



AGENDA ITEM NO.
L-2

COUNTY OF HUMBOLDT

Hearing Date: June 2, 2015
To: Board of Supervisors
From: Kevin R. Hamblin, Director Planning and Building *KH*
Subject: Community Development Block Grant Final Performance Report for 2010 Microenterprise Grant

RECOMMENDATION(S):

That the Board of Supervisors:

1. Receive Report
2. Open public hearing and receive public comment
3. Direct staff to submit final report to the State of California Housing and Community Development Block Grant (CDBG) Program.

SOURCE OF FUNDING: State of California, Community Development Block Grant

DISCUSSION: The County submitted a grant in 2010 and received an allocation of funds to assist lower income qualified individuals and businesses with technical assistance in starting or expanding their businesses. That grant expired in December 2014. Starting last year when a grant closes the County must have a public hearing to let the public comment on the activities completed during the life of the grant.

The final Performance Report is attached to this report. After receiving public comment, and upon Board direction, staff will submit a final close out package to the State.

Prepared by *Paula Markler* CAO Approval *Amy Orsen*

REVIEW: Auditor _____ County Counsel *DS* Human Resources _____ Other _____

TYPE OF ITEM:
 Consent
 Departmental
 Public Hearing
 Other _____

PREVIOUS ACTION/REFERRAL:
Board Order No. _____
Meeting of: _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor *Lovelace*
Seconded by Supervisor *Bohn*
Ayes *Sundberg, Lovelace, Fennell, Bohn*
Nays _____
Abstain _____
Absent *Bass*

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated *June 2, 2015*
By: *Kathy Hayes*
Kathy Hayes, Clerk of the Board

FINANCIAL IMPACT: All eligible expenses have been requested and will be paid by the grant. There is no effect on the general fund.

OTHER AGENCY INVOLVEMENT: North Coast Small Business Development Center provided the Technical Assistance.

ALTERNATIVES TO STAFF RECOMMENDATIONS: There are no recommendations.

ATTACHMENTS: Final 10-CDBG-7265 Grantee Performance Report

Use this page to report on any Micro-enterprise Technical Assistance activity and/or loans to Micro-enterprise Business Owners. Jurisdictions are required to provide information on race and income levels of all participants.

Micro-Enterprise Assistance (18C)

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. Creating a new Revolving Fund/Revolving Loan Account (RLA).
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. A Subrecipient Agreement for this activity, complete Appendix D.

Section 3

Economic Opportunities for Low & Very Low Income

Check box if the grant award is over \$200,000 in CDBG funds.

Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

- Minority group members _____
- Women _____
- Other (Specify) _____

Value of Contract

Micro-Enterprise Financing

IDIS cdbg 5

1. Indicate the number of loans provided to businesses this Report Period:

Loans 0

2. Indicate the total number of loans provided to date (entire contract term):

Loans 0

3. Enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
Amortized Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on the race/ethnicity and the income levels of all micro-enterprise or persons assisted

Race & Code	Business Owners	
	All	Hisp
White (11):	36	1
Black/African American (12):		
Asian (13):		
American Indian/Alaskan Native (14):		
Native Hawaiian/Other Pacific Isl. (15):		
Am. Indian/Alaskan Native & White (16):	1	
Asian & White (17):		
Black/African Am. & White (18):		
Am. Indian/Alaskan & Bk/Afrcn (19):		
Other Multi-Racial (20):		
TOTALS	37	1

Number of Female Head of Households 14

INCOME LEVELS

IDIS cdbg 13

The income levels of micro-enterprise program participants:

	Persons	To Date Total all years
Extremely Low (<30%)	15	59
Low (31%-50%)	11	42
Moderate (51%-80%)	11	72
Non-Low/Moderate Income (+80%)	0	0
Totals	37	173

Jobs

IDIS cdbg 11

	Full Time		Part Time Weekly Hours	
	Total	Low & Mod	Total	Low & Mod
1 Proposed:				
Expected to Create:	11	11	16	16
Expect to Retain:	15	15	15	15
2 Actual:				
Created:	7	7	9	9
Retained:	15	15	15	15

3 What number of jobs have employer sponsored health care benefits:
Created: 0 Retained: 0

IDIS cdbg 26 & 27

4 What number were unemployed prior to the jobs created under this activity: _____

5 Indicate the type of jobs being created or retained

	Type of Jobs Created:	Jobs Retained:
Officials and Managers	<u>1</u>	<u>4</u>
Professional	<u>5</u>	<u>6</u>
Technicians	<u>3</u>	<u>4</u>
Sales	<u>0</u>	<u>1</u>
Office and Clerical	<u>0</u>	<u>2</u>
Craft Workers (skilled)	<u>4</u>	<u>3</u>
Operatives (semi-skilled)	<u>3</u>	<u>5</u>
Laborers (unskilled)	<u>0</u>	<u>2</u>
Service Workers	<u>0</u>	<u>3</u>

Micro-Enterprise Business Assistance

1 **Businesses assisted:**

IDIS cdbg 28

Number of Existing:	<u>22</u>
Number of New:	<u>15</u>
Total:	<u>37</u>

2 **Of the EXISTING Businesses assisted:**

Number expanding:	<u>3</u>
Number relocating:	<u>0</u>

3 The number of businesses assisted with commercial façade treatment/business building rehab: 0

4 The number of businesses that provide goods or services to meet the needs of a service area, neighborhood or community 20

5 Specify Duns number for each business assisted:

Duns Number

Replacement Housing

If multiple locations, please duplicate and make additional forms as necessary.
Indicate the address of the units to be demolished-converted:

IDIS cdbg 16

**Demolished/Converted
Address**

Indicate the number and type of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Grant or Loan Agreement Executed Date:

Demolition or Conversion Agreement Date:

**Replacement
Address**

Number of bedroom units

- 0/1 Zero or One bedroom unit _____
- Two Bedroom Units _____
- Three Bedroom Units _____
- Four Bedroom Units _____
- 5+ Five or more Bedroom Units _____

Date units will be available:

Date of any exception agreement:

Grantee Performance Report
Appendix B - Displacement

Report Period
2013/14

Standard Agreement
10-EDEF-7265

IDIS cdbg 15

Indicate the census tract of origin: _____
 Indicate the City: _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

Indicate the census tract of those relocated _____
 Indicate the City _____

Race & Code	Displaced		Remain		Relocated	
	All	Hisp	All	Hisp	All	Hisp
White (11):	0	0	0	0	0	0
Black/African American (12):	0	0	0	0	0	0
Asian (13):	0	0	0	0	0	0
American Indian/Alaskan Native (14):	0	0	0	0	0	0
Nat.Hawaiian/Oth Pacific Isl (15):	0	0	0	0	0	0
Am. Indian/Alaskan Nat. &White (16):	0	0	0	0	0	0
Asian & White (17):	0	0	0	0	0	0
Black/African Am. & White (18):	0	0	0	0	0	0
Am.Indian/Alskn & Blck/Afrcn (19):	0	0	0	0	0	0
Other Multi-Racial (20):	0	0	0	0	0	0

If there is more than one census track, indicate the additional census tract
 and race distribution of those relocated. _____
 Indicate the City _____

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:
Northcoast Small Business Development Center

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.