

State Community Development Block Grant Program
GRANTEE PERFORMANCE REPORT
 For period 7/1/____ to 6/30/____
FINAL REPORT FOR PERIOD 7/1/2006 – 12/31/2006

Coversheet/Certification

Jurisdiction Name: City of Fort Bragg

General Information:

Please check one:

☐ Annual GPR

☒ Final GPR (Grant GPR Only)

Is this GPR being completed to report on: ☐ Program Income, or ☒ a Grant?

If Grant, No: 04-STBG-1897, and check type, below:

☒ General ☐ Economic Development ☐ Colonias ☐ Native American

Address of Jurisdiction: 416 North Franklin Street
Fort Bragg, CA 95437

Preparer Information:

Name: Jennifer Owen
 Title: Grants Program Manager
 Phone: (707) 961-2823 X109
 Email address: jowen@fortbragg.com

Checklist of Contents: *(include all parts applicable to your Grant or PI-RLAs)*

Contents	Activity 1		Activity 2		Activity 3		Activity 4	
	Inc.	N/A	Inc.	N/A	Inc.	N/A	Inc.	N/A
Part 1. Common Demographics	X		X					
Part 2. Housing Activities		X		X				
Part 3. Public Works Activities	X			X				
Part 4. Public Services and Community Facilities Activities		X	X					
Part 5. Economic Development Activities		X		X				
Part 6. Displacement/Replacement Information		X		X				

Certification:

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review

Linda Ruffing
 Signature of Authorized Representative

Linda Ruffing, City Manager
 Printed Name and Title

3.20.07 Date

Jurisdiction: City of Fort Bragg

Grant No. or Program Income: 04-STBG-1897

Part 1. Common Demographics (List all activities under this grant, or Program Income RLAs, as applicable, and their associated accomplishments during this period)

Contract or RLA Activity	HUD Matrix Code	Accomplishment Type (choose one for each activity reported on)				Number of Beneficiaries This Period	Number of TIG Beneficiaries This Period	FINAL GPR ONLY (Grants Only)	
		Households ¹	Persons ²	Jobs ³	Clients ⁴			Total Beneficiaries During Entire Grant	Total TIG Beneficiaries During Entire Grant
1. 10% Set Aside: Area E Drainage Improvements Project	03J, LMH, 10	X				2,877	1,899	2,877	1,899
2. Community Facilities/ Hospitality House	03C, LMC, 11		X			774	774	774	774
3.									
4.									

Fair Housing Activities: (Final GPRs Only)

Please briefly describe any fair housing activities your jurisdiction undertook during the term of the grant including the amount of CDBG funds spent on fair housing activities, and the numbers and racial/ethnic and gender characteristics: The City of Fort Bragg's General Plan includes a policy establishing a 15% Inclusionary Housing requirement to ensure addition of affordable housing units to the City's housing stock. Currently, the City has undertaken a study to determine appropriate in lieu fee levels in order to capture more development under the policy. In addition, the City has used CDBG funding from grants terminating in 2005 and 2006 for infrastructure in support of 2 self-help housing projects benefiting 13 low income households.

Citizen Participation Activities: (Final GPRs Only)

Please briefly describe your jurisdiction's efforts during the term of the grant to encourage the participation of minorities, female-headed households, and people with disabilities in your CDBG Citizen Participation process: All City Public Hearings are announced in multiple venues to maximize publication to all City population groups, including newspaper publishing, physical posting of notices to central locations in town, distribution to a press list, and direct mailing to interested parties. All Public Hearing notices state that handicapped access is provided and that assistance is available upon request for anyone wishing to participate. In addition, every Public Hearing notice includes a nondiscrimination statement.

¹ Choose households if the activity is Housing Rehabilitation, Housing New Construction, Housing Acquisition, or Public Works.

² Choose persons if the activity is Community Facilities or Public Services.

³ Choose jobs if the activity is Economic Development.

⁴ Choose clients if the activity is Microenterprise Assistance.

Jurisdiction: City of Fort Bragg

Grant No. or Program Income: 04-STBG-1897

Part 3. Public Works Activities

Direct Assistance to Households:

Type of Project	Households Assisted During Report Period ¹	Households Assisted During the Grant Term (FINAL GPR ONLY)
Solid Waste Improvements		
Flood Drain Improvements	2,877	2,877
Water Improvements		
Street Improvements		
Sidewalk Improvements		
Sewer Improvements		
Other (<i>please specify</i>)		

Service Area Benefit: Percentage of TIG (Low/Mod) in service area: 66 %
How was the percentage of TIG (low/moderate income) persons residing in the service area determined? ☒ Survey ☐ Census Tract

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

¹ Direct assistance to individual households that has not been completed.

² This only applies to Public Works projects where benefit is area-wide (sewer/water mains, flood control, etc.) and not assistance directly to households.

Jurisdiction: City of Fort Bragg

Grant No. or Program Income: 04-STBG-1897

Part 3. Public Works Activities (Continued)

Beneficiaries by Race and Ethnicity	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Households	Number that are also Hispanic	Number of Households	Number that are also Hispanic
American Indian or Alaska Native	50			
Asian	17			
African American or Black	11			
Native Hawaiian or Other Pacific Islander	1			
White	2,699	354		
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial	99			
TOTALS:	2,877	354		

Number of Female-Headed Households: 1,049

Number of Handicapped Beneficiaries: 1,520 persons

Jurisdiction: City of Fort Bragg

Grant No. or Program Income: 04-STBG-1897

Part 4. Community Facilities and Public Services Activities

Community Facilities Beneficiary Information

Type of Project	Persons Assisted During Report Period	Persons Assisted During Term of the Grant (FINAL GPR ONLY)
Senior Centers		
Handicapped Centers		
Youth Centers		
Community Centers		
Child Care Centers		
Parks and/or Recreation Facilities		
Health Facilities		
Abused/Neglected Children Facilities		
Battered & Abused Spouses Facilities		
Food Banks		
Other (please specify) Emergency Shelter	774	774

Public Services Beneficiary Information:

Type of Project	Persons Assisted During Report Period	Persons Assisted During Term of the Grant (FINAL GPR ONLY)
Senior Services		
Handicapped Services		
Youth Services		
Transportation Services		
Substance Abuse Services		
Employment Training		
Child Care Services		
Health Services		
Battered & Abused Spouses		
Abused & Neglected Children		
Mental Health Services		
Other (please specify)		

Jurisdiction: City of Fort Bragg

Grant No. or Program Income: 04-STBG-1897

**Part 4. Community Facilities and Public Services Activities
(Continued)**

Beneficiaries by Race and Ethnicity:	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Persons	Number that are also Hispanic	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native	61		61	
Asian	10		10	
African American or Black	49		49	
Native Hawaiian or Other Pacific Islander				
White	654	129	654	129
American Indian or Alaska Native and White				
Asian and White				
African American or Black and White				
American Indian or Alaska Native and African American or Black				
Other Multi-Racial				
TOTALS:	774	129	774	129

Number of Handicapped Beneficiaries: 4

Number of Homeless Beneficiaries: 774 Individuals 64 Families

Jurisdiction: City of Fort Bragg

Grant No. or Program Income: 04-STBG-1897

**Part 4. Community Facilities and Public Services Activities
(Continued)**

Is this activity income-restricted? ☐ Yes ☒ No

(If you answered yes, stop here. If you answered no, provide the information requested below)

Presumed Benefit (limited clientele) Information:

Are the beneficiaries of the Community Facility and/or Public Service activity members of one or more of the following groups? *(please mark each one that applies)*

- | | |
|--|--|
| <input type="checkbox"/> Severely Disabled | <input checked="" type="checkbox"/> Homeless Persons (Includes Battered Spouses) |
| <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> Persons Living With AIDS |
| <input type="checkbox"/> Migrant Farmworkers | <input type="checkbox"/> Seniors |

OR

Service Area Benefit:

Percentage of TIG (Low/Mod) in service area: _____%

Total Number of Beneficiaries: _____

How was the percentage of TIG (low/moderate income) persons residing in the service area determined? ☐ Survey ☐ Census Data

If Census data, please provide following information:

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____