

**State of Connecticut  
Department of Economic & Community Development**

**SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**QUARTERLY GRANTEE PROGRESS REPORT**

Grantee Name: Ledyard

Reporting Period:  
From: 10/01/13

Grant Number: SC1307201

To: 12/31/13

THE GRANTEE CERTIFIES THAT:

- (a) To the best of its knowledge and belief the data in this report was true and correct as of dates shown above.
- (b) The required records are being maintained and will be made available upon request.
- (c) Federal assistance made available under the Small Cities CDBG Program is not being utilized to reduce substantially the amount of local Financial Support for community development activities below the level of such support prior to the start of the CDBG Program Year.

Prepared By:  
**LAURENCE B. WAGNER**  
**PROGRAM COORDINATOR**

Typed or Printed Name and Title

Signature

1/28/14  
Date

(203) 573-1188  
Tel. No.

Local Authorized Official:  
**JOHN A. RODOLICO**  
**MAYOR**

Typed or Printed Name and Title

Signature

Date

(203) 468-3204  
Tel. No.

## SUPPORTING NARRATIVE

### **PROGRESS ON PLANNED ACTIVITIES**

For each program activity, briefly describe its current status. The description should combine a narrative of your progress and accomplishments of your activities.

Any special circumstances or problems that have kept you from meeting the Program Schedule submitted with your application should be explained.

Please attach any additional information such as newspaper clippings, pictures, etc.

There has been no activity on the Ledyard 2013 Grant as of the end of the 4th quarter, 2013. Currently we are working on closing out the 2011 Grant.

**ACTIVITY ACCOMPLISHMENTS REPORT  
 PROPOSED AND ACTUAL ACCOMPLISHMENTS DATA  
 PROGRAM YEAR START DATE (7/1) THROUGH THIS QUARTER**

Complete one of these reports for each activity that is funded by this grant. Report all proposed and actual units in only one (1) of the following unit types. Contact your Small Cities Representative to determine which unit type must be used for this activity. Do not report any of the actual units from prior program years.

- 1) People                      2) Households                      3) Businesses                      4) Jobs
- 5) Organizations              6) Housing Units

Name of Activity: Housing Rehabilitation

Unit Type	Proposed Units	Actual Units

**Housing/Commercial Rehabilitation Programs & Economic Development Activities**

Enter the following information for all of the projects that were completed through the end of this reporting period during this program year:

Housing Unit or Commercial Property Address or Business Name	Housing Renter or Owner	Loan or Grant	Loan or Grant Amount	Loan Term (Mos.)	Loan Interest Rate	Amortized, Deferred, or Forgivable	Other Funding Sources by Code and Amount

\* = Owners share

**CUMMULATIVE ACTIVITY ACCOMPLISHMENTS REPORTS  
 ACTUAL ACCOMPLISHMENTS DATA  
 CONTRACT START DATE THROUGH THIS QUARTER**

**HOUSING REHABILITATION PROGRAM ONLY**

Enter the following information for all of the projects that were completed through the end of this reporting period. This will be a cumulative report. The start date is the same date the Project Financing Plan & Budget begins. *To identify projects complete this quarter please place an asterisk by the property address.*

Housing Unit Address and year completed	Housing Renter or Owner	Loan or Grant	Loan or Grant Amount	Other funding sources amount	Code	Income data		Ethnicity	Race (Use Codes below)
						L 30%	50-80%		

**Codes for other Funding Sources:**

- 1. Section 108 Loan Guarantees
- 2. HOME
- 3. Other Federal Funds
- 4. State or Local Funds
- 5. Private Funds
- 6. Other

**Racial Codes:**

- White: W
- Black/African American: B/AA
- Black African American & White: B/AA&W
- Asian: A
- Asian & White: AW
- Hispanic H

- Native Hawaiian/Other Pacific Islander: NH/OPI
- American Indian/Alaskan Native: AI/AN
- American Indian/Alaskan Native & White: AI/ANW
- American Indian/Alaskan Native & Black African American: AI/AN&B/AA
- Other Multi-Racial: OMR

**HOUSING ACTIVITIES  
BENEFICIARY DATA REPORT  
PROGRAM YEAR START DATE (7/1) THROUGH THIS QUARTER**

Complete this report for all housing activities. Report the beneficiaries as households. Do not report any data for prior program years.

Name of Activity: Housing Rehabilitation

Enter the total number of households: \_\_\_\_\_

**INCOME DATA**

	Owner	Renter
1. Total number of Extremely Low Income Households (Income does not exceed 30% of area median income)	_____	_____
2. Total number of Low Income Households (Income exceeds 30% but does not exceed 50% of area median income)	_____	_____
3. Total number of Moderate-Income Households: (Income exceeds 50% but does not exceed 80% of area median income)	_____	_____
4. Total number of Non Low- and Moderate-Income Households: (Income exceeds 80% of area median income)	_____	_____

**OWNER/RENTER, RACIAL, ETHNIC, & FEMALE-HEADED HOUSEHOLD DATA**

Report the racial/ethnic data separately for the owners and renters that were assisted by this housing activity. Use the race/ethnicity of the head-of-household to determine the race of the household. The total households in the "All" column of the "Total" section of the table must equal the total number of households. Report the number of female-headed households.

1. Racial and Ethnic Classifications

Racial Classification	Owner		Renter		Total	
	All	Hisp	All	Hisp	All	Hisp
White						
Black/African American						
Asian						
American Indian/Alaskan Native						
Native Hawaiian/Other Pacific Islander						
American Indian/Alaskan Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaskan Native & Black/African American						
Other Multi-Racial						
<b>Totals:</b>						

2. Number of Female-Headed Households. \_\_\_\_\_

**HOUSING REHABILITATION ACTIVITIES  
PERFORMANCE MEASUREMENTS REPORT  
PROGRAM YEAR START DATE (7/1) THROUGH THIS QUARTER**

Complete this report for all housing rehabilitation activities. Do not report any data for prior program years.

Name of Activity: Housing Rehabilitation

TOTAL RENTAL UNITS

1) Total rental units rehabilitated during the program year through this quarter:	
2) Rental units that are subject to affordability requirements:	
3) Section 504 accessible rental units that were rehabilitated (units must be fully accessible under UFAS standards):	
4) Rental units that were brought from substandard to standard condition:	
5) Rental units that were qualified as Energy Star:	
6) Rental units that were brought into compliance with lead safety rules:	
7) Rental units that were created by converting non-residential buildings to residential buildings.	

AFFORDABLE RENTAL UNITS

1) Number of years of affordability:	
2) Affordable rental units occupied by the elderly:	
3) Affordable rental units subsidized by Federal, State, or Local project-based rental assistance:	
4) Affordable rental units designated for persons with HIV/AIDS (including those units that are subsidized by project based rental assistance or other assistance for services and/or operations):	
5) Affordable rental units designated for persons with HIV/AIDS who are chronically homeless (This is a sub-set of the units reported on line 4.):	
6) Affordable rental units that provide permanent housing for homeless persons and families (including those units that are subsidized by project-based rental assistance or other assistance for services and/or operations):	
7) Affordable rental units that provide permanent housing for homeless persons and families who are chronically homeless (This is a sub-set of the units reported on line 6.):	

OWNER-OCCUPIED UNITS

1) Total Owner-occupied units rehabilitated during the program year through this quarter:	
2) Owner-occupied units occupied by the elderly:	
3) Owner-occupied units that were brought from substandard to standard condition:	
4) Owner-occupied units that were qualified as Energy Star:	
5) Owner-occupied units that were made accessible through the elimination of architectural barriers (units do not need to be fully accessible under UFAS standards):	
6) Owner-occupied units that were brought into compliance with lead safety rules:	

**PROGRESS ON LEVERAGING OF FUNDS**

Only complete this form if your original application or approved amendments propose to leverage other private or public funds. Examples of leveraged dollars include the bank or homeowner share of a rehabilitation loan, funding from other state departments or your Town, which is combined with CDBG funds to make a project possible, etc. This form must be completed if your application proposed leveraging funds, even if no funds have actually been leveraged to date.

Source of Funds	(1) <u>Budgeted</u>	(2) Funds <u>In Place</u>	(3) Funds <u>Leveraged</u>	(4) <u>Anticipated</u>
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- (1) The budgeted amount should reflect the amount of funds to be leveraged as shown in your Small Cities application or as amended.
- (2) Funds in place should reflect the amount of funds in the possession of the Town and/or available to be combined with the CDBG funds.
- (3) This column should reflect the actual amount of non-CDBG funds already leveraged.
- (4) This should reflect the funds not yet available to the town but which are anticipated.

PART A

**CONTRACT AND SUBCONTRACT ACTIVITY – THIS QUARTER**

Grantee Name: \_\_\_\_\_ Ledyard \_\_\_\_\_ DOH Grant Number: SC1107201 \_\_\_\_\_ 10 / 01 13 through 12 \_\_\_\_\_ 31 / 13 \_\_\_\_\_

Project Name or Number	Amount of Contract	Type Of Trade (1-3)	Racial/Ethnic Code (1-6)	Woman Owned (yes/no)	Section 3 Firm (yes/no)	Contractor ID Number Or S.S. Number	Subcontractor ID Number or S.S. Number *	Name	Street	City	State	Zip Code

**Instructions:**

1. Report all of the contracts and subcontracts that were executed since the start date of this activity.
2. Trade: (1) Construction (2) Education/Training (3) Other
3. Racial Code: (1) White Americans, (2) Black Americans, (3) Native Americans, (4) Hispanic Americans, (5) Asian/Pacific Americans, (6) Hasidic Jews
4. Use Social Security # only if contractor does not have an IRS Identification Number
5. Designate a Small Business Enterprise (SBE) with an asterisk (\*).
6. If subcontractors are being used, list the general contractor first followed by each subcontractor.



PART B

**CONTRACT AND SUBCONTRACT ACTIVITY - FEDERAL FISCAL YEAR START DATE (10/1) THROUGH THIS QUARTER**

Grantee Name: Ledyard     DOH Grant Number: SC1107201     10 / 01 / 12 Through 12 / 31 / 13

Project Name or Number	Amount of Contract	Type Of Trade (1-3)	Racial/Ethnic Code (1-6)	Woman Owned (yes/no)	Section 3 Firm (yes/no)	Contractor ID Number Or S.S. Number	Subcontractor ID Number or S.S. Number *	Name	Street	City	State	Zip Code

**Instructions:**

- Report all of the contracts and subcontracts that were executed since the start date of the Federal Fiscal Year.
- Trade: (1) Construction (2) Education/Training (3) Other
- Racial Code: (1) White Americans, (2) Black Americans, (3) Native Americans, (4) Hispanic Americans, (5) Asian/Pacific Americans, (6) Hasidic Jews
- Use Social Security # only if contractor does not have an IRS Identification Number
- Designate a Small Business Enterprise (SBE) with an asterisk (\*).
- If subcontractors are being used, list the general contractor first followed by each subcontractor.

# Quarterly Report

State of Connecticut Department of Economic and Community Development

1. Name of Grantee: TOWN OF LEDYARD

2. Grant Number: SC1307201

3. HUD Grant Number: 072-SC-13

4. Reporting Period: 10/1/13 to 12/31/13

Page 1 of 3

Line	Original Amt Approved	Current Amt Approved	Amount Encumbered	Advances Received * this Quarter	YTD	Amt Expended this Quarter	YTD
1a. ACQUISITION OF REAL PROPERTY							
b. Program Costs							
2a. DISPOSITION							
b. Program Costs							
3a. CLEARANCE AND DEMOLITION							
b. Program Costs							
4. COMMUNITY FACILITIES AND IMPROVEMENTS							
a. Senior Centers							
b. Program Costs							
c. Recreational Facilities							
d. Program Costs							
e. Centers for the Handicapped							
f. Program Costs							
g. Neighborhood Facilities							
h. Program Costs							
5. WATER/SEWER/FLOOD AND DRAINAGE							
a. Water Facilities							
b. Program Costs							
c. Sewer Facilities							
d. Program Costs							
e. Flood & Drainage Facilities							
f. Program Costs							
g. Assessments							
h. Program Costs							
i. Other Utilities							
j. Program Costs							
6. STREETS							
a. Street Improvements							
b. Program Costs							

# Quarterly Report

State of Connecticut Department of Economic and Community Development

1. Name of Grantee: TOWN OF LEDYARD  
 2. Grant Number: SC1307201  
 3. HUD Grant Number: 072-SC-13  
 4. Reporting Period: 10/1/13 to 12/31/13

Page 2 of 3

Line	Original Amt Approved	Current Amt Approved	Amount Encumbered	Advances Received * this Quarter	YTD	Amt Expended this Quarter	YTD
c. Sidewalk/Ped.Malls/Streetscape							
d. Program Costs							
e. Parking Facilities							
f. Program Costs							
7a. INTERIM EMERGENCY REPAIRS							
b. Program Costs							
8a. OTHER PUBLIC FACILITIES							
b. Program Costs							
9a. REMOVAL OF ARCHITECTURAL BARRIERS							
b. Program Cost							
10a.PUBLIC/SOCIAL SERVICES							
b. Program Costs							
11a.APPROVED URBAN RENEWAL							
b. Program Costs							
12a.RELOCATION							
b. Program Costs							
13. REHABILITATION/PRESERVATION AND HOUSING ACTIVITIES							
a. Rehabilitation of Public Residential Structures							
b. Program Costs							
c. Rehabilitation of Private Residential Structures	\$225,000.00	\$225,000.00	\$0.00				
d. Program Costs	\$50,000.00	\$50,000.00	\$0.00				
e. Code Enforcement							
f. Program Costs							
g. Historic Preservation							
h. Program Costs							
i.Construction of Housing-Sec 17							
j. Program Costs							
k. Public Housing Modernization							
l. Program Costs							

# Quarterly Report

State of Connecticut Department of Economic and Community Development

1. Name of Grantee: TOWN OF LEDYARD  
 2. Grant Number: SC1307201  
 3. HUD Grant Number: 072-SC-13  
 4. Reporting Period: 10/1/13 to 12/31/13

Page 3 of 3

Line	Original Amt Approved	Current Amt Approved	Amount Encumbered	Advances Received * this Quarter	YTD	Amt Expended this Quarter	YTD
m. Rehabilitation of Commercial Buildings							
n. Program Costs							
14. ECONOMIC DEVELOPMENT ACTIVITIES							
a. Job Creation/Retention for Private For-Profit Corp.							
b. Program Costs							
c. Job Creation/Retention for Private Non-Profit Corp.							
d. Program Costs							
15a. SPECIAL ACTIVITIES BY NON-PROFIT CORP.							
b. Program Costs							
16a. DOWNPAYMENT ASSISTANCE							
b. Program Costs							
18. PLANNING							
a. Development of a Comprehensive Community Development Plan							
b. Program Costs							
c. Development of a Policy-Mgmt-Capacity Building							
d. Program Costs							
e. Special Functional Planning Activities							
f. Program Costs							
19. GENERAL ADMINISTRATION							
a. General Management, Oversight and Coordination	\$25,000.00	\$25,000.00	\$0.00	\$9,500.00	\$9,500.00	\$4,500.00	\$4,500.00
b. Indirect Costs							
c. Citizen Participation							
d. Environmental Assessment							
20. CONTINGENCIES (Not to exceed 10% of total Grant amount)							
21. Total All Line Items	\$300,000.00	\$300,000.00	\$0.00	\$9,500.00	\$9,500.00	\$4,500.00	\$4,500.00

\* Includes Pending Drawdowns

Revised 9/06

**PROGRAM INCOME STATEMENT**

**ONLY COMMUNITIES GENERATING PROGRAM REVENUE (PR) NEED TO COMPLETE THIS FORM**

Reporting Period: 10/1/2013 TO 12/31/2013 Community: Ledyard

Report Prepared By: L. Wagner & Associates, Inc.

PROGRAM REVENUE FOR THE QUARTER		PROGRAM INCOME BALANCES & EXPENDITURES			ACTIVITY	
Program Revenue For The Quarter	Bank Interest Earned	Total Program Revenue	RLA and Program Income (PI) Accounts		Activity on which PI was expended	Accomplishments achieved w/PI funded activities [# people asst, % L/M # units rehabed, etc.] and National Obj.
			Beginning Balance (2)	Total PI Deposited This Quarter		
List Source (1)				Total Expended This Quarter(3)	Ending Balance	This Quarter
TOTAL						

(1) List source of Program Revenue (PR) e.g. repayment from a specific grant, repayment from a Revolving Loan Account (RLA) or repayment from Program Income fund account.

(2) The beginning Balance is the ending Balance reported on the most recent previous PI Report, whether Annual or Quarterly. List accounts separately.

(3) PI expended should be listed in this column, do not list the expenditure of Miscellaneous Revenue (MR) (see Chapter 9 page 9-2 of the Grant

ANNUAL PROGRAM INCOME STATEMENT

ONLY COMMUNITES GENERATING PROGRAM REVENUE (PR) NEED TO COMPLETE THIS FORM

Reporting Period: 10/1/2012 TO 12/31/2013

Community: Ledyard

Report Prepared By: L. Wagner & Associates, Inc.

PROGRAM REVENUE FOR THE QUARTER		PROGRAM INCOME BALANCES & EXPENDITURES				ACTIVITY	
Program Revenue For The Quarter	List Source <sup>(1)</sup>	RLA and Program Income (PI) Accounts		Program Income Expended	Balance	Activity on which PI was expended	Accomplishments achieved w/PI funded activities [# people asst, % L/M # units rehabed, etc.] and National Obj.
		Beginning Balance <sup>(2)</sup>	Total PI Deposited This Year				
		{3a}	{3b}	{4}	{5}	{6}	{7}
<b>TOTAL</b>							

(1) List source of Program Revenue (PR) e.g. repayment from a specific grant, repayment from a Revolving Loan Account (RLA) or repayment from a Program Income fund account.  
 (2) The beginning Balance is the ending Balance reported on the most recent previous PI Report, whether Annual or Quarterly. List accounts separately  
 (3) PI expended should be listed in this column, do not list the expenditure of Miscellaneous Revenue (MR) (see Chapter 9 page 9-2 of the Grant Management Manual for definition of MR).

## Section 3 Summary Report

Economic Opportunities for  
Low- and Very Low-Income Persons

U.S. Department of Housing  
and Urban Development  
Office of Fair Housing  
and Equal Opportunity

OMB Approval No. 2529-0043  
(exp. 11/30/2010)

HUD Field Office:

Hartford

See back of page for Public Reporting Burden statement

1. Recipient Name and Address: (street, city, state, zip)	2. Federal Identification: (grant no.)	3. Total Amount of Award:
	4. Contact Person: <b>L. Wagner &amp; Associates</b>	5. Phone: (include area code) <b>(203) 573-1188</b>
	6. Length of Grant:	7. Reporting Period: <b>10/01/12 – 12/31/13</b>
8. Date Report Submitted: <b>12/31/13</b>	9. Program Code: <b>8</b> (Use separate sheet for each program code)	10. Program Name: <b>CDBG – State Administered</b>

**Part I: Employment and Training (\*\* Columns B, C and F are mandatory fields. Include New Hires in E & F)**

A Job Category	B Number of New Hires	C Number of New Hires that are Sec. 3 Residents	D % of Aggregate Number of Staff Hours of New Hires that are Sec. 3 Residents	E** % of Total Staff Hours for Section 3 Employees and Trainees	F** Number of Section 3 Trainees
Professionals	0				
Technicians	0				
Office/Clerical	0				
Construction by Trade (List Trade	0				
Trade					
Trade					
Trade					
Trade					
Other (List)					
Total					

\*Program Codes  
1 = Flexible Subsidy  
2 = Section 202/811

3 = Public/Indian Housing  
A = Development  
B = Operation  
C = Modernization

4 = Homeless Assistance  
5 = HOME  
6 = HOME-State Administered  
7 = CDBG-Entitlement

8 = CDBG-State Administered  
9 = Other CD Programs  
10 = Other Housing Programs

**Part II: Contracts Awarded**

1. Construction Contracts:

A. Total dollar amount of all contracts awarded on the project	\$	0
B. Total dollar amount of contracts awarded to Section 3 businesses	\$	0
C. Percentage of the total dollar amount that was awarded to Section 3 businesses		0 %
D. Total number of Section 3 business receiving contracts		

2. Non-Construction Contracts:

A. Total dollar amount of all non-construction contracts awarded on the project/activity	\$	0
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses	\$	0
C. Percentage of the total dollar amount that was awarded to Section 3 businesses		0 %
D. Total number of Section 3 businesses receiving non-construction contracts		

**Part III: Summary**

Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low- and very low-income persons, particularly those who are recipients of government assistance for housing. (Check all that apply.)

- Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with the community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or similar methods.
- Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
- Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
- Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.
- Other, describe below.

Public reporting for this collection of information is estimated to average 2 hours 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB number.

Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u., mandates that the Department ensure that employment and other economic opportunities generated by its housing and community development assistance programs are directed toward low- and very low- income persons, particularly those who are recipients of government assistance housing. The regulations are found at 24 CFR Part 135. The information will be used by the Department to monitor program recipients' compliance with Section 3, to assess the results of the Department's efforts to meet the statutory objectives of Section 3, to prepare reports to Congress, and by recipients as self-monitoring tool. The data is entered into a database and will be analyzed and distributed. The collection of information involves recipients receiving Federal financial assistance for housing and community development programs covered by Section 3. The information will be collected annually to assist HUD in meeting its reporting requirements under Section 808(e)(6) of the Fair Housing Act and Section 916 of the HCDA of 1992. An assurance of confidentiality is not applicable to this form. The Privacy Act of 1974 and OMB Circular A-108 are not applicable. The reporting requirements do not contain sensitive questions. Data is cumulative; personal identifying information is not included.