ATTACHMENTS
SAMPLE REPORTS

MIAMI-DADE COUNTY

Reporting Period: ☐ 1st Quarter [Jan-Mar]   ☐ 2nd Quarter [Apr-Jun]   ☐ 3rd Quarter [Jul-Sept]   ☐ 4th Quarter [Oct-Dec] / Annual Report

Section I: General Information

Recipient Name (Organization): _____

Contact Person (Name & Title): _____   Telephone Number: _____

Activity Name (Project Title): _____

Activity Address: _____

Activity Description: _____

Activity ID # : _____   Index Code: _____   Funding Source: _____   Funded Amount: $ _____

Activity Category: ☐ Administration ☐ Capital Improvement ☐ Economic Development ☐ Historic Preservation ☐ Housing ☐ Public Service

Objective: ☐ Create suitable living environments ☐ Provide decent affordable housing ☐ Create economic opportunities

Outcome: ☐ Availability/Accessibility ☐ Affordability ☐ Sustainability

Section II: Financial Information

A CATEGORY	B APPROVED BUDGET	C TOTAL EXPENDED [This Quarter]	D ACTUAL EXPENDITURES CUMULATIVE [Through end of this quarter]	E REIMBURSED CUMULATIVE [Through end of this quarter]	F CUMULATIVE PERCENTAGE [B & D]	G PROJECTED EXPENDITURES [Next Quarter]	H PROJECTED CUMULATIVE EXPENDITURE [By end of Contract Period]
Personnel	$	$	$	$	%	$	$
Contractual	$	$	$	$	%	$	$
Operating Costs	$	$	$	$	%	$	$
Commodities	$	$	$	$	%	$	$
Capital Outlay	$	$	$	$	%	$	$
TOTAL	$	$	$	$	%	$	$

Program Income ♦ The disposition of Program Income not specifically listed in the approved Program Income budget requires prior written approval from DHCD.

1. Does this activity generate Program Income? ☐ Yes ☐ No   **2.** If yes, indicate the amount generated this quarter. $ _____

3. If yes, was written approval granted by DHCD to use the Program Income generated from this activity? ☐ Yes ☐ No ☐ N/A

If yes, ⟨∅⟩ attach copy of approval letter and related documents. If no, a written request for approval to use the Program Income must be submitted to DHCD –or– a check payable to Miami-Dade County for the generated Program Income must be submitted quarterly in accordance with the terms of the contract. ▪ Check Attached? ☐ Yes ☐ No ☐ N/A

ACTIVITY STATUS AND ACCOMPLISHMENT INFORMATION

1. Activity Status: ☐ Cancelled ☐ Underway ☐ Completed   **2.** Environmental Status: ☐ A=Exempt ☐ C=Completed ☐ D=Underway

3. Is this activity still in compliance with the original project schedule? ☐ Yes ☐ No

Section III: ☐ Work in Progress [On-going Activities] ♦ ☐ Accomplishment Narrative [Activity Completed]
Check appropriate box and reference the Scope of Services, included in your contract, as the basis for reporting the work in progress or accomplished in a brief narrative format. [⟨∅⟩ Attach Scope of Services]

_____

_____

_____

_____

Section IV: Other Supporting Efforts ♦ Provide a description, using quantifiable data, of all other supporting efforts that have begun, partially implemented, or completed during this period.

_____

_____

MIAMI-DADE COUNTY

Section V: Problems Encountered ♦ Provide a brief description of any problems or delays encountered during this period or anticipated.

_____
_____
_____

Section VI: Technical Assistance ♦ If your organization has a need or anticipate a need for technical assistance during this period, please describe the nature of the assistance required.

_____
_____
_____

Section VII: Performance Measurement

Accomplishment Type: ☐ People [01] ☐ Households [04] ☐ Businesses [08] ☐ Organizations [09] ☐ Housing Units [10]
☐ Public Facilities [11] ☐ Jobs [13]

National Objective: ☐ Area Wide Benefit [e.g. LMA, LMAFI, LMASA, SBA] -or- ☐ Direct Benefit [e.g. LMC, LMH, LMJ]

Achievements: ☐ Yes ☐ No ▪ **Type:** ☐ Housing

	Housing Units			
	Owner	Rental	Buyer	Total
Projected Goal				
Actual This Quarter*				
Actual Cumulative				

***Supplemental Form 📎 Required** – Attached Y / N :
(1) Performance & Benefit Data: Housing
Note: HOME funded projects must submit applicable activity set-up form.

Achievements: ☐ Yes ☐ No ▪ **Type:** ☐ People or ☐ Households

	People		Households		
	Total People	Low / Mod	Total Households	Low / Mod	Female Headed
Projected Goal					
Actual This Quarter*					
Actual Cumulative					

***Supplemental Form 📎 Required** – Attached Y / N :
(1) Performance & Benefit Data: Public Service & Administration ☐ -or-
(2) Performance & Benefit Data: Capital Improvement & Public Facilities ☐ -or-
(3) Performance & Benefit Data: Housing ☐

Achievements: ☐ Yes ☐ No ▪ **Type:** ☐ Jobs or ☐ Businesses

	Jobs Created					Jobs Retained				
	FT Jobs	Low / Mod	PT Jobs	Low / Mod	Total	FT Jobs	Low / Mod	PT Jobs	Low / Mod	Total
Projected Goal										
Actual This Quarter*										
Actual Cumulative										

***Supplemental Form 📎 Required** – Performance & Benefit Data: Economic Development – Attached Y / N :

PERFORMANCE CERTIFICATION: ☐ This certifies that No Accomplishments occurred during this Quarter. _____ Initials

NOTE: Submittal of Supplemental Form – Performance & Benefit Data is not required at this time based on the certification that no accomplishments occurred during this quarter.

CERTIFICATION
This is to certify that the data and other information provided in this Report is correct, based on official accounting system and records, and that expenditures and obligations shown have been made for the purpose of and in accordance with applicable Terms and Conditions of the Contract and Funding Requirements.

Report Prepared by: _____ Title: _____ Date: _____
Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

FOR DHCD USE ONLY Activity IDIS Number: _____

Report ☐ is / ☐ is not complete ♦ Report ☐ is / ☐ is not accurate ♦ Initial review for completeness and accuracy completed by:

Name: _____ Date: _____ Name: _____ Date: _____
Contracts Officer Team Leader / Supervisor

MIAMI-DADE COUNTY

Performance & Benefit Data: Capital Improvement & Public Facilities
Supplement to Quarterly Expenditure and Progress Report ▪ FY 20___

Recipient Name: _____

Activity Name: _____

Activity ID # : _____ Activity Category: _____

HUD Activity Matrix Code: _____ Accomplishment Type: _____

HUD Matrix Code Description: _____

PROJECT TYPE:	MEASURES:	ACCOMPLISHMENT UNITS COMPLETED:
☐ Acquisition / Disposition	☐ Structures ♦ ☐ Parcels	_____ # of Structures
☐ Clearance / Demolition	☐ Structures ♦ ☐ Parcels	_____ # of Parcels
☐ Street Improvements	Persons Served ♦ Low & Moderate Income	_____ # of Facilities
☐ Public Facility / Type: _____	Persons Served ♦ Low & Moderate Income	_____ # of Persons Served
☐ Building / Type: _____	Facilities ♦ Persons Served ♦ Low/Mod Income	_____ # of Low/Mod Income
☐ Other Capital Improvement /Type: [indicate below] _____	Persons Served ♦ Low & Moderate Income	

PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION

Instructions & Applicability: National Objectives include LMA, LMC, LMH, SBA, SBR, SBS or URG

1. Total benefiting for program year: _____   **2.** Counts by Households (H) -or- Persons (P): _____

3. Of those assisted, enter the number that:

_____ a) Now have **new access** to this service or benefit

_____ b) Now have **improved access** to this service or benefit

_____ c) Now receive a service or benefit that is **no longer substandard**

_____ **Total**

_____ d) Now have **new access** to this type of public facility or infrastructure improvement

_____ e) Now have **improved access** to this type of public facility or infrastructure improvement

_____ f) That are served by a public facility or infrastructure that is **no longer substandard**

_____ **Total**

_____ g) Homeless persons given overnight shelter

_____ h) Number of beds created in overnight shelter or other emergency housing

DIRECT BENEFIT INFORMATION

RACE / ETHNIC CATEGORY

Instructions: Indicate the total number of households or persons served in each Racial Category for this reporting period and the cumulative total. From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

RACIAL CATEGORIES	REPORT PERIOD TOTALS		CUMULATIVE TOTALS	
	Racial Categories	Ethnic Category	Racial Categories	Ethnic Category
	Total Number	Number Hispanic	Total Number	Number Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African [19]				
Other Multi Racial [20]				
Totals				

MIAMI-DADE COUNTY

DIRECT BENEFIT INFORMATION [CONTINUED]

Income Categories	DIRECT BENEFIT BY INCOME CATEGORY		Other Categories	OTHER DIRECT BENEFIT INFORMATION	
	REPORT PERIOD TOTALS Total Number	CUMULATIVE TOTALS Total Number		REPORT PERIOD TOTALS Total Number	CUMULATIVE TOTALS Total Number
Extremely Low (30% or less)			Total # Benefiting from the Activity		
Low (31% - 50%)					
Moderate (51% - 80%)			# of Female Headed Households		
Non Low/Mod (81% or greater)					
Totals					

AREA BENEFIT INFORMATION

Census (C) or Survey (S) Data Used: _____   If (S), enter # of Low/Mod & Total Population: _____

Total # of Low/Mod in Service Area: _____   Total Low/Mod Universe Population in Service Area: _____

Percent of Low/Mod in Service Area: _____

Census Tract: _____   Block Groups: _____ _____ _____ _____ _____ _____

Census Tract: _____   Block Groups: _____ _____ _____ _____ _____ _____

Census Tract: _____   Block Groups: _____ _____ _____ _____ _____ _____

PART 3 - LEVERAGING OF FUNDS [Other Funding Sources]

$ _____ 1. CDBG Funds $ _____ 5. Other Federal Funds

$ _____ 2. HOME Funds $ _____ 6. State / Local Funds

$ _____ 3. ESG Funds $ _____ 7. Private Funds

$ _____ 4. Section 108 Loan Guarantee $ _____ 8. Other: _____
                                                         Name of Funding Source

$ _____ **Total Funds**

📎 **REQUIRED ATTACHMENTS** [if applicable]**:** 1) Certificate of Completion and 2) other required documentation as depicted in the Contract or Scope of Services.

Report Prepared by: _____   Title: _____   Date: _____
                    Print Name

Signature of Certifying Official: _____   Title: _____   Date: _____

MIAMI-DADE COUNTY

Recipient Name: _____

Activity Name: _____

Activity ID # : _____ Activity Category: _____

HUD Activity Matrix Code: _____ Accomplishment Type: _____

HUD Matrix Code Description: _____

Reporting Period	
1st Quarter [Jan-Mar]	☐
2nd Quarter [Apr-Jun]	☐
3rd Quarter [Jul-Sept]	☐
4th Quarter [Oct-Dec] / Annual Report	☐

PART 1 - JOB CREATION AND JOB RETENTION

1. Indicate in the table below, the number of jobs created –or– retained for this activity.

JOB CREATION	REPORT PERIOD TOTALS					CUMULATIVE TOTALS				
	Full-Time	FT Low/Mod	Part-Time	PT Low/Mod	Percent of Low/Mod Jobs	Full-Time	FT Low/Mod	Part-Time	PT Low/Mod	Percent of Low/Mod Jobs
Expect to Create										
Actually Created										

JOB RETENTION	REPORT PERIOD TOTALS					CUMULATIVE TOTALS				
	Full-Time	FT Low/Mod	Part-Time	PT Low/Mod	Percent of Low/Mod Jobs	Full-Time	FT Low/Mod	Part-Time	PT Low/Mod	Percent of Low/Mod Jobs
Expect to Retain										
Actually Retained										

2. Indicate in the table below, the type of jobs created –or– retained for this activity.

TYPE OF JOB CREATED OR RETAINED	REPORT PERIOD TOTALS		CUMULATIVE TOTALS	
	Number of Jobs Created	Number of Jobs Retained	Number of Jobs Created	Number of Jobs Retained
Officials & Managers				
Professional				
Technicians				
Sales				
Office & Clerical				
Craft Workers (skilled)				
Operatives (semi-skilled)				
Laborers (unskilled)				
Service Workers				
Totals				

3. Complete the Direct Benefit Information in the table below for the actual jobs created –or– retained for this activity.

DIRECT BENEFIT INFORMATION

RACE / ETHNIC CATEGORY
Instructions: Indicate the total number of persons served in each Racial Category for this reporting period and the cumulative total. From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

Racial Categories	REPORT PERIOD TOTALS		CUMULATIVE TOTALS	
	Total Number	Number Hispanic	Total Number	Number Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African [19]				
Other Multi Racial [20]				
Total				

Performance & Benefit Data: Economic Development
Supplement to Quarterly Expenditure and Progress Report ■ FY 20___

MIAMI-DADE COUNTY

DIRECT BENEFIT INFORMATION CONTINUED

DIRECT BENEFIT BY INCOME CATEGORY			OTHER DIRECT BENEFIT INFORMATION		
Income Categories	REPORT PERIOD TOTALS Total Number	CUMULATIVE TOTALS Total Number	Other Categories	REPORT PERIOD TOTALS Total Number	CUMULATIVE TOTALS Total Number
Extremely Low (30% or less)			Total # Benefiting from the Activity		
Low (31% - 50%)					
Moderate (51% - 80%)			# of Female Headed Households		
Non Low/Mod (81% or greater)					
Total					

4. Of the actual jobs created, how many jobs have employer sponsored health care benefits: _____

5. Of the actual jobs created, how many were unemployed prior to taking the job created under this activity: _____

6. Of the actual jobs retained, how many jobs have employer sponsored health care benefits: _____

7. If employment levels are less than initially proposed, explain reductions or indicate when the proposed goals will be met.

_____

_____

PART 2 – ASSISTANCE TO BUSINESSES

1. Number of Businesses Assisted during this program year: _____ 2. Of the Existing Businesses assisted, enter the number of
   a) Number of New Businesses Assisted _____ Expanding Businesses _____
   b) Number of Existing Businesses Assisted _____ Relocating Businesses _____
   Total _____ Total _____

3. Number of Businesses Assisted with commercial façade treatment / business building rehab: _____

4. Number of Businesses Assisted that provide goods or services to meet the needs of a services area, neighborhood or community: _____

5. Specify DUNS Number for each Business Assisted:

DUNS #	DUNS #	DUNS #	DUNS #	DUNS #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AREA BENEFIT INFORMATION

Census (C) or Survey (S) Data Used: _____ If (S), enter # of Low/Mod & Total Population: _____

Total # of Low/Mod in Service Area: _____ Total Low/Mod Universe Population in Service Area: _____

Percent of Low/Mod in Service Area: _____

Census Tract: _____ Block Groups: _____ _____ _____ _____ _____

Census Tract: _____ Block Groups: _____ _____ _____ _____ _____

PART 3 - LEVERAGING OF FUNDS [Other Funding Sources]

1. CDBG Funds: $ _____ 5. Other Federal Funds: $ _____

2. HOME Funds: $ _____ 6. State / Local Funds: $ _____

3. ESG Funds: $ _____ 7. Private Funds: $ _____

4. Section 108 Loan Guarantee: $ _____ 8. Other: $ _____ _____ Name of Funding Source

Total Funds $ _____

⋓ **REQUIRED ATTACHMENTS (as applicable for project type):** 1) Agreement – Financial Assistance for the Creation of Jobs; 2) Job Creation Verification (NRSA); 3) Job Creation Verification (Non-NRSA); 4) Job Creation List 5) Agreement – Financial Assistance for the Retention of Jobs; 6) Owner's Job Retention Statement; 7) Job Retention List; 8) Micro Loan Program Quarterly Report; 9) Delinquent Loans / Bad Loans List; & 5) any other required documentation as depicted in the Contract or Scope of Services.

Report Prepared by: _____ Title: _____ Date: _____
Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

MIAMI-DADE COUNTY

Recipient Name: _____

Activity Name: _____

Activity ID # : _____ Activity Category: _____

HUD Activity Matrix Code: _____ Accomplishment Type: _____

HUD Matrix Code Description: _____

Reporting Period	
1st Quarter [Jan-Mar]	☐
2nd Quarter [Apr-Jun]	☐
3rd Quarter [Jul-Sept]	☐
4th Quarter [Oct-Dec] / Annual Report	☐

HOME FUNDED PROJECTS ONLY ⏻ [Instructions: Check the box that corresponds to the HOME tenure type, complete the appropriate Form, & attach it to this report.]

☐ **Rental** - ⌀ Rental Set Up & Completion Form

☐ **Tenant-Based Rental Assistance** - ⌀ Tenant Based Rental Assistance Set Up Form

☐ **Homebuyer** - ⌀ Homebuyer Set Up & Completion Form

☐ **Homeowner Rehab** - ⌀ Homeowner Rehab Set Up & Completion Form

PROJECT TYPE ⏻ [Instructions: Check the box that corresponds to the activity project type.]

☐ Construction of Rental Units ☐ Rehabilitation of Rental Units

☐ Acquisition / Construction New Homeowner ☐ Homeowner Rehab Units

☐ Direct Financial Assistance to Homebuyers

NUMBER OF UNITS COMPLETED FOR PROGRAM YEAR:

Total number of Rental Units: _____

Total number of Owner Units: _____

Total number Homebuyer Households: _____

CDBG MULTI –UNIT ACTIVITY ♦ Activity Set-up & Completion Information [Multi-unit housing is defined as two or more units per structure]

Units	Total	Occupied	Occupied Low / Mod
Number of Units at Start			
Number of Units Expected at Completion			
Number of Units Actually Completed			

Instructions: Indicate if this activity is limited to one of more of the items listed below by placing an "X" for each that applies.

	CDBG Housing Rehabilitation
	Installing Security Devices
	Installing Smoke Detectors
	Performing Emergency Housing Repairs
	Providing Supplies and Equipment for Painting Houses
	Operating a Tool Lending Library

DISPLACEMENT INFORMATION:

Type	Census Tract or City	White	Black	Hispanic	Asian / Pacific	American Indian / Alaskan
Displaced From						
Remaining In						
Relocated To						

REPLACEMENT INFORMATION:

Type	Demolished / Converted Address	Replacement Address
Number of Bedrooms		
Agreement Execution Date		
Available Date		

PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION [Applicability: This section must be completed for all Rental and Homeowner activities]

1. Number of Affordable Units: _____ a) Units occupied by elderly: _____ b) Years of Affordability: _____

c) Number of Bedrooms: _____ _____ _____ _____

d) Number of units subsidized with project-based rental assistance by another Federal, state or local program: _____

e) Number of units designated for persons with HIV/AIDS, including units receiving assistance for operations: _____

▸ Number of units for the chronically homeless: _____

f) Permanent housing units designated for homeless persons & families, including units receiving assistance for operations: _____

▸ Number of units for the chronically homeless: _____

2. Number of Section 504 Accessible Units: _____ **3.** Number of Units qualified as Energy Star: _____

MIAMI-DADE COUNTY

▼ **The following questions are for Rehabilitation Activities only** ▼

4. Number of units brought from substandard condition (HQS or local code): _____

5. Number of units brought into compliance with lead safety rules (24 CFR Part 35): _____

▼ **The following question is for Rental Rehabilitation Activities only** ▼

6. Number of units created through conversion of non-residential to residential buildings: _____

▼ **The following question is for Acquisition / Construction New Homeowner Activities only** ▼

7. Number of households previously living in subsidized housing: _____

DIRECT FINANCIAL ASSISTANCE TO HOMEBUYERS

1. Number of first-time homebuyers: _____   a) Of those, number receiving housing counseling: _____

2. Number receiving Down Payment Assistance / Closing Costs: _____

DIRECT BENEFICIARY INFORMATION ♦ NUMBER OF HOUSEHOLDS ASSISTED

Instructions: Indicate the total number of households or persons served in each Racial Category for this reporting period and the cumulative total. From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

RACIAL CATEGORIES			ETHNIC CATEGORY	
Total Number		**Racial Categories [Households or Persons]**	**Total Number Hispanic**	
This Quarter	**Cumulative**		**This Quarter**	**Cumulative**
		White [11]		
		Black / African American [12]		
		Asian [13]		
		American Indian / Alaskan Native [14]		
		Native Hawaiian / Other Pacific Islander [15]		
		American Indian / Alaskan Native & White [16]		
		Asian & White [17]		
		Black / African American & White [18]		
		American Indian or Alaskan Native & Black / African [19]		
		Other Multi Racial [20]		
		◀ Totals ▶		

Total #	Household Income Category
	Extremely Low (30% or less)
	Low (31% - 50%)
	Moderate (51% - 80%)
	Non Low/Mod (81% or greater)
	Total

Other Beneficiary Data	Total #
Total Number of Households Benefiting from the Activity	
Number of Female Headed Households	

FUNDING SOURCES ♦ Leveraging of funds [Other Funding Sources]

CDBG Funds **1.** $_____   Other Federal Funds **5.** $_____

HOME Funds **2.** $_____   State / Local Funds **6.** $_____

ESG Funds **3.** $_____   Private Funds **7.** $_____

Section 108 Loan Guarantee Funds **4.** $_____   Other **8.** $_____

Total Funds $_____   Description of Other Funds (#8)

COMMENTS

_____

_____

① REQUIRED ATTACHMENTS [As applicable by activity type]:
1) Certificate of Occupancy or Completion; 2) Declaration of Restrictive Covenants; 3) Special Warranty Deed(s); 4) HOME Completion Report (by activity type); 5) Documentation of Eligible Occupancy (income & household size data); 6) Rent Charged (rental housing only); 7) Property Standards & Long Term Use Restrictions; 8) Written Agreement with landlord / developer depicting total number of units & number to be occupied by LMI persons; 9) Final Sources & Uses Statement; & 10) any other required documentation as depicted in the Contract or Scope of Services.

Report Prepared by: _____   Title: _____   Date: _____
Print Name

Signature of Certifying Official: _____   Title: _____   Date: _____

MIAMI-DADE COUNTY

Performance & Benefit Data: Public Services -or- Administration
Supplement to Quarterly Expenditure and Progress Report ▪ FY 20___

Recipient Name: _____

Activity Name: _____

Activity ID # : _____   Activity Category: _____

HUD Activity Matrix Code: _____   Accomplishment Type: _____

HUD Matrix Code Description: _____

Reporting Period	
1st Quarter [Jan-Mar]	☐
2nd Quarter [Apr-Jun]	☐
3rd Quarter [Jul-Sept]	☐
4th Quarter [Oct-Dec] / Annual Report	☐

PROJECT CATEGORY:	ACCOMPLISHMENT TYPE / MEASURES:	ACCOMPLISHMENT UNITS COMPLETED:
☐ Public Service	☐ People –or– ☐ Households	_____ # of Persons Served
☐ Administration (Fair Housing Activities)	Low & Moderate Income	_____ # of Households Served
		_____ # of Low & Moderate Income

PART 1 - PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION

Instructions & Applicability: National Objectives include LMA, LMC, LMH, SBA, SBR, SBS or URG

1. Total benefiting for program year: _____   **2.** Counts by Households (H) -or- Persons (P): _____

3. Of those assisted, enter the number that:

_____ a) Now have **new access** to this service or benefit

_____ b) Now have **improved access** to this service or benefit

_____ c) Now receive a service or benefit that is **no longer substandard**

_____ **Total**

PART 2 - DIRECT BENEFIT INFORMATION

RACE / ETHNIC CATEGORY

Instructions: Indicate the total number of households or persons served in each Racial Category for this reporting period and the cumulative total. From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

RACIAL CATEGORIES	REPORT PERIOD TOTALS		CUMULATIVE TOTALS	
	Racial Categories Total Number	Ethnic Category Number Hispanic	Racial Categories Total Number	Ethnic Category Number Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African [19]				
Other Multi Racial [20]				
Totals				

DIRECT BENEFIT BY INCOME CATEGORY			OTHER DIRECT BENEFIT INFORMATION		
Income Categories	REPORT PERIOD TOTALS Total Number	CUMULATIVE TOTALS Total Number	Other Categories	REPORT PERIOD TOTALS Total Number	CUMULATIVE TOTALS Total Number
Extremely Low (30% or less)			Total # Benefiting from the Activity		
Low (31% - 50%)					
Moderate (51% - 80%)			# of Female Headed Households		
Non Low/Mod (81% or greater)					
Totals					

MIAMI-DADE COUNTY

AREA BENEFIT INFORMATION [if applicable]

Census (C) or Survey (S) Data Used: _____   If (S), enter # of Low/Mod & Total Population: _____

Total # of Low/Mod in Service Area: _____   Total Low/Mod Universe Population in Service Area: _____

Percent of Low/Mod in Service Area: _____

Census Tract: _____   Block Groups: _____ _____ _____ _____ _____ _____

Census Tract: _____   Block Groups: _____ _____ _____ _____ _____ _____

Census Tract: _____   Block Groups: _____ _____ _____ _____ _____ _____

PART 3 - LEVERAGING OF FUNDS [Other Funding Sources]

$ _____ 1. CDBG Funds $ _____ 5. Other Federal Funds

$ _____ 2. HOME Funds $ _____ 6. State / Local Funds

$ _____ 3. ESG Funds $ _____ 7. Private Funds

$ _____ 4. Section 108 Loan Guarantee $ _____ 8. Other: _____
                                                              Name of Funding Source

                                           $ _____ **Total Funds**

📎 **REQUIRED ATTACHMENTS** [If applicable]:
(1) Data verifying family size and annual income of each person receiving the benefit; & (2) any other required documentation as depicted in the Contract or Scope of Services.

Report Prepared by: _____   Title: _____   Date: _____
                         Print Name

Signature of Certifying Official: _____   Title: _____   Date: _____

QUARTERLY EXPENDITURE AND PROGRESS REPORT
INSTRUCTIONS, DEFINITIONS & ACRONYMS

QUARTERLY EXPENDITURE & PROGRESS REPORT – Page One – Instructions

Reporting Period: Enter "X" in the box that corresponds with the appropriate reporting period for this report.

Section I: General Information

1. **Recipient Name:** Fill in the appropriate Agency / Organization Name.
2. **Contact Person:** Fill in the Contact Person's Name and Title.
3. **Telephone Number:** Fill in the Telephone Number of the Contact Person.
4. **Activity Name (Project Title):** Enter the name of the activity.
5. **Activity Address:** Enter the complete address of the location where the activity is taking place.
6. **Activity Description:** Enter brief description of the activity (120 characters maximum).
7. **Activity ID #:** Enter Activity ID No. of the activity.
8. **Index Code:** Enter the Index Code from FAMIS.
9. **Funding Source:** Enter the funding source (e.g. CDBG 06, CDBG DR 07, ESG 07, HOME 98, HOME CHDO 08, etc.).
10. **Funded Amount:** Enter the total funded amount of the activity, include additional awards (same funding source) if applicable.
11. **Activity Category:** Enter "X" in the box that corresponds with the appropriate Category of the activity (e.g. Housing, Economic Development, etc.).
12. **Objective:** Enter "X" in all that apply for the primary objective the activity is designed to provide.
13. **Outcome :** Enter "X" in all that apply for the primary outcome the activity is designed to provide.

Section II: Financial Information

1. **Column B:** Enter amount budgeted for the activity in each category of the approved budget (or most recent approved budget amendment).
2. **Column C:** Enter amount expended for the activity in each category during this reporting period.
3. **Column D:** Enter the actual cumulative expenditures from beginning of the contract through the end of this reporting period for each category.
4. **Column E:** Enter the cumulative amount reimbursed from beginning of the contract through the end of this reporting period for each category.
5. **Column F:** Enter the cumulative percent of expenditures for each category by dividing each amount in column D (Actual Cumulative Expenditures) by the corresponding amounts as shown in column B (Approved Budget). Example – If Column D shows $5,000 expended to date in the Personnel Category and Column B shows $20,000 in the Approved Budget for this category, then the percentage in Column F would be 25%.
6. **Column G:** Enter amount of projected expenditures in each category for the next quarter (reporting period).
7. **Column H:** Enter amount of projected cumulative expenditures in each category from beginning of the contract through the end of the contract period.
8. **Total:** Please include totals at the bottom of each column B through H.
9. **Generate Program Income?:** Enter "X" in the "Yes" box if this activity is expected to generate Program Income; otherwise enter "X" in the "No" box.
10. **If the response is "Yes" to Program Income:** Indicate the amount of program income generated during this reporting period; if the answer was "No" enter N/A.
11. **If Program Income is generated:** Enter "X" in the "Yes" if DHCD approved use of the Program Income & provide copy of written approval letter along with all related documents. Otherwise, enter "X" in the "No" box and submit a written request for approval –or– a check payable to Miami-Dade County for the generated Program Income.

ACTIVITY STATUS AND ACCOMPLISHMENT INFORMATION

1. **Activity Status:** Enter "X" in box that corresponds with the appropriate status of the activity [Cancelled, Underway, or Completed]. Please note that an activity is considered complete once it meets its national objective, all accomplishments have been reported, and all the funds are drawn from IDIS.
2. **Environmental Status:** Enter "X" in the box that corresponds with the appropriate status of the activity [A=Exempt, C=Completed, or D=Underway]
3. **Compliance with Original Project Schedule:** Enter "X" in the "Yes" box if the activity complies with the original project schedule; if not enter "X" in the "No" box.

Section III: Work in Progress

Provide a brief narrative description of work in progress during this reporting period. For example -

- **Housing -** During this period architectural drawings were completed, building department approved drawings, environmental approval received, plat filed with the County, and construction is expected to begin next quarter.
- **Economic Development -** Fifteen jobs were created during the reporting period, five additional jobs are expected to be created by next quarter.
- **Capital Improvement -** 75% of construction of the childcare center completed this reporting period. Project on schedule and is expected to be completed by next quarter.

Section IV: Other Supporting Efforts

Provide a brief narrative description of all other supporting efforts that have begun, partially implemented, or completed during this reporting period. Include quantifiable data whenever appropriate. In addition, other expenditures of funds, including local match and leverage contributions, should be depicted here.

QUARTERLY EXPENDITURE & PROGRESS REPORT – Page Two – Instructions

Section V: Problems Encountered

Provide a brief narrative description of any problems or delays that may have been encountered during this reporting period or that are anticipated in the next quarter. Report any problems that may impact the project as originally proposed, including but not limited to changes in Scope of Services, beneficiaries, target area, or other proposed outcomes. Recipients are encouraged to notify the Contracts Officer to report/discuss any problems encountered in order to resolve them as quickly as possible.

Section VI: Technical Assistance

This section is reserved for recipients to request Technical Assistance of any nature related to the funded activity.

QUARTERLY EXPENDITURE AND PROGRESS REPORT
INSTRUCTIONS, DEFINITIONS & ACRONYMS

Section VII: Performance Measurement

1. **Accomplishment Type:** Enter "X" in the box that corresponds to with the actual accomplishment type of this activity [People, Households, Businesses, Organizations, Housing Units, Public Facilities, or Jobs].
2. **National Objective:** Enter "X" in the box that corresponds with the National objective of this activity. Refer to Attachment A in the Contract to locate the National Objective for the activity –or– contact the Contracts Officer to obtain this information.

NATIONAL OBJECTIVE CODES & DESCRIPTIONS			
Code	**Beneficiary Type**	**Description**	**24 CFR Citation**
LMA	Area Basis Benefit	Low/Mod Area Benefit	570.208(a)(1)
LMAFI	Area Basis Benefit	Low/Mod Area Benefit, Community Development Financial Institution (CDFI)	570.208(d)(6)(i)
LMASA	Area Basis Benefit	Low/Mod Area Benefit, Neighborhood Revitalization Strategy Area	570.208(d)(5)(i)
LMC	Direct Benefit	Low/Mod Limited Clientele Benefit	570.208(a)(2)
LMCMC	Direct Benefit	Low/Mod Limited Clientele, Microenterprise	570.208(a)(2)(iii)
LMCSV	Direct Benefit	Low/Mod Limited Clientele, Job Service Benefit	570.208(a)(2)(iv)
LMH	Direct Benefit	Low/Mod Housing Benefit	570.208(a)(3)
LMHSP	Direct Benefit	Low/Mod Housing Benefit, CDFI or Neighborhood Revitalization Strategy Area	570.208(d)(5)(ii) 570.208(d)(6)(ii)
LMJ	Direct Benefit	Low/Mod Job Creation/Retention	570.208(a)(4)
LMJFI	Direct Benefit	Low/Mod Job Creation/Retention, Public Facility/Improvement Benefit	570.208(a)(4)(iv)(F)
LMJP	Direct Benefit	Low/Mod Job Creation, Location Based	570.208(a)(4)(iv)
SBA	Designated Area Basis	Slum/Blight Area Benefit	570.208(b)(1)
SBR	Urban Renewal Area	Slum/Blight in an Urban Renewal Area	570.208(b)(3)
SBS	Spot Basis	Slum/Blight Spot Basis	570.208(b)(2)
URG	Urgent Need	Urgent Need	570.208(c)

The data in this section is required on a quarterly basis for the reporting period and cumulative (from the beginning of the contact period through the quarter being reported). If there are no accomplishments during the reporting period, the data for this Quarter and Cumulative may be left blank, and the Recipient must complete the Performance Certification check box for "No Accomplishments"

3. **Total Housing: Housing** activities that Construct or Rehabilitate Rental Units, Acquire and/or Construct New Homeowner Units, Rehabilitate Homeowner Units, or provide Homeowner Counseling and Direct Financial Assistance to Homebuyers must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Housing".
4. **Total People or Households:** Activities that provide **Public Services or Administrative** (e.g., Fair Housing Activities) must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Public Services –or– Administration". **Capital Improvement and Public Facilities** Activities must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Capital Improvement & Public Facilities".
5. **Total Jobs:** Activities that create or retain jobs, and/or provide assistance to businesses, must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Economic Development".
6. **Performance Certification:** The Performance Certification check box for "No Accomplishments" must be checked and initialed by the Certifying Official if there have been no accomplishments during the reporting period. This item certifies that there have been no accomplishments during the reporting period and the Recipient is excused from providing any further accomplishment information on the activity status as required by HUD. Reference HUD "Notice of Outcome Performance Measurement System for Community Planning and Development Formula Grant Programs." A copy of the Notice and additional information about performance measurements is available at the following link: **http://www.hud.gov/offices/cpd/about/performance/** .
7. **Report Prepared By:** The name and title of the report preparer, along with the date, must be completed.
8. **Signature of Certifying Official:** The Certifying Official of the Recipient must sign the report, his or her title must be entered, and the certification must be dated.

SUPPLEMENTAL FORM: PERFORMANCE & BENEFIT DATA
INSTRUCTIONS

This Performance and Benefit Data Report must be completed and provided to DHCD for any quarter when actual accomplishments are achieved, the activity is completed, and the national objective is met. In addition, direct benefit or area benefit data must be provided as well. Please fill out the requested information completely and accurately as applicable for the funded activity. The following general information is available on Attachment A in the contract: Activity ID, Activity Category, HUD Activity Matrix Code and Description (HUD Activity Type), Accomplishment Type, and National Objective. All reports must include the name of the person preparing the report and the Certifying Official of the Recipient must sign the report, his or her title must be enter, and the report must be dated.

PUBLIC SERVICES or ADMINISTRATION	CAPITAL IMPROVEMENT & PUBLIC FACILTIES

Project Category [required]**:** Enter "X" in the box that corresponds with the funded project type.
Accomplishment Type / Measures [required]**:** Enter "X" in the box that corresponds with the funded project type.
Accomplishment Units Completed [required]**:** Indicate the number of persons or households served and number that are low/mod income.

~~~~~~

Performance Measurement & Accomplishment Information [required]
(1) Indicate the total number benefiting from the activity.
(2) Indicate method used to count the number benefiting from the activity – by Households served or Persons served.
(3) Of those assisted, responds to each inquiry – a through c – by providing the number that benefited, and provide the total for all.

~~~~~~

Direct Benefit Information [required]**:** Beneficiary information must be provided in this section for activities having a national objective of LMC, LMCMC, LMCSV, LMH, LMHSP, LMJ, LMJFI, or LMJP. Otherwise, complete the Area Benefit Information section. Provide information for actual number of households or persons assisted, for this reporting period and the cumulative total. Also, provide requested information in the Income Category and Other Beneficiary Data Sections.

Area Benefit Information [required]**:** If applicable for funded activity.

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Funding Sources / Leveraging of Funds [required]

Project Type [required]**:** Enter "X" in the box that corresponds with the funded project type.
Measures: Acquisition/Disposition and Clearance/Demolition activities only – Enter "X" in the box that corresponds with the funded activity.
Accomplishment Units Completed [required]**:** Indicate the number of units completed [Structures, Parcels, or Facilities] , number of persons served, and number that are low/mod income

~~~~~~

Performance Measurement & Accomplishment Information [required]
(1) Enter total number benefiting from the activity for the program year.
(2) Indicate if the count is by Household or Persons.
(3) Of those assisted, respond to each inquiry – a through h – by providing the number that benefited, and provide the total for each section.

~~~~~~

Direct Benefit Information [required]**:** Beneficiary information must be provided in this section for activities having a national objective of LMC, LMCMC, LMCSV, LMH, LMHSP, LMJ, LMJFI, or LMJP. Otherwise, complete the Area Benefit Information section. Provide information for actual number of households or persons assisted, for this reporting period and the cumulative total. Also, provide requested information in the Income Category and Other Beneficiary Data Sections.

Area Benefit Information [required]**:** If applicable for funded activity.

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Funding Sources / Leveraging of Funds [required]
Required Attachments must be provided, if applicable

HOUSING	ECONOMIC DEVELOPMENT

HOME Funded Projects Only [required]**:** Enter "X" in the box that corresponds with the funded HOME tenure type, complete the corresponding Form, & attach it to the report.
Project Type [required]**:** Enter "X" in the box that corresponds with the funded project type.
Number of Units Completed [required]**:** Indicate total number of Rental Units, Owner Units, or Homebuyer Households completed for the funded activity.
CDBG Multi-Unit Activity, if applicable**:** Provide all requested information for both charts in this section.
Displacement Information, if applicable**:** Provide all requested information in the chart.
Replacement Information, if applicable**:** Provide all requested information in the chart.

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Performance Measurement & Accomplishment Information [required], all applicable sections must be completed
(1) Provide number of Affordable Units and respond to each inquiry – a through f – by providing the requested information
(2) Provide number of Section 504 Accessible Units
(3) Provide number of units qualified as Energy Star
(4) Provide number of units brought up to HQS/Local Code (Rehab only)
(5) Provide number of units brought in compliance with lead safety (Rehab only)
(6) Provide number of units created through conversion of non-residential to residential buildings (Rental Rehab only)
(7) Provide number of households previously living in subsidized housing (Acquisition/Construction New Homeowner only)
Direct Financial Assistance to Homebuyers, if applicable
(1) Provide number of first-time homebuyers and of those, indicate number that received housing counseling
(2) Provide number receiving Down Payment Assistance/Closing Costs

~~~~~~

Direct Beneficiary Information [required] – must be completed for the actual number of households assisted, for this reporting period and the cumulative total. Also, provide requested information in the Household Income Category and Other Beneficiary Data Sections.
Funding Sources / Leveraging of Funds [required]
Required Attachments must be provided, if applicable.

Note: Jobs data should be prepared as accomplishments take place (as jobs are created) or on a quarterly basis, at a minimum.

Job Creation and/or Job Retention Information [responses required for this Accomplishment Type]
(1) Complete the Job Creation area if the activity is expected to create jobs; otherwise, complete the Job Retention area if the activity is expected to retain jobs.
(2) Indicate the number of jobs created or retained, as applicable, by job type for this reporting period and the cumulative total.
(3) Direct Benefit Information – must be completed for the actual jobs created or retained, as applicable, for this reporting period and the cumulative total. Also, provide requested information in the Income Category and Other Beneficiary Data Sections.
(4) Number of jobs created with employer sponsored health care benefits
(5) Number unemployed prior to taking job created
(6) Number of jobs retained with employer sponsored health care benefits
(7) Provide explanation if proposed goals are not met

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Assistance to Businesses [responses required for this Accomplishment Type]
(1) Indicate total number of business assisted, of that amount indicate how many are new businesses and the number of existing businesses
(2) Of the existing businesses, indicate how many were expanding businesses and the number that were relocating
(3) Indicate the number of businesses assisted with façade treatment or business building rehab
(4) Indicate the number of businesses that provide goods or services to meet the needs of a service area, etc.
(5) Provide the DUNS number for each business assisted [a requirement for any business that receives Federal assistance]

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Area Benefit Information [required]
Funding Sources / Leveraging of Funds [required]
Required Attachments must be provided, if applicable.

<div align="center">**DEFINITIONS & ACRONYMS**</div>

Area Benefit: Those activities having a national objective of LMA, LMAJI, and LMASA. Beneficiary data is reported by Survey or Census data for the percentage of low- and moderate-income persons in the service area. CDBG regulations specify that 51 percent of the residents of the service area must be LMI. Examples of area benefit activities include street/sidewalk improvements, water/sewer lines, neighborhood facilities, and façade improvements in neighborhood commercial districts.

Census Block: A geographic area bounded by visible and/or invisible features shown on a map prepared by the U.S. Census Bureau. A block is the smallest geographic entity for which the Census Bureau tabulates decennial census data.

Census Tract: A small, relatively permanent statistical subdivision of a county or statistically equivalent entity, delineated for data presentation purposes by a local group of census data users or the geographic staff of a regional census center in accordance with Census Bureau guidelines.

CDBG National Objectives: The authorizing statute of the CDBG program requires that each activity funded except for program administration and planning activities must meet one of three national objectives. All CDBG activities must achieve one or more of these national objectives.
- Benefit to low and moderate-income (LMI) persons,
- Aid in the prevention or elimination of slums or blight, and
- Meet a need having a particular urgency (referred to as urgent need), e.g., existing conditions pose a serious and immediate threat to the health or welfare of the community.

In addition, a minimum of 70% of the CDBG program expenditures must meet the LMI benefit national objective.

Direct Benefit: Those activities having a national objective of LMC, LMCMC, LMCSV, LMH, LMHSP, LMJ, LMJFI, or LMJP. Beneficiary data is reported by the total number of persons or households benefitting from an activity.

DUNS Number: Data Universal Numbering System (DUNS) number is a requirement for any business that receives Federal assistance. If a business does not have one, it should call the DUNS number request line at 1-866-705-5711 to obtain a number. The process is free and takes about ten minutes.

ENERGY STAR: ENERGY STAR is a joint program of EPA and DOE to help us all save money and protect the environment through energy efficient products and practices. HUD encourages incorporation of ENERGY STAR qualified products and practices when conducting rehabilitation or constructing new housing. Likewise, ENERGY STAR is a data element for energy conservation activities for the housing indicator categories in the performance measurement system.

Extremely Low-Income: Households with annual income less than 30% of the area median income, as established by HUD. The number of household members is used in the determination.

Ethnic Categories: HUD and grantees are required to treat ethnicity as a separate category. "Hispanic or Latino" and "Not Hispanic or Not Latino" are designated as separate ethnicity categories.
- **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."
- **Not Hispanic or Not Latino:** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Family: All persons living in the same household who are related by birth, marriage, or adoption.

Household: All persons occupying the same housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any group of related or unrelated persons who share living arrangements.

Housing Quality Standards (HQS): HQS are set acceptable conditions for interior living space, building exterior, heating and plumbing systems, and general health and safety. The purpose of HQS is to determine whether a housing unit is decent, safe and sanitary.

Income: (1) Annual income as defined under Section 8; (2) Annual income as reported under the Census long form; or (3) Adjusted gross income as defined by the IRS Form 1040.

Low Mod Job Creation or Retention (LMJ): An activity designed to meet the National Objective of creating or retaining permanent jobs, at least 70 percent of which (computed on a full-time equivalent basis) will be made available to or held by LMI persons.

Low Mod Limited Clientele (LMC): An activity carried out to meet the National Objective of benefit to LMI persons. Activities under the LMC category must meet one of the following criteria:
- Benefit clientele that is generally presumed to be principally LMI (abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers); or
- Require documentation on family size and income in order to show that at least 70 percent of the clientele are LMI; or
- Have income eligibility requirements limiting the activity to LMI persons only; or
- Be of such a nature and in such a location that it can be concluded that clients are primarily LMI.

Low Mod Income Area Benefit (LMA): An activity carried out to meet the National Objective of benefit to LMI persons that benefits all residents in a particular target area, where at least 51 percent of the residents are LMI persons.

Low and Moderate Income (LMI): Low and moderate income means family or household annual income less than the Section 8 Low Income Limit, generally 80 percent of the area median income, as established by HUD.

Low-Income Household/Family: A household/family having an income equal to or less than the Section 8 Very Low Income limit (50% of the area median income) as established by HUD.

Low Income: Households with annual income less than 50% of the area median income, as established by HUD.

Low Mod Housing (LMH): An activity carried out to meet the National Objective of benefit to LMI persons/households, e.g., acquisition, construction, or improvement of permanent, residential structures which, upon completion, will be occupied by LMI households.

Matrix Codes: The matrix code indicates how the activity is eligible under CDBG regulations, it generally identifies the purpose for which assistance was provided, and determines the type of accomplishment units that should be reported.

Microenterprise: A business that has five or fewer employees, one or more of whom owns the enterprise.

Moderate-Income Household/Family: A household/family having an income equal to or less than the Section 8 Low Income limit (80% of area median income) established by HUD, but greater than the Section 8 Very Low Income limit (50% of area median income) established by HUD.

QUARTERLY EXPENDITURE AND PROGRESS REPORT
INSTRUCTIONS, DEFINITIONS & ACRONYMS

Objectives: The objectives capture the range of community impacts that are expected to occur as a result of program activities. There are three possible objectives for each activity: 1) Creating Suitable Living Environments, 2) Providing Decent Housing, and 3) Creating Economic Opportunities.

Outcomes: The program outcome helps further refine the activity's objective and captures the nature of the type of change sought or the expected result of the activity. There are three possible outcomes: 1) Availability/Accessibility, 2) Affordability, and 3) Sustainability.

Period of Affordability: The number of years a homeowner or homebuyer must reside in and retain ownership of an assisted housing unit before the unit may be sold without penalty to the homeowner.

Program Income: Any gross income received by the sub recipient that was directly generated from the use of CDBG funds (24 CFR 570.500(a)).

Racial Categories: HUD data requests for racial information provides the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve, or are proposing to serve.

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.
6. **American Indian or Alaska Native & White**. A person having these multiple race heritages as defined above.
7. **Asian & White.** A person having these multiple race heritages as defined above.
8. **Black or African American & White.** A person having these multiple race heritages as defined above.
9. **American Indian or Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
10. **Other Multi-Racial.** A person reporting multi-race heritages not included in any of the other nine categories listed above, and that have a total count that exceeds one percent of the population served.

Section 504: Section 504 of the Rehabilitation Act of 1973 prohibits discrimination in Federally assisted programs on the basis of handicap. It imposes requirements to ensure that "qualified individuals with handicaps" have access to programs and activities that receive Federal funds. Minimum requirements include, but are not limited to: 1) Removal of Physical Barriers, 2) Provide Program Accessibility, 3) Make Employment Accessible, and 4) Administrative Requirements.

Sub recipient: An entity that assists the recipient to implement and administer its program. Sub recipients are generally nonprofit organizations that assist the recipient to undertake one or more activities on behalf of the grantee, such as administer a home rehabilitation loan pool or manage a job-training program. Sub recipients are also referred to as sub grantees.

Survey: The survey instrument and methodology must be approved by HUD for the purpose of establishing the percentage of LMI persons in a service area. A survey must meet standards of statistical reliability that are comparable to that of the Decennial Census data for areas of similar size. Additional guidance is available in CPD Notice 05-06.

INTERNAL REVIEW ♦ QUARTERLY EXPENDITURE & PROGRESS REPORT ♦ FY _____

Reporting Period: ☐ 1st Quarter [Jan-Mar] ☐ 2nd Quarter [Apr-Jun] ☐ 3rd Quarter [Jul-Sept] ☐ 4th Quarter [Oct-Dec] / Annual Report

Is this activity is complete? ☐ Yes ☐ No ■ If yes, check box if this is the <u>Final / Closeout Activity Report</u> ☐

Recipient Name (Organization): _____

Activity Name (Project Title): _____

Funding Year / Source: _____ **Funded Amount :** $ _____ **Index Code:** # _____

Activity ID # : _____ **IDIS # :** _____ **Activity Category:** _____

REVIEW ANALYSIS

[1] REPORT Submittal of the Quarterly Expenditure & Progress Report is always required.	SUBMITTED Yes ▪ No	COMPLETE Yes ▪ No	ACCURATE Yes ▪ No	COMPLIANCE MET Yes ▪ No
[1A] Quarterly Expenditure and Progress Report				
[1B] Date Report Received:				

[1C] Accomplishments Reported: ☐ Yes ☐ No   [1D] Program Income Reported: ☐ Yes ☐ No

[1E] Was written approval granted by DHCD for the organization to use the generated Program Income? ☐ Yes ☐ No

[1F] If not, did the organization submit a check payable to Miami-Dade County for the generated Program Income? ☐ Yes ☐ No

[1G] Technical Assistance Requested: ☐ Yes ☐ No   If yes, schedule technical assistance appointment with organization.

[2] 🔗 SUPPLEMENTAL FORMS: PERFORMANCE & BENEFIT DATA Applicable supplemental form is required when accomplishments are reported.	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A
[2A] Public Service -or- Administration				
[2B] Housing **HOME Funded Projects (See Section 3)				
[2C] Capital Improvement -or- Public Facilities				
[2D] Economic Development				

[2E] Are the required verification documents attached? ☐ Yes ☐ No ☐ N/A [If yes, describe attachments in Section 4]

[3] 🔗 HOME FUNDED PROJECTS ONLY** Applicable form is required to set-up activity and when project is completed.	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A
[3A] Rental Set-Up & Completion Form				
[3B] Tenant-Based Rental Assistance Set-Up Form				
[3C] Homebuyer Set-Up & Completion Form				
[3D] Homeowner Rehab Set-Up & Completion Form				

[4] 🔗 ATTACHMENTS [Specific documents required to verify accomplishments and beneficiary data is depicted on the Performance & Benefit Data Form by activity type.] Submittal of verification is required with the Performance & Benefit Data Form.	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A	Yes ▪ No ▪ N/A
1)				
2)				
3)				
4)				
5)				

Reviewer Name: _____ **Title:** _____ **Date Reviewed:** _____

☐ **Compliance Met** Based on the above review, this report and attachments (if any) meets all compliance standards.

Attach all reviewed documents, forward package to Team Leader for further review and final routing as indicated below.

☐ **Compliance Not Met** Based on the above review, this report and attachments (if any) do not meet the compliance standards.

Suspension letter is required. Attach all reviewed documents, forward package to Team Leader for further review and follow-up.

Suspension Letter Sent: ☐ Yes ☐ No [If yes, attach copy.]   **Technical Assistance Appointment Date:** _____

ROUTING ▪ Community and Economic Development Division (CEDD)
The attached report/documents (depicted above) were reviewed and verified for completeness and accuracy.

1) HCD Project Manager:		Date:	2) PM Team Leader:		Date:
3) PTSA Section Supervisor:		Date:	4) Planner:		Date:
5) Planning Sec Supv:		Date:	6) Division Director:		Date:

FINAL REVIEW ▪ Compliance Correspondence & Constituent Services Section (CCCS)

Date Received: _____ Date Reviewed: _____ Original Submission: ☐ Yes ☐ No Resubmittal Package: ☐ Yes ☐ No

All required data for entry in IDIS received? ☐ Yes ☐ No If no, return to CEDD to provide the following missing data: _____

IDIS Updated: ☐ Yes ☐ No Date IDIS Updated: _____

Reviewer Name / Title & Initials

Homeowner Rehab Set Up and Completion Form
HOME Program (for single and multi-address activities)

Check appropriate box:	Name and Phone Number of Person Completing Form:
☐ Original Submission ☐ Change Owner's Address	
☐ Ownership Transfer ☐ Revision	

SET UP HOMEOWNER REHAB ACTIVITY

A. General information

1. Name of Participant	2. IDIS Activity ID Number:	3. Activity Name:
4. FAMIS Index Code:		

B. Objectives and Outcomes (for DHCD use only)

1. Objective	2. Outcome
☐ (1) Create suitable living environment	☐ (1) Availability/accessibility
☐ (2) Provide decent affordable housing	☐ (2) Affordability
☐ (3) Create economic opportunities	☐ (3) Sustainability

C. Special Characteristics

1. Activity Location (Check any that apply)		2. Will this activity be carried out by a faith-based organization? ☐ Yes ☐ No
☐ (1) CDBG Strategy Area	☐ (5) Brownfield redevelopment area	
☐ (2) Local target area	☐ (6) Conversion of nonresidential to residential use	
☐ (3) Presidentially declared major disaster area		
☐ (4) Historic preservation area	☐ (7) Colonia (for AZ, CA, NM, TX only)	

D. Activity Information

1. Homeowner's Name:		2. Street:		
3. City:		4. State: MT	5. ZIP Code:	6. County Code:
Activity Estimates:		9. Multi-Address: ☐ Yes ☐ No	10. Loan Guarantee? ☐ Yes ☐ No	
7. HOME Units:	8: HOME Cost:			

E. Contractor (for multi-address activities ONLY)

1. Contractor Type (check one):	2. Contractor's Name:
☐ (1) Individual ☐ (4) Not-for-Profit	
☐ (2) Partnership ☐ (5) Publicly Owned	3. Contractor's Street Address:
☐ (3) Corporation ☐ (6) Other	
	4. City 5. State 6. ZIP Code:

Homeowner Rehab Completion Form
HOME Program (for single and multi-address activities)

<u>COMPLETE</u> HOMEOWNER REHAB ACTIVITY

<table>
<tr>
<td colspan="2">
1. Property Type (check one)
☐ (1) 1-4 (unit) Single Family
☐ (2) Condominium
☐ (3) Cooperative
☐ (4) Manufactured Home
</td>
<td colspan="2">
2. Completed Units:

<u>Total Number</u>:   <u>HOME-Assisted</u>:
</td>
</tr>
</table>

F. Units.

1. Of the Completed Units, the number:	<u>Total</u>:	<u>Home-Assisted</u>:
Meeting Energy Star standards		
504-accessible		

G. Property Address.
(If this is a multi-address activity, make copies of pages 2 and 3 so that cost and beneficiary information is reported for each address – Sections G, H, and I)

1. Homeowner's Name:		2. Homeowner's Street Address		
3. City:		4. State MT	5. ZIP Code	6. County

H. Costs:

Value After Rehab: $0

1. HOME Funds (including Program Income)

		Totals
(1) Amortized Loan	$0	
(2) Grant	$0	
(3) Deferred Payment Loan (DPL)	$0	
(4) Other	$0	
Total HOME Funds		**$0**

2. Public Funds

(1) Other Federal Funds	$0	
(2) State / Local Funds	$0	
(3) Tax Exempt Bond Proceeds	$0	
Total Public Funds		**$0**

3. Private Funds

(1) Private Loans	$0	
(2) Owner Cash Contribution	$0	
(3) Private Grants	$0	
Total Private Funds		**$0**
4. Activity Total or Total This Address		**$0**

I. Beneficiaries (Use codes indicated below.)

| Unit # | # of Bdrms | Occu-pant | Household | | | | | Assistance Type | Total Monthly Rent |
			% Median	Hispanic? Y / N	Race	Size	Type		
		2						N/A	N/A

FHA Insured?
☐ **Yes**   ☐ **No**

# of Bdrms
0 - SRO/Efficiency
1 - 1 bedroom
2 - 2 bedrooms
3 - 3 bedrooms
4 - 4 bedrooms
5 - 5 or more bedrooms

Assistance Type
1 - Section 8
2 - HOME TBRA
3 - Other federal, state or local assistance
4 - No assistance

Occupant
1 - Tenant
2 - Owner
9 - Vacant Unit

Household Size
1 - 1 person
2 - 2 persons
3 - 3 persons
4 - 4 persons
5 - 5 persons
6 - 6 persons
7 - 7 persons
8 - 8 or more persons

Household % of Median
1 - 0 to 30%
2 - 30+ to 50%
3 - 50+ to 60%
4 - 60+ to 80%

Household Type
1 - Single, non-elderly
2 - Elderly
3 - Single parent
4 - Two parents
5 - Other

Household Race
11 - White
12 - Black or African American
13 - Asian
14 - American Indian or Alaska Native
15 - Native Hawaiian or Other Pacific Islander
16 - American Indian or Alaska Native & White
17 - Asian & White
18 - Black or African American & White
19 - American Indian or Alaska Native & Black or African American
20 - Other Multi Racial

Homeowner Rehab Set Up and Completion Form Instructions

Read the instructions for each item carefully before completing the form. The purpose of this report is to assist with the collection of information to be entered into HUD's Integrated Disbursement and Information System (IDIS).

▪ **Applicability.** This report is to be completed for each homeowner rehabilitation activity assisted with HOME funds.

▪ **Timing.** This report form is used to setup an activity in IDIS so that funds may be drawn down and to complete the activity so that the HOME Program reporting requirements are met.

A. General Information.

1. **Name of Participant.** Enter the name of the agency administering the homeowner rehab activity.

2. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS *(and provided to you by your HOME program officer)*.

3. **Activity Name.** Enter the name that the grantee or sub-grantee has designated to the activity.

SET UP ACTIVITY (page 1)

B. Objective and Outcome. (For DHCD use – provided for informational purposes only)

▪ **Objective.** Check the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the default answer is "Decent affordable housing".

1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.

2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.

3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

▪ **Outcome.** Enter code of the outcome that best describes the benefits resulting from the activity. The default answer is "Affordability".

1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.

2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.

3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

C. Special Characteristics.

1. **Activity Location.** Check any that apply.

(1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee's Consolidated/Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).

(2) Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.

(3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

(4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.

(5) Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.

(6) Conversion from non-residential or residential use is self-explanatory. An example is converting an old warehouse into rental units or condominiums.

(7) Colonia is defined as a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services. This field only applies to activities located in the states of Arizona, California, New Mexico, and Texas.

2. **Faith-Based Organization.** Will this activity be carried out by a faith-based organization? Check "Yes" if it is known or if the organization declares itself to be a faith-based organization. If not, check "No".

D. **Activity Information.**

1. **Homeowner's Name**. Enter the name of homeowner or other identifying label. For multi-address activities, the name of the development can be entered.

2. **Street.** Self-explanatory. For multi-address activities, enter a general description of the project location.

3. **City**. Self-explanatory.

4. **State**. Self-explanatory.

5. **Zip code**. Self-explanatory.

6. **County code**. Enter the county name or code. IDIS provides help to select the appropriate code. *(Check with your HOME program officer for your county code.)*

7. **Activity Estimates. HOME Units.** Enter the estimated total number of units (upon completion) that will receive HOME assistance.

8. **Activity Estimates. HOME Cost.** Enter the total amount of HOME funds requested for the activity.

9. **Multi-Address?** If the activity consists of more than one home, check "Yes" so that costs and beneficiary information can be reported for each address at completion.

10. **Loan Guarantee?** Check "Yes" or "No" to indicate whether this activity is supported by a loan guarantee.

E. **Contractor Information** (For multi address activities only).

1. **Contractor Type.** Check one box to indicate the type of contractor:

(1) Individual
(2) Partnership
(3) Corporation
(4) Not-for-Profit
(5) Publicly Owned
(6) Other

2. **Contractor's Name.** Enter the name of the contractor.

3. **- 6. Contractor's Street Address, City, State** and **ZIP Code.** Self-explanatory.

COMPLETE HOMEOWNER REHAB ACTIVITY. (pages 2 & 3)

1. **Property Type.** Check the box to indicate the type of property assisted.

   (1) 1-4 Single Family
   (2) Condominium
   (3) Cooperative
   (4) Manufactured Home

2. **Completed Units. Total number. HOME Assisted.** Enter the total number of completed units for this activity and the number of completed HOME-assisted units.

F. Units.

1. 1. **Of the units completed, enter the numbers for:**

   - **Total and Home-Assisted Meeting Energy Star Standards.** Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards. **Energy Star** applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards. The performance level is certified by third party contractors. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov for more information.

   - **Total and HOME Assisted 504 accessible.** Enter the total number of completed units and completed HOME assisted units that are 504 accessible. Note: The default answer is "0" if the number of units is not provided.

G. Property Address

1. **Homeowner's Name.** (Or other identifying label)

2. **- 6. Homeowner's Street Address, City, State, Zip Code and County Code.** Self-explanatory.

H. Costs.

Include all HOME funds used for the activity and all other funds (public and private). *Do not double count.* If private funds are used for construction financing and those funds are later replaced by permanent financing, *do not report both.* Report all HOME funds expended on the activity. *(Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.)* For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total

amount of HOME funds reported in the block titled "Total HOME funds" (Item (1) must equal the total amount disbursed through IDIS for this activity.

▪ **Value After Rehab.** Enter the dollar value of the property. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e. all materials, supplies and labor costs directly related to the rehabilitation of the property).

1. **HOME Funds (Including Program Income).**

   (1) **Amortized Loan.** Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.

   (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note**: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

   (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is some times called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)

   (4) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3).

   ▪ **Total HOME Funds.** Enter the total of items (1) through (4) as the amount of HOME funds expended.

2. **Public Funds.**

   (1) **Other Federal Funds.** Exclude any HOME funds expended.

   (2) **State/Local Funds.**

   (3) **Tax Exempt Bond Proceeds.** Report funds used for development costs only.

   ▪ **Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended.

3. **Private Funds.**

   (1) **Private Loans.** Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. **(Do not double count.)**

   (2) **Owner Cash Contribution.** Enter the amount of all cash contributions provided by the homeowner.

   (3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

   ▪ **Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended.

4. **Activity Total or total this address.** Enter the sum of totals for HOME funds, Public funds and Private funds.

I. **Beneficiaries.**

Complete one line for the head of household of each residential unit that is receiving homeowner rehab assistance from the HOME Program.

▪ **Unit Number.** Enter the unit number of each unit that will receive HOME assistance.

▪ **Number of Bedrooms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

▪ **Occupant.** For homeowner rehab, one unit must be owner (code 2) occupied. If there are tenant occupied units, enter 1 for tenant or 9 for vacant.

▪ **Percent of Area Median Income.** For each occupied residential unit, enter one **code** only based on the following definitions:

1. **0–30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

2. **30+–50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

3. **50+–60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

4. **60+–80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

▪ **Hispanic?** For each occupied residential unit, enter the ethnicity for the head of household as either "Y" for Hispanic or Latino or "N" if the head of household is not Hispanic nor Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

▪ **Race of Head of Household.** For each occupied residential unit, enter one **code** only based on the following definitions:

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

12. **Black/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."

13. **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.

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

15. **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

16. **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.

17. **Asian & White.** A person having these multiple race heritages as defined above.

18. **Black/African American & White.** A person having these multiple race heritages as defined above.

19. **American Indian/Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.

20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

NOTE: Collection of information on ethnicity and race is mandatory. If the tenant won't volunteer the information, the person filling out this form should make his/her best guess. (See **EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM** in Chapter 5 of the HOME Program Administration Manual.

- **Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

- **Household Type.** For each residential unit, enter one **code** only based on the following definitions:

  1. **Single, Non-elderly.** One-person household in which the person is not elderly.

  2. **Elderly.** One or two person household with a person at least 62 years of age.

  3. **Single Parent.** A single parent household with a dependent child or children (18 years old or younger).

  4. **Two Parents.** A two-parent household with a dependent child or children (18 years old or younger).

  5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

- **Assistance Type.** For rented units, enter one **code** only to indicate the type of assistance, if any, being provided to the tenant.

  1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.

  2. **HOME TBRA.** Tenants receiving HOME tenant-based rental assistance.

  3. **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.

  4. **No assistance.** Self-explanatory.

- **Total Monthly Rent.** For renters, enter the total monthly rent (tenant contribution plus subsidy amount).

- **FHA Insured?** Check "Yes" or "No" to indicate whether the property's mortgage is insured by the FHA.

Homebuyer Set Up & Completion Form
HOME Program (for single and multi-address activities)

Check appropriate box:	Name and Phone Number of Person Completing Form:
☐ Original Submission ☐ Change Owner's Address ☐ Ownership Transfer ☐ Revision	

SET UP HOMEBUYER ACTIVITY

A. General information

1. Name of Participant	2. IDIS Activity ID Number:	3. Activity Name:
4. Index Code:	5. Funding Year:	6. Source:

B. CHDO Questions. (Only if applicable)

1. If funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC) (Y/N). If yes, STOP, DO NOT FILL OUT THIS FORM.	2. Will activity be funded with CR (Y/N). If yes, CHDO acting as (enter code):_____ (1) Owner (2) Sponsor (3) Developer
3. Will initial funding be a CHDO Site control and/or Seed Money Loan (Y/N):_____.	4. Is the activity going forward? (Y/N): (If "Y" fill out the rest of the form. If "N" only the cost information is needed.

C. Objectives and Outcomes

1. Objective	2. Outcome
☐ (1) Create suitable living environment ☐ (2) Provide decent affordable housing ☐ (3) Create economic opportunities	☐ (1) Availability/accessibility ☐ (2) Affordability ☐ (3) Sustainability

D. Special Characteristics

1. Activity Location (Check any that apply) ☐ (1) CDBG Strategy Area ☐ (5) Brownfield redevelopment area ☐ (2) Local target area ☐ (6) Conversion of nonresidential to ☐ (3) Presidentially declared major disaster area residential use ☐ (4) Historic preservation area ☐ (7) Colonia (for AZ, CA, NM, TX only)	2. Will this activity be carried out by a faith-based organization? ☐ Yes ☐ No

E. Activity Information

1. Activity Type (check one) ☐ (2) New Construction ONLY ☐ (4) Acquisition AND Rehabilitation ☐ (3) Acquisition ONLY ☐ (5) Acquisition AND New Construction					
2. Homebuyer's Name:		3. Street:			
4. City:	5. State:	6. ZIP Code:	7. County Code:	Activity Estimates:	
				8. HOME units:	9. HOME Cost: $0
10. Multi-Address: ☐ Yes ☐ No		11. Loan Guarantee? ☐ Yes ☐ No			

E. Developer (for multi-address activities ONLY)

1. Developer Type (check one): ☐ (1) Individual ☐ (4) Not-for-Profit ☐ (2) Partnership ☐ (5) Publicly Owned ☐ (3) Corporation ☐ (6) Other	2. Developer's Name:		
	3. Developer's Street Address:		
	4. City	5. State	6. ZIP Code:

Homebuyer Set Up & Completion Form
HOME Program (for single and multi-address activities)

<u>COMPLETE</u> HOMEBUYER ACTIVITY

G. Activity Information. If this is a multi-address activity, make copies of pages 2 and 3 this form so that cost and beneficiary information is reported for each address – Sections I, J, and K.

1. Activity Type (check one)	2. Property Type (check one)	3. FHA Insured? (For single-address activities.)
☐ (2) New Construction ONLY	☐ (1) 1-4 (unit) Single Family	☐ **Yes** ☐ **No**
☐ (3) Acquisition ONLY	☐ (2) Condominium	
☐ (4) Acquisition AND Rehabilitation	☐ (3) Cooperative	
☐ (5) Acquisition AND New Construction	☐ (4) Manufactured Home	

4. Lease Purchase? (For single-address activities.) ☐ **Yes** ☐ **No** If **Yes**, Date of Agreement:	5. Completed Units Total Number: HOME-Assisted:

H. Units.

1. Of the Completed Units, the number:	Total:	Home-Assisted:
Meeting Energy Star standards		
504-accessible		

2. Period of Affordability: If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability:
PJ-imposed period of affordability: years.

I. Property Address. (For multi-address activities)

1. Homebuyer's Name:	2. Homebuyer's Street Address
3. City:	4. State MT	5. ZIP Code	6. County

J. Costs:

Purchase Price: $0

Value After Rehab (For Acquisition/Rehab activities ONLY): $0

1. **HOME Funds** (including Program Income)

a. Property Costs		Totals
(1) Amortized Loan	$0	
(2) Grant	$0	
(3) Deferred Payment Loan (DPL)	$0	
(4) Other	$0	$0

b. Downpayment Assistance		
(1) Amortized Loan	$0	
(2) Grant	$0	
(3) Deferred Payment Loan (DPL)	$0	
(4) Other	$0	$0
HOME Total this address [a + b]		**$0**

Homebuyer Set Up & Completion Form
HOME Program (for single and multi-address activities)

2. Public Funds

(1) Other Federal Funds	$0	
(2) State / Local Funds	$0	
(3) Tax Exempt Bond Proceeds	$0	
Total Public Funds [(1) + (2) + (3)]		**$0**

3. Private Funds

(1) Private Loans	$0	
(2) Owner Cash Contribution	$0	
(3) Private Grants	$0	
Total Private Funds [(1) + (2) + (3)]		**$0**
4. Activity Total (or total this address)		**$0**

K.. Household Characteristics (refer to codes below where applicable)

Unit #	# of Bdrms	Occu-pant	Household					Assistance Type	Total Monthly Rent
			% Median	Hispanic? Y / N	Race	Size	Type		
		2							N/A

1. Homebuyer counseling Homebuyer received (check one): ☐ (1) No counseling ☐ (3) Post-counseling ☐ (2)Pre-counseling ☐ (4) Both	2. FHA Insured? (for multi-address activities) ☐ Yes ☐ No 3. First-time homebuyer? ☐ Yes ☐ No
4. Coming from subsidized housing? ☐ Yes ☐ No	5. Lease Purchase? (for multi-address activities) ☐ Yes ☐ No If **Yes**, date of agreement:

# of Bdrms
0 - SRO/Efficiency
1 - 1 bedroom
2 - 2 bedrooms
3 - 3 bedrooms
4 - 4 bedrooms
5 - 5 or more bedrooms

Assistance Type
1 - Section 8
2 - HOME TBRA
3 - Other federal, state or local assistance
4 - No assistance

Occupant
1 - Tenant
2 - Owner
9 - Vacant Unit

Household Size
1 - 1 person
2 - 2 persons
3 - 3 persons
4 - 4 persons
5 - 5 persons
6 - 6 persons
7 - 7 persons
8 - 8 or more persons

Household % of Median
1 - 0 to 30%
2 - 30+ to 50%
3 - 50+ to 60%
4 - 60+ to 80%

Household Type
1 - Single, non-elderly
2 - Elderly
3 - Single parent
4 - Two parents
5 - Other

Household Race
11 - White
12 - Black or African American
13 - Asian
14 - American Indian or Alaska Native
15 - Native Hawaiian or Other Pacific Islander
16 - American Indian or Alaska Native & White
17 - Asian & White
18 - Black or African American & White
19 - American Indian or Alaska Native & Black or African American
20 - Other Multi Racial

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- **Applicability.** This report is to be completed for <u>each</u> homebuyer activity assisted with HOME funds.

- **Timing.** This report form is used to setup an activity in IDIS so that funds may be drawn down and to complete the activity so that the HOME Program reporting requirements are met.

SET UP ACTIVITY (page 1)

A. General Information.

1. **Name of Participant.** Enter the name of the agency administering the homebuyer activity.

2. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS (*and provided to you by your HOME program officer*).

3. **Activity Name.** Enter the name that the grantee or sub-grantee has designated to the activity.

B. Objective and Outcome <u>(provided for informational purposes only)</u>

- **Objective.** Check the box of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to "Decent affordable housing".

  1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.

  2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.

  3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

- **Outcome.** Check the box of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to "Affordability".

  1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.

  2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.

  3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

C. Special Characteristics

1. **Activity Location.** Check any that apply.

    (1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee's Consolidated / Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).

    (2) Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.

    (3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

    (4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.

    (5) Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.

    (6) Conversion from non-residential or residential use is self-explanatory. An example is converting an old warehouse into rental units or condominiums.

    (7) Colonia is defined as a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services. This field only applies to activities located in the states of Arizona, California, New Mexico, and Texas.

2. **Faith-Based Organization.** Will this activity be carried out by a faith-based organization? Check "Yes" if it is known or if the organization declares itself to be a faith-based organization. If not, check "No".

D. Activity Information

1. **Activity Type.** Check box to indicate the type of activity.

    (2) New Construction Only. Any activity that involved: (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s).

    (3) Acquisition Only. Acquisition of a structure that received certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable housing.

    (4) Acquisition & Rehab. A HOME-assisted rehabilitation activity, which included the acquisition of real property.

    (5) Acquisition & New Construction. A HOME-assisted new construction activity, which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

2. **Homebuyer's Name**. Enter the name of homeowner or other identifying label. For multi address activities, the name of the development can be entered.

3. **Street.** Self-explanatory. For multi-address activities, enter a general description of the project location.

4. **City**. Self-explanatory.

5. **State**. Self-explanatory.

6. **ZIP Code**. Self-explanatory.

7. **County code**. Enter the county name or code. *(Check with your HOME program officer for your county code.)*

8. **Activity Estimates. HOME Units.** Enter the estimated total number of units (upon completion) that will receive HOME assistance.

9. **Activity Estimated HOME Cost.** Enter the total amount of HOME funds requested for the activity.

10. **Multi-Address?** If the activity consists of <u>more than one home</u>, check "Yes" so that costs and beneficiary information can be reported for each address at completion.

11. **Loan Guarantee?** Check "Yes" or "No" to indicate whether this activity is supported by a loan guarantee.

E. **Developer Information.** (For multi-address activities only.)

1. **Developer Type**. (Check one box to indicate the type of developer.)

   (1) Individual
   (2) Partnership
   (3) Corporation
   (4) Not-for-Profit
   (5) Publicly Owned
   (6) Other

2. **Developer's Name.** Enter the name of the developer.

3. - 6. **Developer's Street Address, City, State, and ZIP Code.** Self-explanatory.

COMPLETE HOMEBUYER ACTIVITY (pages 2-3)

F. **Activity Information**

1. **Activity Type.** Only if the activity type has changed from set up in E. 1, enter the revised completion activity type in the box.

2. **Property Type.** Check one box to indicate the type of property assisted:

   (1) 1-4 Single Family
   (2) Condominium
   (3) Cooperative
   (4) Manufactured Home

3. **FHA Insured?** (For single address activities.) Check "Yes" or "No" to indicate whether the property's mortgage is insured by FHA.

4. **Lease Purchase?** (For single address activities.) If there is a lease purchase agreement, enter the date of the agreement.

5. **Completed Units: Total Number / HOME Assisted**: Enter the total number of completed units and the total number of HOME-assisted units.

G. **Units**

1. <u>**Of the units completed,**</u> enter the numbers for:

- ▪ **Total and Home-Assisted Meeting Energy Star Standards.** Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards. **Energy Star** applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards. The performance level is certified by third party contractors. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov for more information.

- ▪ **Total and HOME Assisted 504 accessible.** Enter the total number of completed units and completed HOME assisted units that are 504 accessible. Note:

2. **Period of Affordability.** If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. Grantee imposed period of affordability: _____ years. The period of affordability for homebuyer activities is based on the amount of HOME funds invested in the housing:

   <u>Per Unit HOME Amount</u>   <u>Minimum Period of Affordability</u>
   Under $15,000 .... 5 years
   $15,000 to $40,000 .... 10 years
   Over $40,000 .... 15 years

   To indicate that the housing is to be affordable in perpetuity, enter "99" in the grantee-imposed Period of Affordability field.

H. **Property Address** (For multi-address activities.)

1. **Homebuyer's Name.** (Or other identifying label)

2. - 6. **Homebuyer's Street Address, City, State, Zip Code, and County Code.** Self-explanatory.

I. **Costs**

- ▪ **Purchase Price.** Enter the price paid by the homebuyer for the property as evidenced on the deed.

- ▪ **Value After Rehab.** Enter the dollar value of the property ONLY if property was rehabbed. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e., all materials, supplies and labor costs directly related to the rehabilitation of the property).

- ▪ **Costs.** Include all HOME funds used for the activity and all other funds (public and private). *Do not double count.* If private funds are used for construction financing and those funds are later replaced by permanent financing, *do not report both.* Report all HOME funds expended on the activity. *(Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.)* For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount of HOME funds reported in the block titled "Total HOME funds (Total Item (1) for all addresses must equal the total amount disbursed through IDIS for this activity.

1. **HOME Funds.** (Including Program Income.) Enter funds provided for **a. Property Costs** and for **b. Downpayment Assistance**. Note: For this activity to be reported as an ADDI (American Dream Downpayment Initiative) activity, an amount must be entered in the

Downpayment Assistance Section b. for each property address that is to be counted as assisted with ADDI funds.

a. **Property Costs** / **b. Downpayment Assistance**

(1) **Amortized Loan.** Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.

(2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note**: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

(3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is sometimes called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)

(4) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3).

   ▪ **Total HOME Funds or total this address.** Enter the total of items **a** and **b** as the amount of HOME funds expended.

2. **Public Funds.**

(1) **Other Federal Funds.** Exclude any HOME funds expended.

(2) **State/Local Funds.**

(3) **Tax Exempt Bond Proceeds.** Report funds used for development costs only.

   ▪ **Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended.

3. **Private Funds.**

(1) **Private Loans.** Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. **(Do not double count.)**

(2) **Owner Cash Contribution.** Enter the amount of all cash contributions provided by the homebuyer.

(3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

   ▪ **Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended.

4. **Activity Total or Total Address.** Enter the sum of totals for HOME funds, Public funds and Private funds.

J. Household Characteristics.

Complete one line for the head of household of each residential unit that is receiving homebuyer assistance from the HOME Program.

- **Unit Number.** Enter the unit number of each unit that will receive HOME assistance.

- **Number of Bedrooms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

- **Occupant.** For homebuyer activities, one unit must be owner occupied (code 2). If there are tenant occupied units, enter 1 for tenant or 9 for vacant.

- **Percent of Area Median Income.** For each occupied residential unit, enter one **code** only based on the following definitions:

  1. **0–30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

  2. **30+–50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

  3. **50+–60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

  4. **60+–80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

- **Hispanic?** For each occupied residential unit, enter the ethnicity for the <u>head of household</u> as either "Y" for Hispanic or Latino or "N" if the head of household is not Hispanic nor Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, <u>regardless of race</u>. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- **Race of Head of Household.** For each occupied residential unit, enter one **code** only based on the following definitions:

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

  12. **Black/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."

  13. **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.

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

15. **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

16. **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.

17. **Asian & White.** A person having these multiple race heritages as defined above.

18. **Black/African American & White.** A person having these multiple race heritages as defined above.

19. **American Indian/Alaska Native & Black/African American.** A person having these multiple race heritages as defined above.

20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

NOTE: Collection of information on ethnicity and race is mandatory. If the tenant won't volunteer the information, the person filling out this form should make his/her best guess. (See **EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM** in Chapter 5 of the HOME Program Administration Manual.

- **Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

- **Household Type.** For each residential unit, enter one **code** only based on the following definitions:

  1. **Single, Non-elderly.** One-person household in which the person is not elderly.

  2. **Elderly.** One or two person household with a person at least 62 years of age.

  3. **Single Parent.** A single parent household with a dependent child or children (18 years old or younger).

  4. **Two Parents.** A two-parent household with a dependent child or children (18 years old or younger).

  5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

- **Assistance Type.** For rented units, enter one code only to indicate the type of assistance, if any, being provided to the tenant.

  1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.

  2. **HOME TBRA.** Tenants receiving HOME tenant-based rental assistance.

  3. **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.

  4. **No assistance.** Self-explanatory.

- **Total Rent**. For renters, enter the total monthly rent (tenant contribution plus subsidy amount, if any).

1. **Homebuyer Counseling.** Check the box to indicate the type of counseling received by the homebuyer, if any:

   (1) No counseling
   (2) Pre-counseling
   (3) Post-counseling
   (4) Both

2. **FHA-Insured?** Check "Yes" or "No" to indicate whether the property's mortgage is insured by FHA.

3. **First-time Homebuyer?** Check "Yes", if a first-time homebuyer, if not, check "No". A first-time homebuyer is defined by HUD as an individual and his or her spouse who have not owned a home during the three-year period prior to the purchase of a home with HOME assistance. The term first-time homebuyer includes displaced homemakers and single parents.

4. **Coming from subsidized housing?** Check "Yes" if the homebuyer was living in public housing or receiving rental assistance from a federal, state or local program immediately prior to HOME assistance; or "No" if not.

5. **Lease Purchase?:** (For single address activities.) Check "Yes" or "No". If there is a lease purchase agreement, enter the date of the agreement.

Rental Set Up and Completion Form
HOME Program (for single and multi-address activities)

MIAMI-DADE COUNTY

Check appropriate box:	Name and Phone Number of Person Completing Form:
☐ Original Submission ☐ Change Owner's Address ☐ Ownership Transfer ☐ Revision	

SET UP RENTAL ACTIVITY

A. General information

1. Name of Participant	2. IDIS Activity ID Number:	3. Activity Name:

B. Objectives and Outcomes (for DHCD use only)

1. Objective	2. Outcome
☐ (1) Create suitable living environment ☐ (2) Provide decent affordable housing ☐ (3) Create economic opportunities	☐ (1) Availability/accessibility ☐ (2) Affordability ☐ (3) Sustainability

C. Special Characteristics

1. Activity Location (Check any that apply)	2. Will this activity be carried out by a faith-based organization? ☐ Yes ☐ No
☐ (1) CDBG Strategy Area ☐ (5) Brownfield redevelopment area ☐ (2) Local target area ☐ (6) Conversion of nonresidential to residential ☐ (3) Presidentially declared major disaster area ☐ (4) Historic preservation area ☐ (7) Colonia (for AZ, CA, NM, TX only)	

D. Activity Information

1. Activity Type	2. Property Street Address:
☐ (1) Rehab ONLY ☐ (2) New Construction ONLY ☐ (4) Acquisition AND Rehabilitation ☐ (3) Acquisition ONLY ☐ (5) Acquisition AND New Construction	

3. City:	4. State: MT	5. ZIP Code:	6. County Code:	Activity Estimates:	
				7. HOME units:	8. HOME Cost: $0

9. Multi-Address: ☐ Yes   ☐ No

E. Property Owner or Developer Information (ONLY applicable if this is a multi-address activity)

1. Developer Type (check one):	2. Property Owner or Developer's Name:
☐ (1) Individual ☐ (4) Not-for-Profit ☐ (2) Partnership ☐ (5) Publicly Owned ☐ (3) Corporation ☐ (6) Other	
	3. Street Address:

	4. City	5. State	6. ZIP Code:

Rental Completion Form
HOME Program (for single and multi-address activities)

COMPLETE RENTAL ACTIVITY

F. Activity Information. If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each address – Sections H, I, J, K, and L.

1. Activity Type (check one)		2. Property Type (check one)		3. FHA Insured?
☐ (1) Rehab ONLY	☐ (4) Acquisition AND Rehab	☐ (1) Condominium ☐ (4) Apartment		(For single-address activities.)
☐ (2) New Construction ONLY	☐ (5) Acquisition AND New Construction	☐ (2) Cooperative ☐ (5) Other		☐ **Yes** ☐ **No**
☐ (3) Acquisition ONLY		☐ (3) SRO		

4. Mixed Use?	5. Mixed Income?	5. Completed Units	
☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	Total Number:	HOME-Assisted:

G. Property Address. (For multi-address activities).

1. Building Name	2. Property Street Address	3. City	4. State MT	5. ZIP Code	6. County Code

H. Units.

1. Of the Completed Units, the number:	Total:	Home-Assisted:
Meeting Energy Star standards		
504-accessible		
Designated for persons with HIV/AIDS		
Of those, the number for the chronically homeless		
Designated for the homeless		
Of those, the number for the chronically homeless		

I. Period of Affordability: If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability:
Grantee-imposed period of affordability: _____ years.

J. Costs:

1. HOME Funds (including Program Income)		Totals
(1) Amortized Loan	$0	
(2) Grant	$0	
(3) Deferred Payment Loan (DPL)	$0	
(4) Other	$0	
Total HOME Funds		**$0**
2. Public Funds		
(1) Other Federal Funds	$0	
(2) State / Local Funds	$0	
(3) Tax Exempt Bond Proceeds	$0	
Total Public Funds		**$0**

3. Private Funds		
(1) Private Loans	$0	
(2) Owner Cash Contribution	$0	
(3) Private Grants	$0	
Total Private Funds		**$0**
4. Low Income Housing Tax Credit Proceeds		$0
5. Activity Total or Total This Address		**$0**

K. Household Characteristics. (Use codes indicated below.)

| Unit # | # of Bdrms | Occupant | Total Monthly Rent | Household | | | | | |
				% Median	Hispanic? Y / N	Race	Size	Type	Assistance Type

# of Bdrms
0 - SRO/Efficiency
1 - 1 bedroom
2 - 2 bedrooms
3 - 3 bedrooms
4 - 4 bedrooms
5 - 5 or more bedrooms

Assistance Type
1 - Section 8
2 - HOME TBRA
3 - Other federal, state
or local assistance
4 - No assistance

Occupant
1 - Tenant
2 - Owner
9 - Vacant Unit

Household Size
1 - 1 person
2 - 2 persons
3 - 3 persons
4 - 4 persons
5 - 5 persons
6 - 6 persons
7 - 7 persons
8 - 8 or more persons

Household % of Median
1 - 0 to 30%
2 - 30+ to 50%
3 - 50+ to 60%
4 - 60+ to 80%

Household Type
1 - Single, non-elderly
2 - Elderly
3 - Single parent
4 - Two parents
5 - Other

Household Race
11 - White
12 - Black or African American
13 - Asian
14 - American Indian or Alaska Native
15 - Native Hawaiian or Other Pacific Islander
16 - American Indian or Alaska Native & White
17 - Asian & White
18 - Black or African American & White
19 - American Indian or Alaska Native & Black or
African American
20 - Other Multi Racial

HOME Investment Partnerships Program/Rental Set Up and Completion Form
Miami-Dade Department of Housing and Community Development

Page 3 of 4

K. Household Characteristics. (Continued)

Unit #	# of Bdrms	Occupant	Total Monthly Rent	Household						Assistance Type
				% Median	Hispanic? Y / N	Race	Size	Type		

Rental Set Up and Completion Form Instructions

Read the instructions for each item carefully before completing the form. The purpose of this report is to assist with the collection of information to be entered into HUD's Integrated Disbursement and Information System (IDIS).

- **Applicability.** This report is to be completed for each project activity assisted with HOME funds.

- **Timing.** This report form is used to setup an activity in IDIS so that funds may be drawn down and to complete the activity so that the HOME Program reporting requirements are met.

SET UP RENTAL ACTIVITY (Page 1)

A. General Information.

1. **Name of Participant**. Enter the name of the agency administering the rental activity.

2. IDIS Activity ID Number. Enter the activity number assigned by IDIS *and provided to you by your HOME program officer*. If this is the original submission, the IDIS number will be provided after submittal of this form.

3. Activity Name. Enter the name that the grantee or sub-grantee has designated to the activity.

B. Objective and Outcome (provided for informational purposes only)

- **Objective.** Check the box of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to "Decent affordable housing".

   1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.

   2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.

   3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

- **Outcome.** Check the box of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to "Affordability".

   1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.

   2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.

   3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

C. Special Characteristics

1. Check any that apply.

(1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee's Consolidated / Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).

(2) Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.

(3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

(4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.

(5) Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.

(6) Conversion from non-residential or residential use is self-explanatory. An example is converting an old warehouse into rental units or condominiums.

(7) Colonia is defined as a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services. This field only applies to activities located in the states of Arizona, California, New Mexico, and Texas.

2. Faith-Based Organization. Will this activity be carried out by a faith-based organization? Check "Yes" if it is known or if the organization declares itself to be a faith-based organization. If not, check "No".

D. Activity Information

1. Activity Type. Check box to indicate the type of activity.

(1) Rehab Only. A HOME-assisted rehabilitation activity that did not include acquisition of real property.

(2) New Construction Only. Any activity that involved: (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s).

(3) Acquisition Only. Acquisition of a structure that received certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable housing.

(4) Acquisition & Rehab. A HOME-assisted rehabilitation activity, which included the acquisition of real property.

(5) Acquisition & New Construction. A HOME-assisted new construction activity, which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

2. Property Street Address. Self explanatory. For multi address activities enter a general description of the project location.

3. City. Self explanatory.

4. State. Self explanatory.

5. **Zip code**. Self explanatory.

6. **County code**. Enter the county name or code. *(Check with your HOME program officer for your county code.)*

7. **Activity Estimates. HOME Units.** Enter the estimated total number of units (upon completion) that will receive HOME assistance.

8. **Activity Estimates. HOME Cost.** Enter the total amount of HOME funds requested for the activity.

9. **Multi-Address?** If the activity consists of more than one home, check "Yes" so that costs and beneficiary information can be reported for each address at completion.

E. Property Owner/Developer Information.

1. **Property Owner/Developer Type.** Enter code to indicate the type of property owner/developer:

   (1) Individual
   (2) Partnership
   (3) Corporation
   (4) Not-for-Profit
   (5) Publicly Owned
   (6) Other

2. **Property Owner's/Developer's Name.** Enter the name of the property owner or developer.

3. - 6. **Owner's/Developer's Street Address, City, State,** and **ZIP Code.** Self-explanatory.

COMPLETE RENTAL ACTIVITY (pages 2 & 3)

F. Activity Information.

1. **Activity Type.** Only if the activity type has changed from set up in D.1, check the revised completion activity type in the box.

2. **Property Type.** Check box to indicate the type of property assisted:

   (1) Condominium
   (2) Cooperative
   (3) SRO
   (4) Apartment
   (5) Other

3. **FHA Insured.** (For single address activities.) Check "Yes" or "No" to indicate whether the property's mortgage is insured by FHA.

4. **Mixed Use.** Check "Yes", if the activity is designated in part for uses other than residential but where residential living space must constitute at least 51 percent of the activity space. Check "No" if the activity is not mixed-use.

5. **Mixed Income.** Check "Yes", if less than 100 percent of the activity's housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Check "No" if the activity is not mixed-income.

6. **Completed Units: Total Number**: **HOME Assisted:** Enter the total number of completed units and the total number of HOME assisted units.

G. Property Address. (For multi address activities.)

1. - 6. Building name, Property's Street Address, City, State, Zip Code and County Code. Self-explanatory.

Note: Each unit or apartment is not to be entered as a separate address. A multi address activity would have more than one building.

H. Units.

1. Of the units completed, enter the number for:

▪ **Total and Home-Assisted Meeting Energy Star Standards.** Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards. **Energy Star** applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards. The performance level is certified by third party contractors. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov for more information.

▪ **Total and HOME Assisted 504 accessible.** Enter the total number of completed units and completed HOME assisted units that are 504 accessible.

▪ **Total and HOME Assisted** <u>Designated</u> **for Persons with HIV/AIDS.** Enter the number of completed units that have been <u>designated</u> for persons with HIV/AIDS and the number of HOME-assisted units designated for persons with HIV/AIDS.

   ▪ **Of those, the number for the** <u>chronically homeless</u>**.** Enter the number of completed units and HOME-assisted units that have been designated for <u>chronically homeless</u> persons with HIV/AIDS. (*Chronically homeless is defined below*).

▪ **Number of units** <u>designated</u> **for the homeless.** Of the total number of rental units in the activity, enter the number <u>designated</u> for the homeless. <u>Homeless is defined</u> as:

(1) an individual or family who lacks fixed, regular, and adequate nighttime residence; or

(2) An individual or family who has a primary nighttime residence that is:
   (a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill;
   (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or
   (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

   ▪ **Of those, the number** <u>designated</u> **for the** <u>chronically</u> **homeless.** Of the number of units designated for the homeless, enter the number <u>designated</u> for the **chronically** homeless. A **chronically homeless person** is defined as an <u>unaccompanied homeless individual</u> with a <u>disabling condition</u> who has either:
   (1) been continuously homeless for a year or more, or
   (2) has had at least four episodes of homelessness in the past three years.

A **disabling condition** is defined as a <u>diagnosable</u> substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability. For the purpose of determining chronically homelessness, a homeless person an unaccompanied individual sleeping in a place not meant for human habitation or in an emergency homeless shelter.

I. **Period of Affordability.** If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. Grantee imposed period of affordability: _____ years.

J. **Costs.** Include all HOME funds used for the activity and all other funds (public and private). *Do not double count.* If private funds are used for construction financing and those funds are later replaced by permanent financing, *do not report both.* Report all HOME funds expended on the activity. *(Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.)* For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount of HOME funds reported in the block titled "Total HOME funds (Total Items (1)" must equal the total amount disbursed through IDIS for this activity.

1. **HOME Funds (Including Program Income).**

    (1) **Amortized Loan.** Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.

    (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note**: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

    (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is some times called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)

    (4) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3).

    ▪ **Total HOME Funds.** Enter the total of items (1) through (4) as the amount of HOME funds expended.

2. **Public Funds.**

    (1) **Other Federal Funds.** Exclude any HOME funds expended.

    (2) **State/Local Funds.**

    (3) **Tax Exempt Bond Proceeds.** Report funds used for development costs only.

    ▪ **Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended.

3. **Private Funds.**

    (1) **Private Loans.** Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and

credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. **(Do not double count.)**

    (2) **Owner Cash Contribution.** Enter the amount of all cash contributions provided by the project owner.

    (3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

- **Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended.

4. **Low-Income Housing Tax Credit Proceeds.** Enter the total amount of syndicated Low Income Housing Tax Credits provided.

5. **Activity Total or Total this Address.** Enter the sum of totals for HOME funds, Public funds, Private funds, and Low-Income Housing Tax Credit Proceeds.

K. Beneficiaries.

Complete one line for the head of household of each residential unit that occupies a HOME-assisted rental unit.

- **Unit Number.** Enter the unit number of each HOME-assisted unit.

- **Number of Bedrooms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

- **Occupant.** Enter 1 if the unit is occupied by a tenant, 2 if it is owner-occupied, and 9 if it is vacant. Note: No more than one HOME-Assisted rental unit can be owner occupied.

- **Total Monthly Rent.** Enter the <u>actual rent, including utilities</u>, to be paid by the tenant at the time of activity completion (to the nearest whole dollar). If the rent includes utilities, or, if the rent includes partial utilities, *e.g., heat, but not electricity, these utility costs must be added to the* rent. Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule produced by the Montana Department of Commerce Section 8 Program. Note: For owners, enter 0; for tenants, enter the total monthly rent (tenant contribution plus subsidy amount).

- **Household % of Med**. For each occupied residential unit, enter one **code** only based on the following definitions:

    1. **0 to 30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

    2. **30+ to 50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

    3. **50+ to 60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

    4. **60+ to 80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family

income for the area, as determined by HUD with adjustments for smaller and larger families.

- **Household Hispanic?** For each household assisted with HOME funds, enter the ethnicity of the head of household as either "Y" for Hispanic or Latino or "N" for not Hispanic nor Latino. Hispanic or Latino ethnicity is defined as a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- **Household Race.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:

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

    12. **Black/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."

    13. **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.

    14. **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 affiliation or community attachment.

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

    16. **American Indian/Alaska Native & White**. A person having these multiple race heritages as defined above.

    17. **Asian & White**. A person having these multiple race heritages as defined above.

    18. **Black/African American & White**. A person having these multiple race heritages as defined above.

    19. .**American Indian or Alaska Native & Black or African American**. A person having these multiple race heritages as defined above.

    20. **Other multi-racial**. For reporting individual responses that are not included in any of the other categories listed above.

    NOTE: Collection of information on ethnicity and race is mandatory. If the tenant won't volunteer the information, the person filling out this form should make his/her best guess. (See **EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM** in Chapter 5 of the HOME Program Administration Manual.

- **Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 (for households of more than 8, enter 8).

- **Household Type.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:

    1. **Single, non-elderly**. One-person household in which the person is not elderly.

    2. **Elderly**. One or two person household with a person at least 62 years of age.

3. **Single parent**. A single parent household with a dependent child or children (18 years old or younger).

4. **Two parents**. A two-parent household with a dependent child or children (18 years old or younger).

5. **Other**. Any household not included in the above 4 definitions, including two or more unrelated individuals.

▪ **Assistance Type.** For rented units, enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.

2. **HOME TBRA.** Tenants receiving HOME tenant-based rental assistance.

3. **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.

4. **No assistance.** Self-explanatory.

Tenant Based Rental Assistance (TBRA) Set Up Form
HOME Program

MIAMI·DADE COUNTY

Check appropriate box:
☐ Original Submission ☐ Change Owner's Address
☐ Ownership Transfer ☐ Revision

Name and Phone Number of Person Completing Form:

A. General and Activity Information

1. Name of Participant	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

SET UP TBRA ACTIVITY

B. Objectives and Outcomes (**for DHCD use only**)

1. Objective	2. Outcome
☐ (1) Create suitable living environment	☐ (1) Availability/accessibility
☐ (2) Provide decent affordable housing	☐ (2) Affordability
☐ (3) Create economic opportunities	☐ (3) Sustainability

C. Beneficiaries (Refer to codes on page 2, where applicable.) **Assisting more than 16 tenants? Use additional copies of this page for more space.**

Last Name	# of Bdrms	Security Deposit	Monthly Rent — Tenant Monthly Rent	Monthly Rent — TBRA Monthly Rent	Monthly Rent — Total Monthly Rent	Household — % Median	Household — Hispanic? Y / N	Household — Race	Household — Size	Household — Type	Tenant Contract — Paid to O=Owner T=Tenant	Tenant Contract — New? (Y /N)	Tenant Contract — Months (1 to 24)
		$	$	$	$								

D. Total/Subtotal of HOME Funds Requested: $

E. TBRA Units:
   Number of TBRA Units:
   Designated for the homeless: [   ]
   Of those, the number designated for the <u>chronically</u> homeless: [   ]

F. Was this activity carried out a Faith-based Organization ☐ Yes   ☐No

# of Bdrms
0 - SRO/Efficiency
1 - 1 bedroom
2 - 2 bedrooms
3 - 3 bedrooms
4 - 4 bedrooms
5 - 5 or more bedrooms

Household % of Median
1 - 0 to 30%
2 - 30+ to 50%
3 - 50+ to 60%
4 - 60+ to 80%

Household Race
11 - White
12 - Black or African American
13 - Asian
14 - American Indian or Alaska Native
15 - Native Hawaiian or Other Pacific Islander
16 - American Indian or Alaska Native & White
17 - Asian & White
18 - Black or African American & White
19 - American Indian or Alaska Native & Black or African American
20 - Other Multi Racial

Household Type
1 - Single, non-elderly
2 - Elderly
3 - Single parent
4 - Two parents
5 - Other

Household Size
1 - 1 person
2 - 2 persons
3 - 3 persons
4 - 4 persons
5 - 5 persons
6 - 6 persons
7 - 7 persons
8 - 8 or more persons

<u>Tenant-Based Rental Assistance</u> Set-up Report <u>Instructions</u>

Read the instructions for each item carefully before completing the form.

- **Applicability.** The purpose of this report is to assist with the collection of information to be entered into HUD's Integrated Disbursement and Information System (IDIS). This report is to be completed for each TBRA activity set-up in IDIS.

- **Timing.** Data is to be entered into IDIS before funds may be drawn down for the activity. An amended set-up report should be completed for each draw request to add and/or remove tenants.

A. General and Activity Information.

1. **Name of Participant.** Enter the name of the agency administering the TBRA activity.

2. **County Code**. Enter the county code of the agency administering this HOME activity. *(Check with your HOME program officer for your county code.)*

3. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS *(and provided to you by your HOME program officer)*.

4. **Activity Name.** Enter the name designated to the activity.

B. Objective and Outcome: (For DHCD use – provided for informational purposes only)

- **Objective.** Check the box of the code of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to "Decent affordable housing".

    1. **Suitable living environments**. Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.

    2. **Decent affordable housing**. Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.

    3. **Creating economic opportunities**. Applies to activities related to economic development, commercial revitalization, and job creation.

- **Outcome.** Check the box of the code of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to "Affordability".

    1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.

    2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.

    3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

C. Household Characteristics.

Complete one line for each tenant receiving tenant-based rental assistance from the HOME program.

- **Tenant's Last Name.** Enter the tenant's last name if the name is 5 letters or less. Enter the first five letters of the last name if the name is more than five letters or a unique file identification number.

- **# of Bdrms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

- **Sec. Dep.** Enter the amount of HOME funds to be paid to the tenant or owner as a security deposit payment (to the nearest whole dollar).

- **Tenant Monthly Rent.** Enter the <u>actual rent, including utilities</u>, to be paid by the tenant at the time of activity completion (to the nearest whole dollar). If the rent includes utilities, or, if the rent includes partial utilities, *e.g., heat, but not electricity, these utility costs must be added to the* rent. Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule produced by the Miami-Dade County Section 8 Program.

- **TBRA Monthly Rent.** Enter the amount of HOME funds to be paid to the tenant or owner as a rent subsidy payment, including any utility allowances (to the nearest whole dollar).

- **Total Monthly Rent.** Enter the **total** monthly rent.

- **Household % of Med**. For each household assisted with HOME funds, enter one **code** only based on the following definitions:

    1. **0 to 30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

    2. **30+ to 50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

    3. **50+ to 60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

    4. **60+ to 80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

- **Household Hispanic?** For each household assisted with HOME funds, enter the ethnicity of the head of household as either "Y" for Hispanic or Latino or "N" for not Hispanic nor Latino. Hispanic or Latino ethnicity is defined as a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- **Household Race.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:

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

12. **Black/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."

13. **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.

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16. **American Indian/Alaska Native & White**. A person having these multiple race heritages as defined above.

17. **Asian & White**. A person having these multiple race heritages as defined above.

18. **Black/African American & White**. A person having these multiple race heritages as defined above.

19. .**American Indian or Alaska Native & Black or African American**. A person having these multiple race heritages as defined above.

20. **Other multi-racial**. For reporting individual responses that are not included in any of the other categories listed above.

NOTE: Collection of information on ethnicity and race is mandatory. If the tenant won't volunteer the information, the person filling out this form should make his/her best guess. (See **EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM** in Chapter 5 of the HOME Program Administration Manual.

- **Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 (for households of more than 8, enter 8).

- **Household Type.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:

  1. **Single, non-elderly**. One-person household in which the person is not elderly.

  2. **Elderly**. One or two person household with a person at least 62 years of age.

  3. **Single parent**. A single parent household with a dependent child or children (18 years old or younger).

  4. **Two parents**. A two-parent household with a dependent child or children (18 years old or younger).

  5. **Other**. Any household not included in the above 4 definitions, including two or more unrelated individuals.

- **Tenant Contract Paid To.** Enter an "**O**", if the TBRA Monthly Rent will be paid to the **Owner**. Enter a "**T**", if it will be paid to the **Tenant**.

- **Tenant Contract New?** Enter a "Y", if the tenant is newly assisted. Enter an "N", if the tenant's assistance is being renewed.

- **Tenant Contract Months.** Enter the number of months in the contract with the tenant. Valid entries are 1 to 24.

D. **Total/Subtotal of HOME Funds Requested.** Enter the total amount of HOME funds requested for this draw. This amount includes the TBRA Monthly Rent for each tenant and the security deposit amount for each tenant, if requested.

E. **TBRA Units:**

▪ **Number of TBRA units <u>designated</u> for the homeless.** Of the total number of TBRA units in the activity, enter the number <u>designated</u> for the homeless. <u>Homeless is defined</u> as:

(1) an individual or family who lacks fixed, regular, and adequate nighttime residence; or
(2) An individual or family who has a primary nighttime residence that is:
   (a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill;
   (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or
   (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

▪ **Of those, the number <u>designated</u> for the <u>chronically</u> homeless.** Of the number of units designated for the homeless, enter the number <u>designated</u> for the **chronically** homeless. A **chronically homeless person** is defined as an <u>unaccompanied homeless individual</u> with a <u>disabling condition</u> who has either:
   (1) been continuously homeless for a year or more, or
   (2) has had at least four episodes of homelessness in the past three years.

   A disabling condition is defined as a <u>diagnosable</u> substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability. For the purpose of determining chronically homelessness, a homeless person an unaccompanied individual sleeping in a place not meant for human habitation or in an emergency homeless shelter.

F. **Faith-based Organization.** Was this activity carried out by a faith-based organization? Check "Yes" if it is known or if the organization declares itself to be a faith-based organization. If not, check "No".