

Agency Name: Town of Gilbert	Agency Type: <small>[e.g., CDBG, PHA, TDHE/IHA]</small> CDBG	State: AZ	LR2000 Agency ID #: <small>(HUD Use Only)</small>
Period Covered: Check One and Enter Year(s)			
<input checked="" type="checkbox"/> Period 1: October 1, <u>2012</u> to March 31, <u>2013</u>	<input type="checkbox"/> Period 2: April 1, ___ to September 30, ___		
Agency Contact Person: Jessica Fierro	Agency Contact Phone/E-mail: 480-503-6893 jessica.fierro@gilbertaz.gov		

PART II - ENFORCEMENT ACTIVITY*

Pertains to all projects, not just contract(s) awarded during the reporting period.

4. Number of employers against whom **complaints** were received (list employers and projects involved below):

Employer	Project(s)
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5. (a) Number of cases (employers) referred to HUD Labor Relations for investigation or §5.11 hearing (list referrals below):

(b) Number of cases (employers) referred to the Department of Labor (DOL) for investigation or §5.11 hearing (list referrals below):

Employer	Project	HUD or DOL	Invest. Or Hearing
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6. (a) **Number of workers for whom wage restitution was collected/dispensed:** **0**
Report only once; if you previously reported workers for whom restitution was collected, do not report the same workers when funds are disbursed. Include workers to whom restitution was paid directly by the employer.

(b) **Total amount of straight time wage restitution collected/dispensed during this period:** **\$0**
Report only once; if you report funds collected, do not report the disbursement. Include restitution amounts paid directly by the employer as reported on correction certified payrolls.

(c) **Total amount of CWHHSA overtime wage restitution collected/dispensed during this period:** **\$0**
Report only once; if you report funds collected, do not report the disbursement. Include restitution amounts paid directly by the employer as reported on correction certified payrolls.

(d) **Total amount of liquidated damages collected:** **\$0**

* Use additional pages if necessary

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PART I - CONTRACTING ACTIVITY*
Pertains ONLY to projects awarded during the reporting period.

1. Number of prime contracts subject to the Davis-Bacon and Related Acts (DBRA) and/or the Contract Work Hours and Safety Standards Act (CWHSSA) awarded this period
Note: Do not include contracts included in previous semi-annual reports

1

2. Total dollar amount of prime contracts reported in item 1 above

\$43011

3. List for each contract awarded this period:

Project Name/Number	Contract Amount	Wage Decision Number	Wage Decision Lock-In Date
EXAMPLE:			
"Boy's Club Renovation # CD54005-65"	"\$0,000,000.00"	"FL040001/Mod 3, 6/25/04, Building"	"07/02/04 bid open date" ◀ Lock
Mercy Housing, Commons 2013-2105-0034	43011	AZ12002/Mod1, 06/22/2012, Residential	10/6/2012

*Use additional pages if necessary

WHAT IS THE LOCK-IN DATE? For contracts entered into pursuant to competitive bidding procedures, the bid opening date "locks-in" the wage decision **provided** that the contract is awarded within 90 days. If the contract is awarded more than 90 days after bid opening, the contract award date 'locks-in' the wage decision. For contracts, purchase orders or other agreements for which there is no bid opening or award date, use the construction start date as the lock-in date. However, for projects receiving assistance under Section 8 of the U.S. Housing Act of 1937 or contracts involving a *project* wage determination, the lock-in rules may vary from above. See Department of Labor Regulations, 29 CFR, Part 1, Section 1.6 and/or HUD Handbook 1344.1, or consult the HUD Labor Relations staff.

WHAT IT ISN'T: Do not use the wage decision publication date, unless that happens to correspond to one of the trigger events described above. If you are not sure about any of this, please feel free to contact the Labor Relations staff in your state or region.

Contract and Subcontract Activity

U.S. Department of Housing and Urban Development

OMB Approval No.: 2577-0088 (exp. 10/31/2000)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

Executive Orders 12432 and 11625 require Federal agencies to promote Minority Business Enterprise (MBE) participation in their programs and prescribes additional arrangements for developing and coordinating a National Program for MBE. Pursuant to Executive Order 12432, the Department of Commerce requires an annual report on MBE achievements. The information provided on Public and Indian Housing Programs will be used to monitor and evaluate HA performance and to develop and submit the Annual Report to the President. Responses to the collection of information are voluntary. The information requested does not tend itself to confidentiality.

1. Grantee/Project Owner/Developer/Sponsor/Builder/Agency Town of Gilbert						2. Location (City, State, ZIP Code) Gilbert, AZ 85296									
3a. Name of Contact Person Jessica Fierro						3b. Phone number (Including Area Code) 480-503-6893		3c. Email Address jessica.fierro@gilbertaz.gov		4. Reporting period <input checked="" type="checkbox"/> Oct. 1 - Sep. 30 (Annual FY)		5. Program Code (Not applicable for CPD programs) See explanation of codes at bottom of page. Use a separate sheet for each program code.		6. Date submitted to Field Office Oct. 31, 2012	
Grant/Project Number or HUD Case number or other identification of property, subdivision, dwelling unit, etc.	Amount of Contract or Subcontract 7b.	Type of Trade Code (See below) 7c.	Contractor or Subcontractor Business Racial/Ethnic Code 7d.		Prime Contractor Identification Number 7f.	Contractor or Subcontractor Owned Business (Yes or No) 7e.	Subcontractor Identification (ID) Number 7g.	Subcontractor Identification (ID) Number 7h.	Sec. 3	Contractor / Subcontractor Name	Contractor / Subcontractor Address	Contractor / Subcontractor City	ST	Zip	
			Contractor Business Racial/Ethnic Code 7d.	Subcontractor Business Racial/Ethnic Code 7d.											
None															

Check if: PHA IHA

7d: Racial/Ethnic Codes:
 1= White Americans
 2= Black Americans
 3= Native Americans
 4= Hispanic Americans
 5= Asian/Pacific Americans
 6= Hasidic Jews

7c: Type of Trade Codes:
 Housing/Public Housing
 1= New Construction
 2= Substantial Rehab.
 3= Repair
 4= Service
 5= Project Management
 0= Other

7e: Professional
 6= Professional
 7= Tenant Services
 8= Education/Training
 9= Arch./Engin. Appraisal
 0= Other

5: Program Codes (for Housing programs)
 1= All insured, including Section 8
 2= Flexible Subsidy
 3= Section 8, Noninsured, Non-HFDA
 4= Insured (Management)
 5= Section 202
 6= HUD-held (Management)
 7= Public/Indian Housing

Consolidated Annual Performance Evaluation Report (CAPER) Review Checklist
updated 11/15/2009

When reviewing the CAPER, please bear in mind:

- Ascertain whether the activities undertaken during the year were in compliance with program requirements, (eligible, met national objectives, etc.).
- Check if any Integrated Disbursement and Information System (IDIS) information needs to be updated and identify any technical assistance needs.
- Refer to the 24 CFR Parts 91 and 570, "Consolidated Plan Revisions and Updates; Final Rule," in the Federal Register, Volume 71, Number 27, published on February 9, 2006. **NEW**
- Refer to the "Notice of Outcome Performance Measurement System for Community Planning and Development Formula Grant Programs, Federal Register, Volume 71, Number 44" published on March 7, 2006. **NEW**
- Please add/attach to this checklist any comments, notes, relevant e-mails and correspondence, etc.

Submission

1. Was the report received on time? YES NO If not, grantee should be advised of importance of statutory deadline for submission.
2. Is the report properly authorized by the chief executive or designee? YES NO
If no, a signed cover letter should be obtained.
3. Does the report cover the appropriate program year? YES NO
4. The grantee is a recipient of the following program allocations that should be covered under this reporting period.

Check as appropriate: CDBG HOME ADDI ESG HOPWA

Citizen Participation

1. Is there evidence that the 15-day comment period for citizens was provided?
YES NO 55 page If not, such information should be obtained.
2. Were there any citizen comments? YES NO 20 page
3. If yes, did the grantee summarize the responses to the citizen comments?
YES NO NA page

General Questions

1. Does the report include a self-evaluation? YES NO 22 page

2. Geographic Distribution of Investments

- a. Does the report describe the geographic distribution and location of investments? (91.520(a)) YES NO 8-10 page
- b. If yes, were investments made in areas of low-income and minority concentration?
 YES NO NA 9 page If no and if there is a minority population not being served, then please discuss with FHEO.

3. Has the grantee provided a summary of any of the following actions?:

- a. obstacles to serving under served needs? YES NO NA 18 page
- b. foster and maintain affordable housing? YES NO NA 23 page
- c. eliminate barriers to affordable housing? YES NO NA 25 page
- d. overcome gaps in institutional structures? YES NO NA 20 page
- e. public housing and resident initiatives? YES NO NA 25 page
- f. lead-based paint hazards? YES NO NA 23 page
- g. compliance and monitoring? YES NO NA 21 page
- h. reduce number of families in poverty? YES NO NA 36 page
- i. other (if a yes, identify in space below)? YES NO NA page

For performance measurement information, please refer to the Con Plan/Action Plan Tables (*optional to use* because the grantee may create their own format to provide the same information) **NEW**:

- o Table 1A Homeless and Special Needs Populations
- o Table 1B Special Needs (Non-Homeless) Populations
- o **Table 1C*** Summary of Specific Housing/Community Development Objectives
- o **Table 2A*** Priority Housing Needs/Investment Plan Table/Goals/Activities
- o **Table 2B*** Priority Community Development Needs
- o **Table 2C*** Summary of Specific Housing/Community Development Objectives
- o **Table 3A*** Summary of Specific Annual Objectives
- o **Table 3B*** Annual Housing Completion Goals
- o Table 3C Consolidated Plan Listing of Projects

* These Tables may have the grantees' CAPER accomplishments information. There is also a new Section 108 Loan Guarantee Accomplishments Report.

Note: in the CPMP Tool, these tables are called "Priority Housing Needs Worksheet," "Homeless Needs Worksheet," "Community Development Worksheet," "HOPWA Worksheet," "Non-homeless Needs Worksheet," "Specific Objectives Worksheet," "Projects Workbook," and "Section 108 Report Worksheet."

4. Does the report include a summary of objectives and outcomes, including a comparison of proposed versus actual outcomes of each outcome measure? (91.520) **NEW**

YES NO 24 page

- a. Did the grantee explain why progress was not made towards goals and objectives? (91.520) **NEW** YES NO 8-11 page

5. Does the summary of accomplishments identify the following categories of persons assisted with housing (refer to Section 215 definition of affordable housing for rental and homeownership in 92.252 and 92.254):

- a. number of extremely low-income (0-30% of MFI) renter households assisted?
 YES NO NA 25 page
- b. number of extremely low-income (0-30% of MFI) owner households assisted?
 YES NO NA 25 page
- c. number of low-income (31-50% of MFI) renter households assisted?
 YES NO NA 25 page
- d. number of low-income (31-50% of MFI) owner households assisted?
 YES NO NA 25 page
- e. number of moderate-income (51-80% of MFI) renter households assisted?
 YES NO NA 25 page
- f. number of moderate-income (51-80% of MFI) owner households assisted?
 YES NO NA 25 page
- g. number of homeless individuals/families assisted?
 YES NO NA 11 page
- h. number of non-homeless special needs persons?
 YES NO NA 11 page

(special needs persons includes elderly, frail elderly, persons with mental, physical, and/or developmental disabilities, persons with alcohol or other drug addiction, persons with HIV/AIDS and their families and public housing residents (91.215) **NEW**).

6. Did the grantee include information on meeting the needs of homeless persons? (91.100, 91.205, and 91.210)? **NEW** YES NO NA 27 page (includes homeless prevention and emergency, transitional, permanent supportive, and permanent housing for the homeless, chronically homeless, and different homeless subpopulations).

Questions for all Programs:

1. Are the projects/activities eligible and categorized correctly? If not, identify the projects/activities that may be ineligible.

- CDBG YES NO NA 8-11 page
 (check matrix codes and national objectives, refer to **PR03**)
- HOME YES NO NA 8-11 page
- ESG YES NO NA page
- HOPWA YES NO NA page

2. During the past program year did the grantee meet timeliness of expenditures requirements?

- CDBG YES NO NA 22 page (1.5 standard 60 days prior to end of program year) 0.82
- HOME YES NO NA 22 page (24 months commitment / 5 year disbursement)
- ESG YES NO NA page (180 days commitment / 24 month expenditure)
- HOPWA_ YES NO NA page (balance should not exceed 3 years of funds)

3. Are there any relocation or displacement issues (i.e. with acquisition, rehabilitation or demolition activities)? If yes, please notify the Relocation Specialist.

- CDBG YES NO NA page 33
- HOME YES NO NA page 33
- ESG YES NO NA
- HOPWA YES NO NA

4. Using both IDIS and any supplemental information, has the grantee identified:

a. program income generated? (Refer to PR26 for CDBG or PR27 and Annual Performance Report HUD 40107 form for HOME).

- CDBG YES NO NA 33-34 page
- HOME YES NO NA 33-34 page
- ESG YES NO NA page
- HOPWA YES NO NA page

b. If yes, is the program income (general program income or revolving loan) reported in the CAPER the same amount reported in IDIS? (Refer to PR26 for CDBG or PR27 and Annual Performance Report HUD 40107 form for HOME)

- CDBG YES NO NA page
- HOME YES NO NA page
- ESG YES NO NA page
- HOPWA YES NO NA page

Please note: for the CDBG program, program income may be generated from revolving funds, float-funded activities, sale of real property, other loan repayments, prior period adjustments, loans outstanding or written off, parcels of CDBG-acquired property available for sale, or lump sum drawdowns.

5. Regarding data in IDIS, has the grantee:

a. Entered performance measurement data (including objectives, outcomes, and outputs) **NEW** ?

- CDBG YES NO NA (PR83 and if applicable PR84)
- HOME YES NO NA (PR85)
- ESG YES NO NA (PR81)
- HOPWA YES NO NA (PR80 and PR82)

b. According to IDIS, are there any slow-moving projects (i.e. more than 2 years)? If yes, please describe. Refer to PR02.

- CDBG YES NO NA
- HOME YES NO NA
- ESG YES NO NA
- HOPWA_ YES NO NA

c. Are any activities reported as the Activity Status Code in IDIS, "Underway" or "Funds Budgeted", but should be "Completed"? If yes, please explain.

- CDBG YES NO NA

HOME YES NO NA

Are HOME activities "Completed" within 120 days of final draw (see PR22 report "Status of Activities")

ESG YES NO NA

HOPWA YES NO NA

Check if there are any unexpended funds for "Completed" activities and if any funds needs to be reprogrammed.

- d. Did the grantee complete beneficiaries' data (i.e. race/ethnicity, income category, etc.)? **NEW**

CDBG YES NO NA 30 page

(for CDBG is extremely low-income, low-income, moderate-income households beneficiaries data collected (91.215.(a))?)

HOME YES NO NA

ESG YES NO NA

HOPWA YES NO NA

Community Development Block Grant (CDBG)

1. Identify the percent of CDBG funds the grantee determined was used for activities considered to benefit persons of low and moderate income: 100% (Please refer to the Financial Summary Report or PR26 for the information)
 - a. Did the grantee expend at least 70% of its annual CDBG funding, excluding Planning/Administration expenses, to benefit low and moderate income persons over the period certified to in its Annual Action Plan (1, 2 or 3 years)?
 YES NO NA 39 page
 - b. If no, did the grantee provide a summary of why funded activities did not meet the national objective requirements and of the steps that grantee has taken to ensure that this will not happen again? YES NO NA page
 - c. If the grantee is using a multiyear certification, identify the years in the Specific CDBG Certification: Year(s) 2011, 2012, 2013.
 - d. If multifamily unit housing structures are assisted with CDBG funds, did the grantee properly calculate the amount of CDBG funds counted toward the 70% certification to benefit low and moderate income persons?
 YES NO NA page
2. Did program activities trigger one-for-one replacement requirements?
 YES NO NA page
 - a. If so, has the jurisdiction replaced units on a one for one basis as required by Section 104(d)? YES NO NA page
 - b. Were publicly assisted housing units (Section 8 or public housing) demolished?
 YES NO NA page
3. For economic development, did the grantee report the number of:
 - a. businesses assisted during reporting period?
YES NO NA
 - b. jobs created/retained during reporting period?

- YES NO NA
- c. extremely low-, low-, and moderate-income persons assisted during reporting period? YES NO NA
- d. activities for which the low/mod jobs national objectives have not been met, is the required narrative included? YES NO NA page
4. For limited clientele activities not qualifying under the presumed benefit category, is the required narrative included? YES NO NA 33 page
5. Did the grantee describe and meet Neighborhood Revitalization Strategy Areas (NRSAs) outputs and outcomes/accomplishments? YES NO NA page
6. Is the total expenditure of funds consistent in the narrative with what is reported in IDIS **NEW**? YES NO NA 4 page
7. What is the percent of funds expended during the year for public service activities? 14.91 %. If more than 15%, then the grantee has exceeded the public service cap. (Please note, if the grantee has undertaken public service activities within an approved NRSA using a CBDO, then the disbursements for these activities should be excluded from the analysis. If an activity is recategorized as public service, please recalculate the overall percentage of funds for public service. Please check that the public service funding amount in the narrative is consistent with what is reported in IDIS.) Please refer to **PR03 and PR26**.
8. What is the percent of funds obligated during the year for planning/admin activities? **12.68%**. If more than 20%, then the grantee has exceeded the Planning/Administration cap. (Please check that the planning/admin funding amount in the narrative is consistent with what is reported in IDIS) Please refer to **PR03 and PR26**.
9. Was the amount of program income held by the grantees as of the last day of the program year more than 1/12th of the entitlement's grant? YES NO NA page
Please exclude Revolving Loan Funds and any interest earned from program income from this calculation. Please refer to **PR01 and PR09**. (570.504(b)(iii)).
- a. If yes, did the grantee return excess program income to HUD to be placed in the grantee's line of credit? Please check with Program Support.
YES NO NA page
- b. Has any interest earned on revolving loan fund program income been returned to the U.S. Treasury? Please check with Program Support.
YES NO NA page (If the Financial Summary or **PR26** reflects revolving loan fund program income and no interest has been returned check with grantee regarding status of returning grant funds).

HOME

1. For the Participating Jurisdictions' (PJs) match:
- a. What is the match requirement for the period covered by the CAPER:
25% 12.5% 0% NA
- b. If the match requirement is either 12.5% or 0%, was the grantee determined to be fiscally distressed, or due to the PJ receiving a Presidentially Declared

Disaster designation? Fiscally Distressed Disaster Area NA

- c. If the match reduction is due to disaster area designation, what is the period covered by the match reduction in Federal Fiscal Years?
- d. Has the **HOME Match Report HUD-40107-A form** been submitted with the CAPER? YES NO NA (If the report has not been submitted, the PJ should be requested to submit it).
- e. Based upon the amount of HOME funds expended during the PJ's program year, did the PJ contribute the appropriate amount of match (25%,12.5%)?
YES NO NA 59 page
2. For HOME jurisdictions with completed rental housing projects, are the results of on-site property inspections noted in the narrative? YES NO NA 27 page
3. Does the CAPER contain an assessment of the PJ's affirmative marketing actions? (91.520(d) and 92.351(a)) YES NO NA 27 page If no, notify FHEO.
4. Does the CAPER contain an assessment of the PJ's outreach efforts and a report of contracts and subcontracts with Minority Business Enterprises (MBEs) and Women's Business Enterprises (WBEs)? (refer to the Annual Performance Report HOME Program **Part III of the Annual Performance Report HUD-40107 form**? (91.520(d) and 92.351(b))
YES NO NA 62 page If no, notify FHEO.

Emergency Shelter Grant (ESG)

1. Did the grantee provide a description of the sources of funds used to meet match requirements of the ESG program? YES NO NA page
2. Have the match requirements been met (42 USC 11375(a)(1))? YES NO NA page
3. Are the ESG caps met for **NEW**:
- | | | | | |
|-------------------------------------|------------------------------|-----------------------------|--|------|
| a. ESG services (30% cap)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | page |
| b. Homeless prevention (30% cap)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | page |
| c. Operating staff costs (10% cap)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | page |
| d. Administration (5% cap)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | page |

Housing Opportunities for Persons With AIDS (HOPWA)

1. Has the grantee summarized activities carried out to meet needs, evaluation of meeting objectives, leveraging public and private resources, how funds were distributed, barriers or trends, description of sponsor selection (including grassroots faith-based and other community organizations), and monitoring/oversight process?
YES NO NA page
2. Has the grantee identified activities that provide short-term rent, mortgage, utility assistance payments to prevent homelessness; tenant-based rental assistance; and/or units provided in housing facilities that are being developed, leased, or operated with HOPWA funds (91.220 (l)(3))? **NEW** YES NO NA page
3. Have other resources used in conjunction with HOPWA funds been identified?
YES NO NA page

4. Has the grantee completed the HOPWA accomplishment data Chart 1, 2 and 3 (see HOPWA CAPER Measuring Performance Outcomes, HUD 40110-D, Rev 1/2006)? **NEW**
YES NO NA page

Other Issues:

1. Are there any grantee staff or management capacity issues? YES NO NA If yes, please describe.
2. Is the grantee in need of technical assistance or training? YES NO NA If yes, please describe.
3. Are there any other comments? YES NO If yes, please describe.

Signature Page

CPD Representative (Date)

Program Manager (Date)

Director (Date)