	ing issues in should not be on, and job ote that accordance of aff	their ne used creation) essibility
moderate-income persons or by reviving slums or blighted areas)  4. Actual Contract Expenditures:  Total Funds Spent to Date  Amount Remaining (Contract Claims Submitted this Quarter? If no claims were submitted,									omitted,				
Amou			Amount	minus Fund	ls spent)		Yes No				Why?		
If project is complete, can the remaining balance be reallocated?						Yes No Remaining balance at payment of final clair							
5. If project is not complete/fully expended, provide future m  Quarter 1 Quarter 2			monthly p	Quarter 3			Г	Quarter 4			otal		
	Jul		ept Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	Balance
Expenditure Projection							7 00	.,,,,,,					
<ul><li>6. Please I where a</li><li>7. Did you expedit</li></ul>	appropriat meet you e the proj	e. r anticipated	goals during t project goals.								·		
0 What is	the nevt r	milestone act	ivity and actim	ated date (	month and	voar\?	<b>)</b>						





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		HUD Activi	ty Number	County Contr	act Number:	Program Year: FY			
Project Description:						Location:			
Contact Person:		Contact Ph	one Number	Contact E-ma	l sil:				
				_	_				
For construction proje	cts, please complete the following: (If p	reviously repor	ted, please o	heck the box	」and you may	skip this section):			
	Project Tasks	Actual Date Completio	•	Expected Date of Completion					
	Project Design								
	Advertise Bid Documents								
	Open Bid Documents								
	Contract Award								
	Pre-Construction Conference								
	Project Completion								
	Estimate the project completion pero	contago as of th	ic						
	reporting period:	entage as of th	13						
	reporting period.								
	Contractor Awardee Information Contractor's Name:								
	Contract Amount:								
	Prevailing Wage Decision Number:	Puilding\							
	(Ex. CA20220001/Mod 9, 08/05/22,	Bullaing)							
	Wage Decision Lock-in Date:*	antitiva hiddina n	cacaduras tha	hid ananing data	lasks in the wa				
	*For contracts entered into through comp decision, provided that the contract is aw								
	after bid opening, the contract award dat		•			.,,5			
	other agreements for which there is no bi	_		•					
	lock-in date.								
☐ Please complete th	ne attached CAPER Part II and submit v	with this sheet		irt II is not requ	uired for this project				
CAPER Completed by	: Date	:							
Email Address:									
Additional Commen	ts (if applicable:)								
COR Reviewed and Received									
Follow Up Needed Complete, No Further Action Needed.									
COR Comments:									