

## COMMUNITY DEVELOPMENT COMMISSION

# AGENDA

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**Monday, August 18, 2025**

**12:00 p.m.**

This meeting includes in-person and virtual participation.

Council Chambers

333 Broadalbin Street SW

Or join the meeting here:

<https://council.albanyoregon.gov/groups/cdc/zoom>

Phone: 1 (253) 215-8782 (Long distance charges may apply)

Meeting ID: 894 5923 3401; Passcode: 498781

Please help us get Albany's work done.

Be respectful and refer to the rules of conduct posted by the main door to the Chambers and on the website.

1. Call to Order (Chair)
2. Roll Call (Staff)
3. Approval of June 2, 2025, minutes [Pages 2-3] (Chair)
4. Public Comment (Chair)

*Persons wanting to provide testimony may:*

1. Email written comments to [cdaa@albanyoregon.gov](mailto:cdaa@albanyoregon.gov), including your name, before **noon on the day of the meeting**.
2. To comment virtually during the meeting, register by emailing [cdaa@albanyoregon.gov](mailto:cdaa@albanyoregon.gov) before **noon on the day of the meeting**, with your name. The chair will call upon those who have registered to speak.
3. Appear in person at the meeting and register to speak.

5. Scheduled Business (Staff)
  - Agency Consultation Discussion and Direction
  - Housing Implementation Plan Updates
  - Agency Reports [Pages 4-13]
6. Business from the Commission (Chair)
7. Next Meeting Date: September 15, 2025
9. Adjournment

*This meeting is accessible to the public via video connection. The location for in-person attendance is accessible to people with disabilities. If you have a disability that requires accommodation, please notify city staff at least 48-hours in advance of the meeting at: [cdaa@albanyoregon.gov](mailto:cdaa@albanyoregon.gov) or call 541-917-7550.*

*Testimony provided at the meeting is part of the public record. Meetings are recorded, capturing both in-person and virtual participation and are posted on the City's website.*

[albanyoregon.gov/cd](https://albanyoregon.gov/cd)





## MINUTES

June 2, 2025

6:00 p.m.

Hybrid – Santiam Room

Approved: Draft

### Call to Order

Vice Chair Davis called the meeting to order at 12:00 p.m.

### Roll Call

Members present: Jim Cole, Robyn Davis, Tracy Liles, Ron Green (arrived at 12:01 p.m.), Emma, Deane, John Robledo, Courtney Stubbs, Alex Johnson II, Larry Timm

Members absent: Bessie Johnson (excused)

### Approval of Minutes for April 21, 2025

Commissioner Liles noted a misspelling of her name.

Commissioner Johnson II moved to approve the meeting minutes from April 21, 2025, with the spelling correction. Commissioner Timm seconded the motion, which passed 9-0.

### Public Comment

**12:02 p.m.**

None.

### Scheduled Business

**12:02 p.m.**

- 2025 Community Development Block Grant (CDBG) Allocations

Comprehensive Planning Manager, Anne Catlin opened by sharing the final CDBG 2025 program year award amounts. Tentative allocations were determined at the March 17, 2025, Community Development Commission meeting based on the prior 2024 program year funding amount. The city's actual award from the U.S. Department of Housing and Urban Development (HUD) was greater than the estimate, so awards were adjusted to account for the increase.

The commission agreed to the final adjusted Community Development Block Grant (CDBG) awards for the Program year 2025: Oregon Cascades West Council of Governments \$4,250, Boys and Girls Club of Albany \$6,400, Mid-Willamette YMCA \$9,100, C.H.A.N.C.E. \$18,100, Jackson Street Youth \$18,100, Albany Partnership \$130,000, and Albany Area Habitat for Humanity \$112,513.

The commission and staff briefly discussed the uncertainties of the CDBG program going forward and are hopeful that it will continue to be funded.

- 2025 Draft Annual Action Plan

Catlin noted that there was nothing specific to point out with the Annual Action Plan, but it includes required information such as how the region will address homelessness and the outreach being done to help reduce homelessness. The plan tracks community needs and performance against the strategic five-year Consolidated Plan which addresses the years 2023-2027. The Consolidated Plan identifies priority objectives to look for in future applications if continued funding is available.

Commissioner Johnson II inquired if the Community Development Commission would be disbanded if CDBG funding is cut. Catlin replied that there could be other ways for the group to advise the city council if other funding is obtained.

Commissioner Davis asked about public input and Catlin clarified that there would be a newspaper advertisement as well as a website posting and press release to notify the public of the opportunity to provide public comment on the Annual Action Plan which is a program requirement.

- Agency Quarterly Reports

Catlin shared that Center Against Rape and Domestic Violence (CARDV) provided a quarterly report which was included in packet and added that most of the subrecipients are on track to get funds spent.

Business from the Commission

12:27 p.m.

Commission and staff discussed the Point-in-Time (PIT) counts for 2025 and how those numbers are determined.

Commissioner Timm asked if there are any studies or reports on best practices or instances where communities have made progress on reducing homelessness. Catlin provided that there are case studies on different ways to reduce homelessness, but that there is not a current plan in place for the city.

Commissioner Deane said that she would love to see a task force group aimed at providing accountability for agencies that offer support to Albany residents. Commissioner Johnson II added that there would be value in being able to provide a service such as city-level wrap around case management where a person is tracked throughout the system of different services and providers.

Commissioners talked about how hard it is to get funding with enough flexibility in how the money can be used.

The commission next discussed the draft letter to the city council written by Commissioner Davis. There was a consensus that a supplemental meeting would be needed prior to sending the letter to the city council, and that additional outreach could be done.

Commissioner Green asked if there was any information about any community in the United States that have successfully implemented a comprehensive plan to address homelessness. Catlin replied that she has read about a couple communities who do and that a Homelessness Task Force could help to achieve.

Next Meeting Date

August 18, 2025, at 12:00 p.m. in Santiam Room.

Adjournment

Hearing no further business, Vice Chair Davis adjourned the meeting at 1:03 p.m.

Respectfully submitted,

Reviewed by,

Kaitlin Martin  
Administrative Services Coordinator


Anne Catlin  
Comprehensive Planning Manager

*\*Documents discussed at the meeting that are not in the agenda packet are archived in the record. The documents are available by emailing [cdaa@albanyoregon.gov](mailto:cdaa@albanyoregon.gov).*



**City of Albany**  
**Community Development Block Grant Program**  
**Subrecipient Quarterly Report Form**

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[cdbg@albanyoregon.gov](mailto:cdbg@albanyoregon.gov)  
[www.albanyoregon.gov/cdbg](http://www.albanyoregon.gov/cdbg)

Agency Name: Boys & Girls Club of Albany		Project Activity: Program Scholarships for Kids	
Agency Address: 1215 Hill Street SE, Albany, OR 97322		Telephone: 541-926-6666	Fax: 541-926-0531
Contact Person (Name/Title): Kristi Pitts/Finance Manager; Sam Jordan/Program Development		E-mail Address: <a href="mailto:kristi.pitts@bgc-albany.org">kristi.pitts@bgc-albany.org</a> ; <a href="mailto:sam.jordan@bgc-albany.org">sam.jordan@bgc-albany.org</a>	
Quarterly Report Period (check one): <input type="checkbox"/> July 1 – Sept 30 <input type="checkbox"/> Oct 1 – Dec 31 <input type="checkbox"/> Jan 1 – Mar 30 <input checked="" type="checkbox"/> Apr 1 – June 30			Year: 2025
Signature: 		Date: 07/08/2025	

**I. Activity/Program Status.** Provide a brief summary of progress on meeting goals and performance measures described in your application and CDBG contract.

As of June 30, 2025, the Albany CDBG funds have enabled us to offer scholarships to 54 unique individuals. Our goal was to offer 19 Summer scholarship slots and we have been thrilled to be able to offer over double our goal amount in scholarships!

**If there is little or no progress to report, please explain:**

- a) the circumstances and challenges; and
- b) outline plans, steps, and strategies to complete activity/address issues (attach additional pages or complete form in word).

This report and reimbursement covers weeks 1 and 2 of our 9-week Summer Program, which runs through August 22nd. We are confident that weeks 3-9 of our Summer Program will utilize the remaining balance of our grant funds.

**II. Do you see any obstacles to completing the performance measures for the activity/program within the contract period?**

No, we are confident that we can use these funds within the contract period.

**III. Please calculate and describe any program match provided (other sources of funds, staff time, volunteers, etc.).**

CDBG funds spent this quarter: \$2,400      Value of match this quarter:

**IV. Please briefly describe the benefits that Albany CDBG funds have provided to your program/activity.**

The Albany CDBG funds allow us to support parents, foster parents, and guardians by providing scholarships for their children to attend our Summer Program. One of our Club Directors was proud to award scholarship funds to a 3rd grade member who attends our after-school program daily, participates in our art programs, and benefits from mentorship relationships with our staff. Due to financial constraints, she would have had to stay home over the summer while her mom was at work. However, thanks to these scholarship funds, she is now able to spend her summer in a safe and structured environment at the Boys & Girls Club of Albany, staying engaged and productive. Our Membership Services Coordinator also shared that she was able to offer scholarship funds to a parent navigating a new medical condition that left them unable to work, and they were worried about the financial viability of sending their child to the Club. The scholarship enabled their child to attend our Summer Program, providing opportunities for positive social interactions and exposure to new activities.

**V. Feedback/Other:** Provide any additional comments or feedback about the CDBG program or funding.

We are so grateful for these funds and the direct impact they have on our clientele and the community!

**VI. Total number of unduplicated (new) clients served this quarter:** 52

**VII. HUD Performance Outcome Measurement System:** Please report data about the **NEW UNDUPLICATED** people (or households) served THIS quarter in the following tables:

**Persons (or households) Assisted by this CDBG-Funded Activity**

	<b>No.</b>
<b>Total Number of Unduplicated Persons Assisted</b>	52
Female Head of Household	39
Homeless Individuals (including children, youth)	0
Elderly persons (62+)	0

<b>Income -% of Median Family Income "MFI"</b>	<b>No.</b>
Extremely Low Income (0 – 30% MFI)	20
Very Low Income (31– 50% MFI)	16
Low Income (51 – 80% MFI)	9
Over (81% MFI or above)	2
Presumed Benefit Clientele	5

**Race / Ethnicity of Persons or Households Assisted**

<b>Race Categories</b>	<b>Race Totals</b>	<b>Ethnicity: Hispanic or Latino</b>
American Indian/Alaska Native*		
American Indian/Alaska Native* and White		
Am.Indian/Alaska Native*and Black/African		
Black/African American		
Black/African American and White	3	
Asian	2	
Asian and White	1	
Native Hawaiian/Other Pacific Islander		
White	38	2
Other	8	7
<b>Total Number of Persons Assisted:</b>	<b>52</b>	

\* NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."



**City of Albany**  
**Community Development Block Grant Program**  
**Subrecipient Quarterly Report Form**

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[cdbg@albanyoregon.gov](mailto:cdbg@albanyoregon.gov)  
[www.albanyoregon.gov/cdbg](http://www.albanyoregon.gov/cdbg)

Agency Name:		Project Activity:	
Agency Address:		Telephone:	Fax:
Contact Person (Name/Title):		E-mail Address:	
Quarterly Report Period (check one): <input type="checkbox"/> July 1 – Sept 30 <input type="checkbox"/> Oct 1 – Dec 31 <input type="checkbox"/> Jan 1 – Mar 30 <input type="checkbox"/> Apr 1 – June 30			Year:
Signature: <i>Tia Daversa</i>		Date:	

- I. **Activity/Program Status**. Provide a brief summary of progress on meeting goals and performance measures described in your application and CDBG contract.

**If there is little or no progress to report, please explain:**

- a) the circumstances and challenges; and
- b) outline plans, steps, and strategies to complete activity/address issues (attach additional pages or complete form in word).

- II. **Do you see any obstacles to completing the performance measures for the activity/program within the contract period?**

- III. **Please calculate and describe any program match provided (other sources of funds, staff time, volunteers, etc.).**

CDBG funds spent this quarter: \_\_\_\_\_ Value of match this quarter: \_\_\_\_\_



City of Albany  
Community Development Block Grant Program  
Closeout Report

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[albanyoregon.gov/cdbg](http://albanyoregon.gov/cdbg)

Subrecipient Name: Linn-Benton Community College, Family Connections Date: 5/29/2025  
Project Name: Small Business Assistance  
Lead Staff (Name, Title): Lynnette Wynkoop, CCR&R Director  
Lead Staff Email: wynkool@linnbenton.edu Phone: 541-917-4919

- I. **Provide a brief narrative on the accomplishments of your activity.** *Response should address progress to date towards reaching goals identified for your activity and whether the performance measures specified in the contract been met? If not, please explain. Use additional sheets or space as necessary.*

Family Connections was able to support four new businesses. One business was unable to participate because shortly after being licensed the landlord asked them to move due to renovations and they moved out of city limits.

- II. **Please describe the program outcomes and impacts the CDBG funds have had on Albany's low-and moderate-income and/or special needs residents.**

The support the businesses received has allowed them to open a small business and make an income. These businesses also serve other LMI families making it possible for those families to also be gainfully employed.

These new small businesses are now able to serve 40 new child care slots serving children 6 weeks -12 years.

- III. **Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project? If no, what is the remaining balance and when do you expect to complete spending on the activity?**

Yes

- IV. **Please list all sources of funds and amounts spent to deliver the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

CDBG Funds		\$ 55,000
Federal Funds (Sources: <u>CCDF</u> )		\$ 1883.21
State Funds		\$ 236.55
Private Foundation Funds		\$
Other Grants (United Way, etc.) Donations/		\$
Gifts		\$
Volunteer Hours ( ____ Hours x \$ 14.70)		\$
		Total 57119.76

- V. **Please provide any additional comments or feedback you may have about the CDBG program or funding.**

## VI. PROGRAM BENEFICIARY REPORT

Please report the HUD-required demographic data on the TOTAL NUMBER of unduplicated beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries (residents or households): 4

### Income Status (% of Median Family Income "MFI")

	No.
Total Persons Assisted (0 – 30% MFI)	11
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	7
Total Persons Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Residents Assisted</b>	<b>18</b>

### Race / Ethnicity of Residents (or head of Household for housing assistance)

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*	14	14
American Indian/Alaska Native* and White		
American Indian/Alaska Native* and Black/African American		
Black or African American		
Black or African American and White		
Asian		
Asian and White		
Native Hawaiian/Other Pacific Islander		
White	4	
OTHER:		
<b>Total Number of Persons Assisted</b>	<b>18</b>	

\*NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

### Characteristics of Residents Assisted

	No.
Female Head of Household	1
Homeless Individuals (including children, youth)	
Elderly persons (62+)	

VII. **CERTIFICATION OF GRANTEE.** By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [expenditures](#), disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the [Federal award](#). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false [claims](#) or otherwise. ([U.S. Code Title 18, Section 1001](#) and Title 31, Sections 3729-3730 and 3801-3812).

Lynnette Wynkoop

CCR&R Director

Preparer's Name (Written)

Title

Preparer's Signature: \_\_\_\_\_



5/29/2025

Date

Executive Director's Signature: \_\_\_\_\_



IV. Please briefly describe the benefits that Albany CDBG funds have provided to your program/activity.

V. **Feedback/Other:** Provide any additional comments or feedback about the CDBG program or funding.

VI. Total number of unduplicated (new) clients served this quarter: \_\_\_\_\_

VII. **HUD Performance Outcome Measurement System:** Please report data about the **NEW UNDUPLICATED** people (or households) served THIS quarter in the following tables:

**Persons (or households) Assisted by this CDBG-Funded Activity**

	No.
<b>Total Number of Unduplicated Persons Assisted</b>	
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (62+)	

Income -% of Median Family Income "MFI"	No.
Extremely Low Income (0 – 30% MFI)	
Very Low Income (31– 50% MFI)	
Low Income (51 – 80% MFI)	
Over (81% MFI or above)	
Presumed Benefit Clientele	

**Race / Ethnicity of Persons or Households Assisted**

Race Categories	<u>Race</u> Totals	<u>Ethnicity:</u> Hispanic or Latino
American Indian/Alaska Native*		
American Indian/Alaska Native* and White		
Am.Indian/Alaska Native*and Black/African		
Black/African American		
Black/African American and White		
Asian		
Asian and White		
Native Hawaiian/Other Pacific Islander		
White		
Other		
<b>Total Number of Persons Assisted:</b>		

\* NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."



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[albanyoregon.gov/cdbg](http://albanyoregon.gov/cdbg)

Subrecipient Name: Jackson Street Youth Services Date: 7/7/2025  
Project Name: Albany House: 24/7 Supportive Shelter for Youth  
Lead Staff (Name, Title): Salvador Maciel, Program Director  
Lead Staff Email: salvador.maciel@jacksonstreet.org Phone: 541-223-8844

**I. Provide a brief narrative on the accomplishments of your activity. Response should address progress to date towards reaching goals identified for your activity and whether the performance measures specified in the contract been met? If not, please explain. Use additional sheets or space as necessary.**

As noted in each quarterly report the recruitment, hiring, training, and retention of relief team staff ebbed and flowed throughout the award year. At one point our relief team was 4 people strong, however due to moving out of the area, college graduation, and wanting permanent employment with a larger income we did see turnover.

Despite the turnover in the relief team the shelter remained stable and we maintained staffing ratios to operate the shelter safely. Youth received basic needs, case management, education support, and access to activities without disruption. Across our program continuum we supported 29 individual youth and young adults in graduating! As well as, planned and implemented trips to the Oregon Zoo, water parks, the Oregon Coast, local festivals, the movies and many more adventures.

**II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low-and moderate-income and/or special needs residents.**

Safety & Stability: 70% of youth that exited, did so safely

Improved Sense of Well-Being: 92% of youth reported an improved sense of well-being at the time of exit.

Increased Permanent Connections: 100% of youth reported having 1 positive permanent connection other than a Jackson Street employee at the time of exit.

Education/Employment for Self-Sufficiency: 65% of youth in services advanced their education and all youth residing at shelter were enrolled into school within 72 hours to 2 weeks of their intake.

**III. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project? If no, what is the remaining balance and when do you expect to complete spending on the activity?**

Yes.

**IV. Please list all sources of funds and amounts spent to deliver the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

CDBG Funds	\$ 26,760
Federal Funds (Sources: _____)	\$
State Funds	\$
Private Foundation Funds	\$
Other Grants (United Way, etc.) Donations/	\$
Gifts	\$
Volunteer Hours ( <u>156</u> Hours x \$ 14.70)	\$
	\$ 2,293.20
<hr/>	
Total	\$29,053.20

**V. Please provide any additional comments or feedback you may have about the CDBG program or funding.**

We would like to advocate for either 3-4 quarterly reports or one final report but not both. Otherwise, no additional comments or feedback.

## VI. PROGRAM BENEFICIARY REPORT

Please report the HUD-required demographic data on the TOTAL NUMBER of unduplicated beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries (residents or households): 32

### Income Status (% of Median Family Income "MFI")

	No.
Total Persons Assisted (0 – 30% MFI)	27
Total Persons Assisted (31– 50% MFI)	1
Total Persons Assisted (51 – 80% MFI)	2
Total Persons Assisted (81% MFI or above)	2
<b>Total Number of Unduplicated Residents Assisted</b>	<b>32</b>

### Race / Ethnicity of Residents (or head of Household for housing assistance)

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*	3	1
American Indian/Alaska Native* and White		
American Indian/Alaska Native* and Black/African American		
Black or African American		
Black or African American and White		
Asian		
Asian and White		
Native Hawaiian/Other Pacific Islander		
White	24	13
OTHER:	5	
<b>Total Number of Persons Assisted</b>		

\*NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

### Characteristics of Residents Assisted

	No.
Female Head of Household	9
Homeless Individuals (including children, youth)	23
Elderly persons (62+)	0

VII. **CERTIFICATION OF GRANTEE.** By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [expenditures](#), disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the [Federal award](#). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false [claims](#) or otherwise. ([U.S. Code Title 18, Section 1001](#) and Title 31, Sections 3729-3730 and 3801-3812).

Kendra Phillips

Executive Director

Preparer's Name (Written)

Title

Preparer's Signature: Kendra Phillips-Neal

Digitally signed by Kendra Phillips-Neal  
Date: 2025.07.11 11:51:09 -06'00'

7/7/2025

Date

Executive Director's Signature: Kendra Phillips-Neal

Digitally signed by Kendra Phillips-Neal  
Date: 2025.07.11 11:51:20 -06'00'



City of Albany  
Community Development Block Grant Program  
Closeout Report

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
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[albanyoregon.gov/cdbg](http://albanyoregon.gov/cdbg)

Subrecipient Name: OCWCOG Date: 7/31/2025  
Project Name: Senior Companion Program  
Lead Staff (Name, Title): Alicia Lucke, Program Manager  
Lead Staff Email: alucke@ocwcog.org Phone: 541-924-8440

- I. **Provide a brief narrative on the accomplishments of your activity.** *Response should address progress to date towards reaching goals identified for your activity and whether the performance measures specified in the contract been met? If not, please explain. Use additional sheets or space as necessary.*

From July 1, 2024- June 30, 2025, the Senior Companion Program had a total of four volunteers (2 City of Albany residents) serve a total of 9 unduplicated clients, all COA residents, for a total of 11 LMI Elderly program participants. Of those, one was 50% low income and 10 were extremely low income.

- II. **Please describe the program outcomes and impacts the CDBG funds have had on Albany's low-and moderate-income and/or special needs residents.**

FY24 scope of work goal was 12 LMI; we fell just short of the goal by one client. We were able to complete a total of 333 one-way trips with this project; trips included door to door service to nutrition (grocery store, meal site) and medical appointments. All clients were screened by Senior Services and determined unable to safely navigate the bus to/from appointments/stores. This low-cost, volunteer intervention is a cost-effective way to mitigate fall prevention, serve homebound seniors, and keep them aging in place at home and out of costly institutional care.

- III. **Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project? If no, what is the remaining balance and when do you expect to complete spending on the activity?**

Yes, grant was spent down in Q3, no balance remaining.

- IV. **Please list all sources of funds and amounts spent to deliver the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

CDBG Funds		\$ 4000
Federal Funds (Sources: <u>CNCS (dba AmeriCorps)</u> )		\$ 113333
State Funds		\$ 7000
Private Foundation Funds		\$
Other Grants (United Way, etc.) Donations/		\$ 8000
Gifts		\$
Volunteer Hours ( <u>    </u> Hours x \$ 14.70)		\$
		Total 132334

- V. **Please provide any additional comments or feedback you may have about the CDBG program or funding.**

## VI. PROGRAM BENEFICIARY REPORT

Please report the HUD-required demographic data on the TOTAL NUMBER of unduplicated beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries (residents or households): 11

### Income Status (% of Median Family Income "MFI")

	No.
Total Persons Assisted (0 – 30% MFI)	10
Total Persons Assisted (31– 50% MFI)	1
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Residents Assisted</b>	<b>11</b>

### Race / Ethnicity of Residents (or head of Household for housing assistance)

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*		
American Indian/Alaska Native* and White		
American Indian/Alaska Native* and Black/African American		
Black or African American		
Black or African American and White		
Asian		
Asian and White		
Native Hawaiian/Other Pacific Islander		
White	11	
OTHER:		
<b>Total Number of Persons Assisted</b>		

\*NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

### Characteristics of Residents Assisted

	No.
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (62+)	11

VII. **CERTIFICATION OF GRANTEE.** By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [expenditures](#), disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the [Federal award](#). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false [claims](#) or otherwise. ([U.S. Code Title 18, Section 1001](#) and Title 31, Sections 3729-3730 and 3801-3812).

Alicia M Lucke

Program Manager

Preparer's Name (Written)

Title

Preparer's Signature: Alicia M Lucke Digitally signed by Alicia M Lucke  
Date: 2025.08.01 17:19:23 -07'00'

7/31/2025

Date

Executive Director's Signature: Paul Egbert Digitally signed by Paul Egbert  
Date: 2025.08.05 16:19:22 -07'00'