

LEGAL NOTICE

Notice of Public Hearing

Jefferson County

Jefferson County will hold a public hearing at 6:00 pm on Tuesday, April 4, 2023 in the Chambers of the Jefferson County Board of Legislators Historic Courthouse, 195 Arsenal Street, Watertown, NY, for the purpose of hearing public comments on Jefferson County's Community Development Block Grant (CDBG) project: 581HR300-18; owner occupied rehabilitation program; \$800,000. The CDBG program is administered by the NYS Office of Community Renewal (OCR) and provides resources to eligible local governments for housing, economic development, public facilities, public infrastructure and planning activities, with the principal purpose of benefiting low/moderate income persons. The hearing will provide further information about the progress of the ongoing CDBG project. Comments related to the effectiveness of administration of the CDBG project will also be received at that time. This hearing is being conducted pursuant to Section 570.486, Subpart I of the CFR and in compliance with the requirements of the Housing and Community Development Act of 1974, as amended.

The Historic Courthouse, 195 Arsenal Street is accessible to persons with disabilities. If special accommodations are needed for persons with disabilities, those with hearing impairments, or those in need of translation from English, those individuals should contact the Clerk of the Board of Legislators, 195 Arsenal Street, Watertown, NY, (315-785-3075) at least one week in advance of the hearing date to allow for necessary arrangements. Written comments may also be submitted to the Clerk of the Board of Legislators, 195 Arsenal Street, Watertown, NY through April 11, 2023.

Robert F. Hagemann
Clerk of the Board of Legislators

ANNUAL PERFORMANCE REPORT ALL HOUSING ACTIVITIES

I. PROJECT INFORMATION *(See Page 1 of the APR instructions)*

RECIPIENT NAME	Jefferson County			
CDBG PROJECT #	581HR300-18			
REPORT PERIOD	01/01/2021 -	7/26/21	REPORT #	Final
			FINAL	<input checked="" type="checkbox"/>

II. PROJECT STATUS NARRATIVE *(See pages 1-2 of the instructions)*

A. Please refer to instructions for activity specific questions and provide a summary of the current status including significant accomplishments and milestones of each activity funded ***during this reporting period only:***

This is a housing rehabilitation program that provides assistance in smaller rural communities that cannot compete for CDBG or HOME funding and would have difficulty administering a local program on their own. This county-wide strategy is a better way to address the need for housing rehabilitation assistance in smaller communities throughout the county.

Under this program, CDBG funds are available to cover 100% of the cost of eligible rehabilitation improvements (maximum \$35,000/housing unit) in 1-3 family owner-occupied properties. Absentee-owned rental properties are not included in this program.

We are working with a local non-profit, Neighbors of Watertown, to administer this program. They maintain a database of property owners who are interested in housing rehabilitation; and applicants are selected from that list based on criteria that give preference to those with the greatest need.

To date, eligibility documentation has been collected for 31 applicants (all are single-family properties). We have been working with all of those applicants to complete inspections (including energy audits and lead risk assessments) and prepare detailed work write-ups for the necessary rehabilitation improvements.

24 projects have been approved for rehabilitation under this program. 2 of those projects were approved in this reporting period. All 24 projects have been completed; 9 of them were completed in this reporting period.

Risk assessments are completed on all projects to identify any lead-based paint hazards that must be addressed as part of the rehabilitation project. That work is done by a local engineering firm, Paradigm Environmental Services, under contract with the county. The Work Writeup that is prepared for each project details "interim controls" and/or "abatement" activities that must be completed to address all lead hazards; and before final payment is approved, the contractor must provide a clearance report showing that all lead hazards have been addressed.

100% of the CDBG funds were committed and spent before the grant expired in July 2021.

B. Provide a detailed description of any problems that are impeding the progress and/or schedule of the project and the efforts taken to resolve the problems.

The project design is unchanged from what was detailed in the application. CDBG funds were used to finance improvements in substandard homes with owner-occupants who qualify as low or moderate income. Projects were selected from across the county based on a priority system that gives preference to owners with very low fixed income and properties with serious deficiencies that are a threat to the structure or the occupants.

C. For Recipients submitting their Final Performance Report, if the project will not meet the accomplishments as proposed in the application, provide an explanation as to why these accomplishments will not be met.

In the 2018 application, we projected that 24 housing units would be rehabilitated at an average cost of \$27,750 per unit. The actual cost is higher but we were able to tap additional resources (HOME, AHC, etc.) that are available from local non-profits to provide matching funds for these activities. The original goal has been achieved and 24 homes were rehabilitated with an average cost of \$30,837 per unit under this program.

D. For all NYS CDBG funded projects awarded on or after December 1, 2019, has the Program Administrative Plan been submitted to OCR?

YES If yes, date of submission

NO If no, anticipated date of submission

(Please note, all projects regardless of prior funding date are encouraged to prepare and submit an administrative plan)

E. All NYS CDBG funded projects are required to conduct a second (performance) public hearing.

Based on Exhibit 8-2 in the OCR Grant Administration Manual, has the project met the required threshold for holding the second hearing?

YES If yes, date of public hearing 1/19/21

NO If no, anticipated date of public hearing, if known

III. Project Team Update *(See Page 2-3 of the APR instructions)*

1. Municipal Information

Name	Jefferson County				
Address	195 Arsenal Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.785.3075	Fax	315.785.5070		
Email					
Website					
EIN	156000457	DUNS	077308039		
CDBG #	581HR300-18	FY End	12/31		

2. Chief Elected Official (If term is ending, please provide new contact information)

Former		Title			
	Term Effective Date		Term End Date		
Current	Scott A. Gray		Title	Chairman, Board of Legislators	
	Term Effective Date	01/01/2020	Term End Date	12/31/2021	
C/TV	195 Arsenal Street, Watertown		State	NY	ZIP + 4 13601
Phone	315.785.3075		Fax	315.785.5070	
Email	scottg@co.jefferson.ny.us				

3. Local Grant Contact (Must be a municipal employee other than CEO)

Name	Michael J. Bourcy	Title	Planning Director		
Address	175 Arsenal Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.785.3144	Fax	315.785.5092		
Email	mbourcy@co.jefferson.ny.us				

4. Municipal Clerk

Name	Gizelle J. Meeks	Title	County Clerk		
Address	175 Arsenal Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.785.3081	Fax	315.785.5145		
Email	gmeeks@co.jefferson.ny.us				

5. Municipal Treasurer or Chief Financial Officer

Name	Karen Christie	Title	County Treasurer		
Address	175 Arsenal Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.785.3055	Fax	315.785.7589		
Email	kchristie@co.jefferson.ny.us				

6. Municipal Attorney

Name	David J. Paulsen	Title	County Attorney		
Firm			Municipal Employee	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Address	175 Arsenal Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.785.3088	Fax	315.785.5178		
Email	davidp@co.jefferson.ny.us				

7. Fair Housing Officer Required for every CDBG award/project

Name	Melinda Gault	Title	Executive Director		
Address	Community Action Planning Council of Jefferson County, 518 Davidson Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.788.2490	Fax	315.788.8251		
Email	mgault@capcjc.org				

8. Section 3 Coordinator (Required for any CDBG award above \$200,00 and contracts in excess of \$100,000)

Name	Michael J. Bourcy	Title	Planning Director		
Address	175 Arsenal Street				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.785.3144	Fax	315.785.5092		
Email	mbourcy@co.jefferson.ny.us				

9. Subrecipient

Are activities to be undertaken by a Subrecipient?

Yes No To be selected (If yes, complete this section)

Name of Subrecipient					
Contact Person		Title			
Address					
C/TV		State		ZIP + 4	
Phone		Fax			
Email					

10. Labor Standards Compliance Officer

Will any CDBG activity be subject to Davis-Bacon Prevailing Wages?

Yes No (If yes, complete this section)

Name		Title			
Address					
C/TV		State		ZIP + 4	
Phone		Fax			
Email					
	General Decision Number				
	Bid opening date				

11. Consultant

Has the Recipient retained the services of a Consultant for all or part of any CDBG activity?

Yes No To be selected (If yes, complete this section.)

Name of Firm	Avalon Associates, Inc.				
Contact Person	Philip A. Smith	Title	President		
Address	P.O. Box 746				
C/TV	Glens Falls	State	NY	ZIP + 4	12801-0746
Phone	518.798.0777	Fax			
Email	psmith@avalonassociatesinc.com				

12. Engineer

Will the Recipient retain the services of an Engineer for all or part of any CDBG activity?

Yes No To be selected (If yes, complete this section) Municipal Employee

Name of Firm					
Contact Person		Title			
Address					
C/TV		State		ZIP + 4	
Phone		Fax			
Email					

13. Lead Based Paint Risk Assessor

Will any CDBG activity be subject to Lead Based Paint Regulations at 24CFR Part 35 and/or 40CFR Part 745?

Yes No To be selected (If yes, complete this section)

Name of Firm	Paradigm Environmental Services				
Contact Person	Hoiward B. Arthur	Title	Vice President		
Address	18987 U.S. Route 11				
C/TV	Watertown	State	NY	ZIP + 4	13601
Phone	315.771.3738	Fax			
Email	barthur@paradigmenvllc.com				

IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS

(SEE PAGE 2-3 OF THE APR INSTRUCTIONS)

A. SINGLE FAMILY HOUSING REHABILITATION ACTIVITIES

NO SINGLE UNIT REHABILITATION

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

IDIS Activity Number (see Schedule B)	34496	Activity Name	Jefferson County Housing Rehabilitation
OWNER OCCUPIED UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED	9	FOR THIS REPORTING PERIOD ONLY
	COMPLETED UNITS OCCUPIED BY LMI	9	
	PERSONS BENEFITING	19	
	LMI PERSONS BENEFITING	19	
	UNITS OCCUPIED BY THE ELDERLY	5	
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)	9	
	LEED CERTIFIED ENERGY STAR UNITS		
	UNITS MADE ACCESSIBLE		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)	7	
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*	7	
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978	2	
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)	3	
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)	4	
(*this total must match 1-5)			
RENTAL UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
	LMI UNITS COMPLETED		
	PERSONS BENEFITING		
	LMI PERSONS BENEFITING		
	AFFORDABLE UNITS		
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
	LEED CERTIFIED ENERGY STAR UNITS		
	SECTION 504 ACCESSIBLE UNITS		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978		
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)		
(*this total must match 1-5)			
	UNITS CREATED THROUGH CONVERSION OF NON-RESIDENTIAL BUILDINGS		
OF THE AFFORDABLE UNITS, THE NUMBER OF:			
	UNITS OCCUPIED BY THE ELDERLY		FOR THIS REPORTING PERIOD ONLY
	YEARS OF AFFORDABILITY		
	UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM		
OF THE TOTAL RENTAL UNITS, THE NUMBER OF:			
	PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD ONLY
OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:			
	SPECIFICALLY, FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY

IDIS Activity Number <i>(see Schedule B)</i>	01	Activity Name	Jefferson County Housing Rehabilitation
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RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)

RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE	9			
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS	9	0	0	0

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)

MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)	1	
31 - 50 % (LOW-INCOME)	3	
51-80 % (MODERATE INCOME)	5	
81% AND ABOVE		
TOTALS	9	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY	5	
FEMALE HEAD OF HOUSEHOLD	4	
DISABLED	2	

B. MANUFACTURED AND MOBILE HOUSING REPLACEMENT ACTIVITIES

NO MMHRR

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

IDIS Activity Number <i>(see Schedule B)</i>	Activity Name
OWNER OCCUPIED UNITS	
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:	
UNITS COMPLETED	FOR THIS REPORTING PERIOD ONLY
COMPLETED UNITS OCCUPIED BY LMI	
PERSONS BENEFITING	
LMI PERSONS BENEFITING	
UNITS OCCUPIED BY THE ELDERLY	
UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)	
LEED CERTIFIED ENERGY STAR UNITS	
UNITS MADE ACCESSIBLE	
UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)	
# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*	
# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978	
# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)	
# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)	
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)	
# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)	
# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)	

(*this total must match 1-5)

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS	9	0	0	0

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

C. MULTI-FAMILY 2 – 3 UNIT HOUSING REHABILITATION ACTIVITIES No MULTI-UNIT REHABILITATION ACTIVITIES

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

Note: Each multi-family (2-3 units) rehabilitation must be reported on separate forms.

IDIS Activity Number (see Schedule B)		Activity Name	
OWNER OCCUPIED UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
	COMPLETED UNITS OCCUPIED BY LMI		
	PERSONS BENEFITING		
	LMI PERSONS BENEFITING		
	UNITS OCCUPIED BY THE ELDERLY		
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
	LEED CERTIFIED ENERGY STAR UNITS		
	UNITS MADE ACCESSIBLE		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978		
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)		
(*this total must match 1-5)			

RENTAL UNITS			
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:			
	UNITS COMPLETED		FOR THIS REPORTING PERIOD ONLY
	LMI UNITS COMPLETED		
	PERSONS BENEFITING		
	LMI PERSONS BENEFITING		
	AFFORDABLE UNITS		
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)		
	LEED CERTIFIED ENERGY STAR UNITS		
	SECTION 504 ACCESSIBLE UNITS		
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*		
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978		
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)		
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)		
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)		
(this total must match 1-5)			

OF THE AFFORDABLE UNITS, THE NUMBER OF:			
	UNITS OCCUPIED BY THE ELDERLY		FOR THIS REPORTING PERIOD ONLY
	YEARS OF AFFORDABILITY		
	UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM		

OF THE TOTAL RENTAL UNITS, THE NUMBER OF:			
	PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS		FOR THIS REPORTING PERIOD ONLY

OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:			
	SPECIFICALLY, FOR THE CHRONICALLY HOMELESS		FOR THIS REPORTING PERIOD ONLY

IDIS Activity Number <i>(see Schedule B)</i>		Activity Name		
RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS	0	0	0	0

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51 - 80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

D. MULTI-FAMILY 4 OR MORE UNIT HOUSING REHABILITATION ACTIVITIES

No MULTI-UNIT REHABILITATION ACTIVITIES

NOTE: EACH MULTI-FAMILY (4 OR MORE UNITS IN A SINGLE BUILDING) MUST BE REPORTED ON SEPARATE FORMS.

IDIS Activity Number (see Schedule B)	Activity Name	
OWNER OCCUPIED UNITS		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
	UNITS COMPLETED	FOR THIS REPORTING PERIOD ONLY
	COMPLETED UNITS OCCUPIED BY LMI	
	PERSONS BENEFITING	
	LMI PERSONS BENEFITING	
	UNITS OCCUPIED BY THE ELDERLY	
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)	
	LEED CERTIFIED ENERGY STAR UNITS	
	UNITS MADE ACCESSIBLE	
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)	
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*	
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978	
	# OF UNITS COMPLETED WITH HARD COSTS ≤ \$5,000(1)	
	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)	
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)	
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)	
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)	

(*this total must match 1-5)

RENTAL UNITS		
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:		
	UNITS COMPLETED	FOR THIS REPORTING PERIOD ONLY
	LMI UNITS COMPLETED	
	PERSONS BENEFITING	
	LMI PERSONS BENEFITING	
	AFFORDABLE UNITS	
	UNITS MOVED FROM SUBSTANDARD TO STANDARD CONDITION (HQS OR LOCAL CODE)	
	LEED CERTIFIED ENERGY STAR UNITS	
	SECTION 504 ACCESSIBLE UNITS	
	UNITS BROUGHT INTO COMPLIANCE WITH LEAD SAFETY RULES (24 CFR PART 35)	
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED BEFORE 1978*	
	# OF UNITS COMPLETED THAT WERE CONSTRUCTED POST 1978	
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	# OF UNITS COMPLETED THAT WERE OTHERWISE EXEMPT (SEE FORM INSTRUCTIONS) (2)	
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(b) WITH HARD COSTS ≤ \$ 5,000 (3)	
	# OF UNITS COMPLETED IN COMPLIANCE WITH 24CFR35.930(c) WITH HARD COSTS OF \$5,000-\$25,000 (4)	
	# OF UNITS COMPLETED IN COMPLIANCE WITH ABATEMENT AT 24CFR35.930(d) (5)	
	(*this total must match 1-5)	
	UNITS CREATED THROUGH CONVERSION OF NON-RESIDENTIAL BUILDINGS	
OF THE AFFORDABLE UNITS, THE NUMBER OF:		
	UNITS OCCUPIED BY THE ELDERLY	FOR THIS REPORTING PERIOD ONLY
	YEARS OF AFFORDABILITY	
	UNITS SUBSIDIZED WITH PROJECT-BASED RENTAL ASSISTANCE BY ANOTHER FEDERAL, STATE, OR LOCAL PROGRAM	
OF THE TOTAL RENTAL UNITS, THE NUMBER OF:		
	PERMANENT HOUSING UNITS DESIGNATED FOR HOMELESS PERSONS AND FAMILIES INCLUDING UNITS RECEIVING ASSISTANCE FOR OPERATIONS	FOR THIS REPORTING PERIOD
OF THE UNITS FOR HOMELESS PERSONS, THE NUMBER:		
	SPECIFICALLY, FOR THE CHRONICALLY HOMELESS	FOR THIS REPORTING PERIOD ONLY

MULTI-FAMILY 4 OR MORE UNIT HOUSING REHABILITATION ACTIVITIES

IDIS Activity Number <i>(see Schedule B)</i>		Activity Name		
RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)				
RACIAL CATEGORIES	HOUSEHOLDS			
	OWNERS		RENTERS	
	RACIAL GROUP	HISPANIC*	RACIAL GROUP	HISPANIC*
WHITE				
BLACK/AFRICAN AMERICAN				
ASIAN				
AMERICAN INDIAN/ALASKAN NATIVE				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER				
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE				
ASIAN AND WHITE				
BLACK/AFRICAN AMERICAN AND WHITE				
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN				
OTHER MULTI-RACIAL				
TOTALS	0	0	0	0

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)		
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	HOUSEHOLDS	
	OWNERS	RENTERS
0 - 30 % (VERY LOW-INCOME)		
31 - 50 % (LOW-INCOME)		
51-80 % (MODERATE INCOME)		
81% AND ABOVE		
TOTALS	0	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS	
ELDERLY		
FEMALE HEAD OF HOUSEHOLD		
DISABLED		

E. HOMEOWNERSHIP ACTIVITIES (See pages 6-7 of APR Instructions)

One form must be submitted for each activity funded except Program Delivery and Grant Administration.

IDIS Activity Number (see Schedule B)	Activity Name
HOMEOWNERSHIP ASSISTANCE (FOR THIS REPORTING PERIOD ONLY)	
FOR THIS REPORTING PERIOD, THE TOTAL NUMBER OF:	HOUSEHOLDS
RECEIVING HOMEBUYER ASSISTANCE	
OF THE NUMBER RECEIVING ASSISTANCE, THE NUMBER:	
QUALIFIED AS LOW-AND MODERATE-INCOME	
RECEIVING COUNSELING	
RECEIVING DOWN PAYMENT/CLOSING COST ASSISTANCE	
WHO ARE FIRST TIME BUYERS	
OF THE NUMBER OF FIRST TIME BUYERS, THE NUMBER:	
RECEIVING COUNSELING	

RACIAL/ETHNIC COMPOSITION (FOR THIS REPORTING PERIOD ONLY)		
RACIAL CATEGORIES	HOUSEHOLDS	
	RACIAL GROUP	HISPANIC*
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE		
ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		
TOTALS	0	0

HISPANIC* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A HOUSEHOLD OR PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA (FOR THIS REPORTING PERIOD ONLY)	
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN INCOME)	OWNERS
	0 - 30 % (VERY LOW-INCOME)
31 - 50 % (LOW-INCOME)	
51-80 % (MODERATE INCOME)	
81% AND ABOVE	
TOTALS	0
OF THE TOTAL BENEFITING, THE NUMBER OF:	HOUSEHOLDS
ELDERLY	
FEMALE HEAD OF HOUSEHOLD	
DISABLED	

Fair and Equitable Housing Office

www.nyshcr.org

E-mail: FEHO@nyshcr.org

V. Affirmatively Furthering Fair Housing (see page of the APR instructions)

Recipients of federal funds have a duty to affirmatively further fair housing (AFFH) pursuant to the Fair Housing Act. New York State will monitor the efforts of local government grantees to satisfy and certify their own duty to AFFH. In general, activities that AFFH should promote non-discrimination and ensure fair and equal access to housing opportunities for all. The Grant Administration Manual, Chapter 5 Section VII(E), provides additional information regarding fair housing obligations. To ensure compliance with the AFFH requirements the Recipient is required to:

- a. Display fair housing posters and distribute fair housing materials prepared by New York State, the municipality, US Department of Housing and Urban Development (HUD), or fair housing organizations to community residents, landlords, real estate professionals and lenders;
- b. Pass a fair housing resolution that demonstrates a "good faith effort" in complying with fair housing requirements. The fair housing resolution adopted by the Recipient must also be publicized and promoted within the community; and
- c. Designate a fair housing officer who is familiar with the fair housing regulation, have him or her trained on their duties and responsibilities as a fair housing officer, and, through means reasonably calculated to reach the community, publicize the existence of the fair housing officer as the primary point of contact for all fair housing related issues.

The Recipient shall carry out the AFFH actions within one (1) year of the award of funds and provide to HCR's Office of Community Renewal proof of the activities undertaken as a record of the municipality's activities to satisfy its AFFH requirements.

In addition to the abovementioned required activities, the Recipient's AFFH Checklist should identify which of the below activities will also be undertaken. The below checklist does not include every fair housing activity that a municipality could or should undertake. It is however a good starting point of increasing community awareness, ensuring that clear procedures exist for addressing fair housing complaints, expanding the types of housing choice within the municipality, and generally providing all people with the opportunity to live in a community of their choice without discrimination.

If a Recipient intends to complete an action not included in the AFFH Checklist to satisfy one of the categories from the AFFH Checklist, it must apply to Fair and Equitable Housing Office (FEHO) for permission to do so. Questions related to fair housing obligations and/or the AFFH Checklist must be addressed to HCR's Fair and Equitable Housing Office at (518) 473-3089 or FEHO@nyshcr.org.

Recipients must be prepared to begin reporting on efforts to Affirmatively Further Fair Housing on an annual basis. Reporting will occur on an annual basis through the OCR Annual Performance Report (APR) that is due in January of every year or when submitting a FINAL APR.

AFFH Checklist:

I. Encourage community input on fair housing matters

1. Hold an annual public meeting on fair housing. Provide to HCR an agenda, meeting notes, and reports concerning the steps that will be taken to address fair housing issues raised at these meetings. Include list of attendees/sign-in sheet, location and date.

II. Ensure public policy affirmatively furthers fair housing

1. Sponsor, or work with a community development/planning organization, rural/neighborhood preservation, or fair housing organization to conduct a survey to assess the community's housing needs, including barriers to fair housing choice.
2. Survey special housing needs of minorities and women to determine possible effects of discrimination.

III. Promote fair housing education

1. Elected officials, municipality staff in charge of planning, zoning, building, housing, community and economic development, and their third-party consultants attend a fair housing training program.
2. Expert provides a fair housing education and training program for real estate professionals, including developers, sales and rental agents, lenders, and property managers.
3. Conduct a meeting with financial institutions that serve the community to discuss the importance of providing financial assistance for housing in all geographic areas and to all residents in the community.

Please identify the Fair Housing Officer: Melinda Gault

Was the Fair Housing Officer appointed by resolution? Yes No

If yes, what was the date of the resolution? _____ (Annual contract with CAPC)

Has a Fair Housing Plan been adopted? Yes No If yes, please attach a copy.

If previously submitted, please provide date. _____

Provide a description of actions being undertaken to Affirmatively Further Fair Housing:



Utilization of Section 3 Residents and Businesses Report

All recipients of a single CDBG, HOME, federal HTF or other HUD award in excess of \$200,000 for housing and community development projects must complete this form. More information in instructions below.

1. Awardee/Recipient Name & Address (street, city, state, zip): Jefferson County 195 Arsenal Street Watertown NY 13601		2. Project ID/SHARS #: 581HR300-18	3. Date of Report: August 20, 2021
		4. Section 3 Coordinator: Michael J. Bourcy	5. Phone (w/ area code): 315.785.3144
		6. Email Address: mbourcy@co.jefferson.ny.us	7. Reporting Period <input checked="" type="checkbox"/> Jan. 1-July 1, 2021 <input type="checkbox"/> Jan. 1-Dec. 31,
8. HUD Funding Source: (CDBG, HOME LPA, HOME Capital, HTF, NSG) 8	9. Dollar Amount of HUD Assistance: \$800,000	10. Project Name County-wide Housing Improvement Program 2020	

Part I: Employment and Training (Goal is 30% of New Hires to Section 3 Residents – includes residents of local public housing authority, Section 8 voucher holders, YouthBuild participants and other low-income individuals)*

A Job Category	B # of New Hires during this reporting period	C # of New Hires that are Section 3 Residents	D % of Aggregate # of Staff Hours of New Hires that are Sec. 3 Residents (optional)	E % of Total Staff Hours for Section 3 Employees and Trainees (optional)	F # of Section 3 Trainees
Professionals					
Technicians					
Office/Clerical					
Construction by Trade (list trade)					
Other (list)					
Total					

Part II: Contracts Awarded*

1. Construction Contracts (Goal is 10% going to Section 3 businesses):

A. Total dollar amount of all contracts awarded on the project <u>during this reporting period</u>	\$ 63,817.50
B. Total dollar amount of contracts awarded to Section 3 businesses <u>during this reporting period</u>	\$ 59,217.50
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	93 %
D. Total number of Section 3 businesses receiving contracts	2

2. Non-Construction Contracts (Goal is 3% going to Section 3 businesses):

A. Total dollar amount of all non-construction contracts awarded on the project <u>during this reporting period</u>	\$ 6,075.00
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses <u>during this reporting period</u>	\$ 4,075.00
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	67 %
D. Total number of Section 3 businesses receiving non-construction contracts	2

Reporting for Section 3 Subs

***NOTE: You are responsible for reporting in this form all Section 3 hiring and contracting conducted by your contractors and sub-contractors who are subject to Section 3 ("Section 3 Contractors or Subcontractors").** Section 3 Contractors and Subcontractors are those who have a single contract with You (Recipient/Awardee), your contractor or their sub-contractor that is over \$100,000, and therefore are subject to the same Section 3 goals and requirements. For example, if you write "0" for "Number of New Hires" in Column B, you are saying that neither you nor any of your Section 3 Contractors or Subcontractors did any hiring during the reporting period.

Check here to certify that this reporting form includes all Section 3 hiring and contracting during this reporting period conducted by any of your Section 3 Contractors or Subcontractors (that have contracts over \$100,000).

Check here if you did not have any Section 3 Contractors or Subcontractors (that have contracts over \$100,000) during this reporting period.

Section 3 Preferences Certifications

Check here to certify that, if hiring occurred by You or your Section 3 Contractors or Subcontractors during this reporting period, preference was given, to the greatest extent feasible, to qualified Section 3 residents, if any applied, in accordance with your Section 3 Participation Plan. **Check here** if You or your Section 3 Contractors or Subcontractors did not hire anybody in this reporting period.

Check here to certify that, to extent contracts (including in professional services contracts) were awarded by You or your Section 3 Contractors or Subcontractors on this project during this reporting period, preference was given, to the greatest extent feasible, to applications or proposals by qualified Section 3 businesses, if any, in accordance with your Section 3 Participation Plan. **Check here** if you did not award any contracts this reporting period.

Check here to certify that the Section 3 clause was included in all contracts with Section 3 Contractors and Subcontractors (that have contracts over \$100,000).

List any Section 3 Business Concerns Utilized on Project, if any

Name	Industry	Contact Information/Address

Part III: Narrative for Not Meeting Goals & Additional Information. If you did not meet the Section 3 goals for this reporting period, describe why it was not feasible, including any impediments encountered in spite of action taken. Describe and include evidence of all efforts taken and any remedial measures you will take to meet Section 3 goals (Attach additional pages as necessary)

I certify that I am duly authorized by Awardee/Recipient, listed above, to make certifications as to Section 3 compliance by Awardee/Recipient, and that the information within this form and appended to it is true and accurate. Non-compliance with the requirements of Section 3 may result in sanctions, terminations of this contract for default and debarment or suspension from future HUD-assisted contracts.


Signature of Official

Michael J. Bourcy
Name

8/20/21
Date

Click here if signing electronically

Instructions for Completing the FEHO Section 3 Form

Instructions: This form is to be used to report the accomplishments regarding employment and other economic opportunities provided to low-and very low-income persons under Section 3 regulations of the HUD Act of 1968. This regulation states that “to the greatest extent feasible,” an effort must be made to have **30% of new hires be Section 3 residents**; and to contract with Section 3 businesses in an amount which is at a minimum of **10% of all contracts for construction work** generated on this project, and at least **3% of the total amount for all other contracts** (including professional services). This regulation applies to all recipients of housing and community development assistance in excess of **\$200,000** expended for: (1) housing rehabilitation (including reduction and abatement of lead-based paint hazards); (2) housing construction; or (3) other public construction projects; **and to contracts and subcontracts in excess of \$100,000 (Section 3 Contractors & Subcontractors). Section 3 Residents** include local public housing residents, Section 8 voucher holders, participants in Youthbuild programs and low- and very low-income persons. To determine low- and very-low income levels for your area, visit: https://www.huduser.gov/portal/datasets/il/il2019/select_Geography.odn. **Section 3 Businesses** include those at least 51% or more owned by Section 3 residents, those whose employees consist of at least 30% Section 3 residents (or who were a Section 3 resident within the last 3 years) and those who provide evidence of a commitment to subcontract more than 25% of the all subcontracts to a Section 3 business. For more information: <https://hcr.ny.gov/section-3-compliance>

Part I: Employment and Training Opportunities

Column A: Contains various job categories. Professionals are defined as people who have special knowledge of an occupation (i.e.: supervisors, architects, surveyors, planners, and computer programmers). For construction positions, list each trade and provide data in columns B through F for each trade where persons were employed. The category of “Other” includes occupations such as service workers.

Column B: Enter the number of new hires for each category of workers identified in Column A in connection with this award. New hire refers to a person who is not on the contractor’s or recipient’s payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

Column C: Enter the number of Section 3 new hires for each category of workers identified in Column A in connection with this award. Section 3 new hire refers to a Section 3 resident who is not on the contractor’s or recipient’s payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

Column D: Enter the percentage of all the staff hours of new hires (Section 3 residents) in connection with this award. Optional.

Column E: Enter the percentage of the total staff hours worked for Section 3 employees and trainees (including new hires) connected with this award. Include staff hours for part-time and full-time positions. Optional.

Column F: Enter the number of Section 3 residents that were employed and trained in connection with this award.

Part II: Contract Opportunities

Block 1: Construction Contracts

Item A: Enter the total dollar amount of all contracts awarded on the project/program *during this reporting period only*. Mid-year reports cover the first 6 months of the year, and end-of-year reports cover the full year.

Item B: Enter the total dollar amount of contracts connected with this project/program that were awarded to Section 3 businesses.

Item C: Enter the percentage of the total dollar amount of contracts connected with this project/program awarded to Section 3 businesses.

Item D: Enter the number of Section 3 businesses receiving awards.

Block 2: Non-Construction Contracts

Item A: Enter the total dollar amount of all contracts awarded on the project/program *during this reporting period only*. Mid-year reports cover the first 6 months of the year, and end-of-year reports cover the full year.

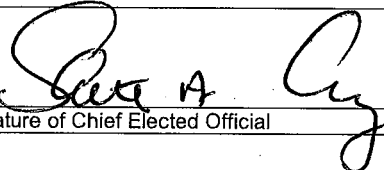
Item B: Enter the total dollar amount of contracts connected with this project/program that were awarded to Section 3 businesses.

Item C: Enter the percentage of the total dollar amount of contracts connected with this project/program awarded to Section 3 businesses.

Item D: Enter the number of Section 3 businesses receiving awards.

VII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT (See page 6 of the APR Instructions)

I certify that, to the best of my knowledge, this report is correct and complete; and that all expenditures were for eligible NYS CDBG activities and deposited and disbursed, according to requirements of Title I of the Housing and Community Development Act of 1974, and the grant agreement executed with the NYS Office of Community Renewal and the policies and program requirements governing the NYS CDBG Program.

Scott A. Gray	
Typed Name of Chief Elected Official	<input type="checkbox"/> Check box if Chief Elected Official has changed since last reporting period and provide name of former CEO above
	8/20/21
Signature of Chief Elected Official	Date Report Signed by CEO
315.785.3075	scottg@co.jefferson.ny.us
Telephone	E-mail Address
Philip A. Smith, President, Avalon Associates, Inc.	psmith@avalonassociatesinc.com
Name of Person who prepared this report	Email Address