COMMUNITY DEVELOPMENT COMMISSION

# AGENDA

## Monday, November 2, 2026
## 12:00 p.m.

This meeting includes in-person and virtual participation.
Santiam Room
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.

- Call to Order (Chair)
- Roll Call (Staff)
- Approval of October 19, 2026, minutes [Pages 2-3] (Chair)
- Public Comment (Chair)

  *Persons wanting to provide comments may: email written comments or register to speak by emailing cd.testimony@albanyoregon.gov, or appear in person to speak at the meeting.*

- Scheduled Business: (Staff)
  - City Consultation, Parks and Recreation
  - Application Questions/Scoring Criteria Discussion Continued [Pages 4-5]
  - Economic Development-Small Business Grant Program Discussion [Pages 6-13]
  - Quarterly Reports (Informational) [Pages 14-23]

7. Business from the Commission (Chair)
8. Business from Staff (Staff)
9. Next Meeting Date: Tentatively January 18, 2027
10. 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 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.*

# MINUTES

October 19, 2026
12:00 p.m.
Hybrid – Santiam Room
Approved: **DRAFT**

**Call to Order**

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

**Roll Call**

Members present: Bessie Johnson, Jim Cole, Keith Bierwirth, Roby Davis (virtual).

Members Absent: Ron Green (excused), John Robledo

Youth Pilot Program members present: Francesca Hodges, Kaylee Mattingly

**Approval of Minutes for September 14, 2026** **12:01 p.m.**

**Motion:** Commissioner Bierwirth motioned to approve the minutes as presented. Commissioner Cole seconded the motion which passed 4-0.

**Public Comment**

None.

**Scheduled Business** **12:02 p.m.**

**Introduce Youth Pilot Program Members** – Development Programs Analyst, Kaitlin Martin introduced the two new Youth Pilot Program members (these are non-voting members), Francesca Hodges and Kaylee Mattingly. Both are West Albany High School students. Commissioners and staff introduced themselves and welcomed them to the commission.

**Agency Consultation Review** - Martin reviewed the Agency Consultation Review and shared slides* outlining questions for agencies to identify their highest needs. The responses will help inform the priorities of the five-year Community Development Block Grant (CDBG) Consolidated Plan and identify key priorities for the next funding cycle for Program year 2027.

Bierwirth asked about potential changes in agency needs during the five-year cycle and the Commission's expected deliverables. Anne Catlin provided additional background on the program, additional future funding sources, and the Commission's role. Cole asked about the residential and commercial construction excise tax, projected revenues, and when funds would become available. Johnson shared information with Francesca and Kaylee about how funds from previous years had been used.

**Application Questions/Scoring Criteria Discussion** - Martin reviewed the application scoring matrix and explained the point system. Cole asked about scoring criteria and suggested adding a column to distinguish public service and non-public service activities. The group reviewed each question, refining wording and adjusting points as needed. Members also answered program-related questions from Francesca and Kaylee.

Martin will incorporate the feedback and prepare the application for final review before public release. The group agreed to move up the date for the next meeting from November 16 to November 9.

**Quarterly Reports** – Martin referred the group to the reports in the agenda packet.

**Business from the Commission**

None.

**Business from Staff**

None.

**Next Meeting Date is tentatively scheduled for November 9, 2026 at 12:00 p.m.**

**Adjournment**

Chair Johnson adjourned the meeting at 1:00 p.m.

Respectfully submitted,

Talley Richardson
Administrative Assistant

Reviewed by,

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.*

# 2027 Draft CDBG Scoring Matrix

| Application Questions | Criteria | Possible points |
|---|---|---|
| **Activity need, consolidated plan and CDBG award priorities** | | |
| 1. Describe the community need or problem that will be addressed by the proposed activity. Provide statistics or evidence to document the activity need. | The applicant documents a clear need in the community that they will address. | 5 |
| 2. Select the priorities in Albany's 2023-20207 Consolidated Plan that will be addressed. | The proposed activity clearly addresses one or more priorities in the 2023-2027 Consolidated Plan. | Pass/Fail |
| 3. How will the project reduce or prevent homelessness, and/or support affordable housing and stability, if applicable. | The proposed activity will address one or more high priorities (support affordable housing or reduce homelessness). | 10 |
| 3. Explain how the activity will address the identified need or problem and how your approach is an effective strategy to address the identified gap in needs and how your activity will add to or improve upon existing services. | The proposed activity is an effective strategy to address the identified gap in needs and will improve upon existing services. | 10 |
| 4. Describe the project's long-term impact on the need or problem being addressed, including who will be served. For housing projects, specify how long the housing will remain affordable and how your organization will ensure affordability throughout that period. | The proposed activity will have a long-term impact on needs. | 10 |
| 5. Explain how the project will promote inclusiveness and diversity. | The project or activity promotes inclusivity and diversity. | 5 |
| 6. For faith-based organizations, explain how your agency will ensure CDBG funded activities are separate from explicitly religious activities. | CDBG-funded services are provided without religious requirements or participation in religious activities | Pass/Fail/ Not Applicable |
| **Total for section** | | **40** |
| **Benefit to low-income Albany residents, performance objective (# served and incomes)** | | |
| 7. Describe who will benefit from the project, including the target population, and how the project will benefit the individuals, households, or community served. **For public service projects, include the estimated number of beneficiaries. | The target population who will benefit from this activity and number people who will benefit (as applicable). | 10 |
| 8. What percentage of beneficiaries are expected to be extremely low- or low-income (earning 50% or less of the area median income)? | The activity is especially targeted at helping extremely low-income residents. | 10 |
| **Total for section** | | **20** |

| Financial Feasibility: expenses are reasonable and budget is feasible | | |
|---|---|---|
| 9. Explain project budget and assumptions used to determine the total project cost. | The applicant provided a complete and realistic budget for the activity or project. | 5 |
| 10. Describe your organization's financial capacity to complete the project, including available funding, other funding sources, and how you will cover any budget shortfalls or unexpected costs. | Financial stability and funding for the project. | 5 |
| 11. Demonstrate why CDBG funds are the best fit/source for this activity? | CDBG funds are appropriate for this activity. | 5 |
| 12. How will CDBG funds be used to leverage other funding, resources, donations, volunteers, and/or partnerships? | The activity will leverage other funding sources. | 10 |
| 13. If project is ongoing, describe your organization's plan for funding the activity after the first year, if applicable. | The agency has plans to sustain the activity after the first year. | Pass/Fail/ Not Applicable |
| **Total for section** | | **25** |
| **Readiness to Proceed and Agency Capacity** | | |
| 14. & 15. Provide a statement regarding your organization's ability to proceed with the activity (maybe at a reduced scale) without receiving CDBG assistance, or with an award less than your requested amount. Provide draft scope of work and schedule that outlines activities and schedule. Identify other agencies or partners and their roles. | The applicant provided a complete scope of work and realistic schedule which illustrates that the activity will be completed within the program year. | 10 |
| 16. Describe your readiness to proceed with project. (Property, funding, land use approvals secured, staff in place, etc.) | The applicant demonstrates readiness to implement the activity and any issues that would impede implementation have been resolved. | 5 |
| 17. Describe the current organizational capacity to complete and manage the activity within the program year. | The organization demonstrates a commitment to inclusivity and describes how they embrace and promote diversity internally. | 5 |
| 18. Identify the names of staff or contractors that will participate in the proposed activity, their experience, their role, etc. | Personnel have necessary experience to manage and complete the activity. | 5 |
| **Total for section** | | **25** |
| **Total overall** | | **110** |

# 2026 Economic Opportunity Grant
# OVERVIEW BROCHURE

The City of Albany's Economic Opportunity Grant Program, managed by Oregon Cascades West Council of Governments (OCWCOG), provides small grants up to $10,000 to eligible small businesses with 25 or fewer employees that are physically located in the City of Albany. The purposes of this grant program are to help small businesses grow, create, or retain jobs. This program is funded with a federal Community Development Block Grant (CDBG) from the Department of Housing and Urban Development (HUD), so applicants must comply with several federal program requirements and laws.

## A. Applicant Eligibility

a. Applicant must be the owner of a locally or regionall wne u ness (the business may not be a national chain).

b. Physically located and do business within the City o lb ny.

c. Have no more than **25 full-time** employees, includi th wner. Cur t n mber of employees based on full time equivalent (FTE of 40 hours/ ek)

d. Have been in business for at least six month

e. Oregon Business license and/or registrat n with O g Secretary of State (*if applicable*).

f. Have a professional business license (*w n req ed by rofession*).

g. The applicant will meet the CDBG National Ob ctive to eate or retain one or more permanent job/s of at least 20 o rs per week low nd moderate income (LMI) residents.

Ineligible Businesses he typ busines s not eligible for this grant program include, but are not limited to, adult ertainment; g ng, liqu or tobacco stores; psilocybin products, marijuana dispensaries a manufacturing; pas e real es te investments; pyramid business structures; and any business o ctivity that does not c mply with local, state, or federal laws.

## B. Evaluation Criteria

The following criteria w be used to aluate **complete** grant applications. Incomplete applications will not be considered. Ap catio are due [Update with date].

| | | |
|---|---|---|
| 1 | The applicant has dem trated a market for products and services (through the application, financial projections, and/or business plan) | 0-15 points |
| 2 | The grant improves the City of Albany's economy, or to create, and retain jobs. | 0-15 points |
| 3 | Number and types of jobs to be created within one year | 0-10 points |
| 4 | Prior business experience or training | 0-10 points |
| If there is more demand than funding available, applicants that score the most points will be awarded available funding and additional consideration may be given to businesses that can demonstrate they are women-owned, minority-owned, or Veteran-owned. | | |

## C. Eligible Use of Grant Funds

The following expenses are eligible for the grant:

- Overhead expenses such as rent and utilities, certifications, licenses, advertising, incorporation, insurance, etc.
- Training, technical assistance, business services (such as web site development, etc.), to increase business capacity and/or client base
- Labor expenses (excluding owner), business inventory and supplies

Funds may not be used for the following:

- Vehicle or equipment purchases
- Construction, building, or other improvements when Davis Bacon and Related Acts must be applied (prevailing wage requirements)
- Repayment or refinance of existing debt or to pay operating deficits, tax arrearages, governmental fines or penalties, or general government expenses.
- Personal income or emergency situations
- Pre-start up research and development
- Speculative property purchases (real estate, stock, col ecti s)
- Political or religious activities, lobbying, or any activ prohib in the CDBG regulations in 24 CFR 570.

## D. Application and Process

1. Applications can be found on OCWCOG and City of Albany Web sites. Applications are also available upon request by sending an email to loa cwcog.org
2. The instructions and application are available n Spanis Translatio ervices are available upon request.
3. Submit application with required attachmen to da @cwc g. [The application is online here: www.ocwcog.org/X]
    a. Income and expenses or 025 *(templ provi d if needed)*
    b. Most recent of Federal t eturn
    c. One-ye projecti *(template provided if needed)*
    *d.* Doc mentation/e ates for penses to be reimbursed by the CDBG grant *(leases, u ties, license expe payroll c.)* or for future expenses to be covered by the DBG Grant.
    e. B iness license and/or gistration with Oregon Secretary of State *(if applicable)*
    f. Bus ss Plan (*recomm ded, but not required*)
    g. Proof o surance – Li lity and Workers Compensation
4. Once the application comp e, OCWCOG staff will notify the applicant and will prepare a contract for signatures t to sign, and review program requirements. Only complete applications will be considered.

## E. Grant Requirements

Grant recipients must satisfy the following requirements:

1. HUD National Objective Performance Outcomes – Permanent Job Creation or Retention: Grant recipients must **create at least one permanent job that is "made available to" or held by a** Low or Moderate-Income (LMI) Albany resident **or retain** at least one permanent job. If more than one job is created or retained, then at least 51 percent of the full-time equivalent (FTE) jobs must be held by or made available to* LMI residents. HUD defines LMI residents as those earning less than 80 percent of the area median income by household size (see chart below).

    Each employee in a new or retained job must complete the ***Self Certification Form***. Applicants will be required to submit the ***Job Creation Report*** that summarizes information about your new employees, **including the job title.**



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To qualify a job as "Low-Mod", the job needs to meet one of the following:

- A **created job** is only considered to be ***made available to*** LMI persons when the job does not require special skills that can only be acquired with substantial (i.e., one year or more) training or work experience, or education beyond a high school education AND the assisted business takes actions to ensure LMI residents receive first consideration for filling such jobs; OR
- **Created jobs** are considered to be ***held by*** LMI persons when the job is actually held by a LMI person. For the purposes of this grant, a job is only considered held by an LMI person when that person's household income (all adults) is less than indicated in the table below for household size.
- To qualify as a **retained job,** there must be sufficient information documenting that the jobs would have been lost without the CDBG assistance and that one or both of the following applies to at least 51 percent of the jobs retained:
  - The job is actually held by a LMI person (household income limits may not exceed those in the table below based on household size); or
  - The job can reasonably be expected to turn ove ithin th llowing two years and steps will be taken to ensure that the job will b lled by or de available to, an LMI person.

**6/1/2026 Income Limits by Household Size for CDBG o ms:**

| **Household Size:** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| **80% of Median Income:** | $55,350 | $63,250 | $71,15 | $79,05 | 85,400 | $ 1,700 | $98,050 | $104,350 |

2. Equal Employment Opportunity: Business m st co ply with e eral and state equal employment opportunity policies and procedure (24 CFR Part 7 Grant recipients must give equal consideration to all qualified job a p cants witho egard o race, color, religion, sex, age, sexual orientation or gender, familial statu ational origin, disability or reprisal.
3. Reporting: **HUD llects mograp information on all beneficiaries of federal funds. Successful a licants mus ubmit a eport (provided by OCWCOG) that will collect employme information and mograph s of persons benefiting from these funds.** This report mu be submitted within ix months of the funding award with documentation of expenditures, until the performan measures are achieved, whichever is later. (24 CFR 570.502 and 570.601, 24 R 84.21, 2 CFR 0)
4. Environmental Revi All projec are subject to federally required environmental reviews prior to funding. The City will c ple hese on behalf of OCWCOG. These vary in scope, depending on the project, and may take w days to complete. (24 CFR 570.603)
5. UEI # and SAM.GOV: Businesses receiving federal assistance of any kind must get a unique entity ID (UEI) from SAM.GOV prior to signing contracts. Go to SAM.GOV and get this process started before you apply There are a few steps in this process, so it takes a couple of weeks.
6. Applicants must comply with all state and local laws and regulations pertaining to licensing, permits, building and zoning code requirements.
7. Insurance – Prior to entering into a contract with OCWCOG, grant recipients must provide certificates of insurance verifying they have general liability insurance, and automobile liability insurance if applicable, and worker's compensation insurance as required by Oregon Revised Statutes and including Employers Liability Insurance.

**FOR MORE INFORMATION** about Oregon Cascades West Council of Governments resources, please contact:

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https://www.ocwcog.org/economic-development/
Mailing Address: xx

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# Community Development Block Grant Program
# 2026 Economic Opportunity
# Grant Application

The City of Albany's Economic Opportunity Grant Program, managed by Oregon Cascades West Council of Governments (OCWCOG), provides small grants up to $10,000 to eligible small businesses with 25 or fewer employees that are physically located in the City of Albany. The purposes of this grant program are to help small businesses grow, create, or retain jobs. This program is funded with a federal Community Development Block Grant (CDBG) from the Department of Housing and Urban Development (HUD), so applicants must comply with several federal program requirements and laws.

**1. GENERAL INFORMATION:** **GRANT REQUEST: $**_____

Business name: _____ Contact: _____

Business address (location): _____

Contact person phone: _____ Contact Email: _____

Organizational Structure: ☐ LLC ☐ S Corp. ☐ Sole Proprietorship ☐ Corporation ☐ Other: _____

Tax ID (IRS EIN) or Social Security Number: _____ UEI*: _____

***The UEI, unique entity ID is required for all federally funded programs and will be required for successful applicants.** Obtain a free UEI number at SAM.GOV. at SAM.GOV. Please create a user login and follow the steps to register the business with SAM.GOV. Verification of registration is required.

**2. BUSINESS OWNERSHIP INFORMATION:**

| **Business Owners** (Printed Name) | **Title** (i.e., President, Member, Managing Partner) | **% Ownership** | **Race** | **Hispanic /Latino** (Y or N) | **Are you female?** (Y or N) | **Are you a Veteran** (Y or N) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

This information will not be used in evaluating your application or to discriminate against you in any way.

**3. BASIC ELIGIBILITY:** Applicants must meet **ALL** the following criteria:

- ☐ Applicant must be the owner of a locally or regionally owned business (the business may not be a national chain).
- ☐ Physically located and do business within the City of Albany.
- ☐ Have no more than **25 full-time** employees, including the owner. Current number of employees or full time equivalent (FTE): _____
- ☐ Have been in business for at least six months. Time in Business: _____
- ☐ Have a professional business license (*if required*)
- ☐ The applicant will meet the CDBG National Objective to create or retain one or more permanent job/s of at least 20 hours per week for low and moderate income (LMI) residents. (More information in Question 6.)

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**4. BUSINESS PLAN INFORMATION:**

a. Briefly describe the business, including its primary business activities, products or services provided.

b. How will this grant help you improve the economy, create, or retain jobs in the City of Albany?

c. Who is your target market and customers? What is your marketing strategy?

d. What is the demand for your products/services?

e. List your competition and describe what differentiates your business from the competition.

f. What are the one-year goals for the business and how do they fit with long-term business goals?

g. Please describe any prior relevant business experience and training related to the business operation and include resumes of owners.

**5. FINANCIAL PROJECTIONS:**

a. Describe steps and resources needed to grow your business, to create, or retain at least one full-time job equivalent over the next year. New part-time jobs need to be 20 hours or more per week.

b. Please list and describe the expenses that the grant would cover and/or attach a grant expense budget (attach any expense documentation/cost estimates).

c. Please explain what other sources of funding have been explored/applied for, and amounts of other funding that has been secured or is being provided to support your business. Include revenue, personal funds, grants or loans received (Bank, SBA, etc.).

**6. HUD NATIONAL OBJECTIVE TO CREATE OR RETAIN " LOW-MOD" JOBS:** All CDBG-funded activities must meet the CDBG program National Objective to create or retain Low or Moderate-Income Jobs (LMJ). HUD defines a Low- or Moderate- Income LMI resident as a person whose earnings are less than 80% of the area median income by household size. (See the current income limits in the table below.)

a. Estimate the number of full-time or full-time equivalent (FTE) jobs to be created or retained over the next year (Note, each new job must provide at least 20 hours a week of employment.): _____

DRAFT

b. Estimate the number of eligible **low-mod jobs** (full-time or FTE) to be created or retained over the next 12 months: _____

**When more than one job is created**, there must be documentation indicating that at least 51 percent of the jobs will be held by, or made available to, LMI persons.

Low or Moderate-Income Job (LMJ) Eligibility: The business must **create or retain** at least one permanent job that is ***made available to or held by*** a low or moderate-income Albany resident.

1. A created job is only considered to be ***made available to*** LMI persons when:
   - Special skills that can only be acquired with substantial training or work experience or education beyond high school **are not a prerequisite** to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
   - The assisted business takes actions to ensure that LMI persons receive first consideration for filling such jobs.
2. The **created job** is actually ***held by*** an LMI person. For the purposes of this grant, a job is only considered held by an LMI person when that person's household income (all adults) is less than indicated in the table below for household size as demonstrated on their latest tax return or paystubs of all employed household members, or a copy of a current TANF or SNAP benefit card.
3. For funded activities that **retain jobs,** there must be sufficient information documenting that the jobs would have been lost without the CDBG assistance and that one or both of the following applies to at least 51 percent of the jobs:
   - The job is held by an LMI person; or
   - The job can reasonably be expected to turn over within the following two years and steps will be taken to ensure that the job will be filled by, or made available to, an LMI person.

**Income Limits by Household Size for CDBG Programs; 6/1/2026:**

| **Household Size:** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| **80% of Median Income:** | $55,350 | $63,250 | $71,150 | $79,050 | $85,400 | $91,700 | $98,050 | $104,350 |

**7. BUSINESS INFORMATION:**

a. Are there any current or pending personal/business judgments, unsettled lawsuits, major disputes, bankruptcy, insolvency proceedings, or tax liens against you/any owners? ____*No* ____*Yes*

b. Are any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business and/or any of its owners? ____*No* ____*Yes*

c. Is the business compliant with all applicable local, state, and federal laws including zoning, building, business laws and permits, and other regulations regarding the operation of your business?

_____*Yes* _____No _____Don't know. *If NO, please describe:*

**8. SUPPORTING DOCUMENTATION TO SUBMIT WITH APPLICATION:**

a. Income and expenses for 2025 *(template provided if needed)*
b. Most recent years tax returns
c. One-year financial projections *(template provided if needed)*
d. Documentation/estimates for expenses to be reimbursed by the CDBG grant *(leases, utilities, license expense, payroll, etc.)* or for future expenses to be covered by the CDBG Grant.
e. Oregon Business license and/or registration with Oregon Secretary of State *(if applicable)*
f. A copy of any Professional Business license *(when required by the profession)*
g. Business Plan (*recommended, but not required*)
h. Proof of Insurance- Liability and Worker's Compensation

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i. Business owner(s) resume(s).

**9. ASSURANCES AND SIGNATURES:**

**I understand and by signing, I agree:** *that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.*

I also agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. Grant recipients must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, national origin, religion, sex, sexual orientation, genetic information, or retaliation associated with state of federally protected classes.

Business Owner/Applicant Signature Date

Business Owner/Applicant Signature Date

## SUBMIT COMPLETED AND SIGNED GRANT APPLICATION BY X DATE:

**BY EMAIL:** daho@ocwcog.org

**IN PERSON:** Didi Aho, Oregon Cascades West Council of Governments, 1400 Queen Ave SE, Albany (There is also a night drop outside the main doors.)

**BY MAIL:** Didi Aho, Oregon Cascades West Council of Governments, 1400 Queen Ave SE, Albany, Oregon 97322

DRAFT

**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**
**www.albanyoregon.govcdbg**

| | | |
|---|---|---|
| Agency Name: Jackson Street Youth Services | Project Activity: Responsive Case Management for Next Steps Transitional Living | |
| Agency Address: PO Box 1984 Albany OR 97321 | Telephone: 541-760-4669 | Fax: |
| Contact Person (Name/Title): Kendra Phillips | E-mail Address: kendra.phillipsneal@jacksonstreet.org | |
| Quarterly Report Period (check one): July 1 – Sept 30 Oct 1 – Dec 31 Jan 1 – Mar 30 Apr 1 – June 30 | | Year: 2026 |
| Signature: [redacted] | Date: 10/11/2026 | |

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

During the July 1–September 30, 2026 reporting period, Jackson Street Youth Services continued to make progress toward the goals and performance measures outlined in our Albany CDBG application and contract. CDBG-funded personnel remained an important part of the Next Steps Transitional Living Program, providing individualized case management and support to young adults as they work toward stable housing, increased self-sufficiency, and successful transitions to independent living.

Through ongoing case management, staff support residents in identifying and working toward personal goals, developing independent living skills, addressing barriers to stability, and connecting with community resources. This relationship-based approach helps young adults strengthen their housing stability, pursue education and employment opportunities, improve overall well-being, and build the skills needed for long-term success.

Jackson Street also continued expanding its transitional housing capacity with the opening of Geary, adding 17 housing units to increase opportunities for young adults to access stable housing and supportive services. This expansion strengthens our ability to support young people as they work toward greater independence and long-term housing stability.

Positive youth development (PYD) remained an important component of the program, providing

residents with opportunities to build relationships, develop practical life skills, and engage in their communities. Activities during the quarter included a trip to the Oregon Coast, visiting the Farmers Market and cooking together, and an adventure at Get Air trampoline park. These experiences support social connection, confidence, healthy recreation, and the development of skills that contribute to overall well-being.

Staff also continued supporting residents in pursuing education and employment goals, including driver's education. Access to driver's education can help young adults overcome transportation barriers, increase employment opportunities, and build greater independence.

Through consistent case management, expanded housing opportunities, and positive youth development activities, the Next Steps program continues to advance its goals of promoting safe and stable housing, strengthening life skills, supporting education and employment, and helping young adults successfully transition to independent living.

**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).
N/A

**II. Do you see any obstacles to completing the performance measures for the activity/program within the contract period?**
We do not see any obstacles to completing our 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: $2,607.44**
**Value of match this quarter: $ 1,187.60**
Source of funds: local foundation grant

**IV. Please briefly describe the benefits that Albany CDBG funds have provided to your program/activity.**
Albany CDBG funding continues to play a vital role in supporting individualized case management for young adults participating in the Next Steps Transitional Living Program. By funding a portion of a Case Manager position, these resources ensure residents receive consistent, relationship-based support as they work toward stable housing, education, employment, and long-term self-sufficiency. Case management provides the structure and accountability necessary to help young adults identify goals,

overcome barriers, connect with community resources, and develop the skills needed for successful independent living.

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

**VI. Total number of unduplicated (new) clients served this quarter: _____7_____**

**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.** |
|---|---|
| **Total Number of Unduplicated Persons Assisted** | **7** |
| Female Head of Household | 6 |
| Homeless Individuals (including children, youth) | |
| Elderly persons (62+) | |

| **Income -% of Median Family Income "MFI"** | **No.** |
|---|---|
| Extremely Low Income (0 – 30% MFI) | 5 |
| Very Low Income (31– 50% MFI) | 2 |
| Low Income (51 – 80% MFI) | |
| Over (81% MFI or above) | |
| Presumed Benefit Clientele | 7 |

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

| **Race Categories** | **Race Totals** | **Ethnicity: 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 | 4 | 1 |
| Other | | 2 |
| **Total Number of Persons Assisted:** | **4** | **3** |

* 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
www.albanyoregon.govcdbg

| | | |
|---|---|---|
| Agency Name:<br>Albany Area Habitat for Humanity | Project Activity:<br>2609 23rd Ave SE Albany | |
| Agency Address:<br>P.O. Box 2400 Albany Oregon | Telephone:<br>541-967-4030 | Fax: |
| Contact Person (Name/Title):<br>Kirk Sherman Repair Program Manager | E-mail Address:<br>rm@albanyareahfh.org | |
| Quarterly Report Period (check one):<br>☒ July 1 – Sept 30 ☐ Oct 1 – Dec 31 ☐ Jan 1 – Mar 30 ☐ Apr 1 – June 30 | | Year:<br>2026 |
| Signature: [redacted] | Date:<br>10-13-26 | |

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

We have replaced the service panel and brought it up to code.

**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).

Progress has been slow due to raising funds for projects.
Plans to move forward are to replace flooring.

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

No, as long as we can keep fund raising for repairs going.

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

**CDBG funds spent this quarter:** 1,785.00 **Value of match this quarter:** 0.00

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

Being able to support the community with repairs to their homes which otherwise would not get addressed.

**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:** 4

**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. |
|---|---|
| **Total Number of Unduplicated Persons Assisted** | 1 |
| 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) | 1 |
| Low Income (51 – 80% MFI) | |
| Over (81% MFI or above) | |
| Presumed Benefit Clientele | |

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

| Race Categories | Race Totals | Ethnicity: Hispanic or Latino |
|---|---|---|
| American Indian/Alaska Native* | | |
| American Indian/Alsaka 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 | | 1 |
| Other | | |
| **Total Number of Persons Assisted:** | | |

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| | | |
|---|---|---|
| Agency Name:<br>Albany Area Habitat for Humanity | Project Activity:<br>3630 18th Ave SE Albany | |
| Agency Address:<br>P.O. Box 2400 Albany Oregon | Telephone:<br>541-967-4030 | Fax: |
| Contact Person (Name/Title):<br>Kirk Sherman Repair Program Manager | E-mail Address:<br>rm@albanyareahfh.org | |
| Quarterly Report Period (check one):<br>☒ July 1 – Sept 30 ☐ Oct 1 – Dec 31 ☐ Jan 1 – Mar 30 ☐ Apr 1 – June 30 | | Year:<br>2026 |
| Signature: [redacted] | Date:<br>10-13-26 | |

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

We have replaced the non functioning gas furnace with a 95% efficient furnace.

**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).

Progress has been slow due to raising funds for the project.

Plans to move forward are to fix small roof leak, replace rotted fence post and toilet leak.

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

No, as long as we can keep fund raising for repairs going.

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

**CDBG funds spent this quarter:** 8,589.00 **Value of match this quarter:** 0.00

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

Being able to support the community with repairs to their homes which otherwise would not get addressed.

**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:** 4

**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. |
|---|---|
| **Total Number of Unduplicated Persons Assisted** | 1 |
| 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) | 1 |
| Low Income (51 – 80% MFI) | |
| Over (81% MFI or above) | |
| Presumed Benefit Clientele | |

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

| Race Categories | Race Totals | Ethnicity: Hispanic or Latino |
|---|---|---|
| American Indian/Alaska Native* | | |
| American Indian/Alsaka 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 | | 1 |
| Other | | |
| **Total Number of Persons Assisted:** | | |

* 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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www.albanyoregon.govcdbg

| | | |
|---|---|---|
| Agency Name:<br>Albany Area Habitat for Humanity | Project Activity:<br>840 Bradley St SE | |
| Agency Address:<br>P.O. Box 2400 Albany Oregon | Telephone:<br>541-967-4030 | Fax: |
| Contact Person (Name/Title):<br>Kirk Sherman Repair Program Manager | E-mail Address:<br>rm@albanyareahfh.org | |
| Quarterly Report Period (check one):<br>☒ July 1 – Sept 30 ☐ Oct 1 – Dec 31 ☐ Jan 1 – Mar 30 ☐ Apr 1 – June 30 | | Year:<br>2026 |
| Signature: [redacted] | Date:<br>10-13-26 | |

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

We have been able to replace their poor functioning gas furnace with a 95% efficient gas furnace.

**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).

Progress has been slow due to raising funds for the project.

Plans to move forward are replace siding that is damaged, repair deck, and provide a Handicap ramp at the front door.

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

No, as long as we can keep fund raising for repairs going.

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

**CDBG funds spent this quarter:** 8,591.00 **Value of match this quarter:** 0.00

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

Being able to support the community with repairs to their homes which otherwise would not get addressed.

**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:** 4

**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. |
|---|---|
| **Total Number of Unduplicated Persons Assisted** | 1 |
| 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) | 1 |
| Low Income (51 – 80% MFI) | |
| Over (81% MFI or above) | |
| Presumed Benefit Clientele | |

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

| Race Categories | Race Totals | Ethnicity: Hispanic or Latino |
|---|---|---|
| American Indian/Alaska Native* | | |
| American Indian/Alsaka 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 | | 1 |
| Other | | |
| **Total Number of Persons Assisted:** | | |

* 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."