



# COMMUNITY DEVELOPMENT COMMISSION AGENDA

**Monday, August 19, 2024  
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.

1. Call to Order (Chair)
2. Roll Call (Staff)
3. Approval of June 17, 2024, minutes [Pages 2-3] (Chair)
4. Scheduled Business (Staff)
  - Agency Consultations [Pages 4-14]
  - 2023 CDBG End of Year Reports [Pages 15-19]
5. Business from the Public (Chair)
 

*Persons wanting to provide comments 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.*
6. Business from the Commission (Chair)
7. Next Meeting Date: Monday, September 16, 2024, at 12:00 p.m. in Santiam Room
8. 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](http://albanyoregon.gov/cd)





## COMMUNITY DEVELOPMENT COMMISSION

### MINUTES

June 17, 2024

12:00 p.m.

Hybrid – Santiam Room

Approved: DRAFT

#### Call to Order

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

#### Roll Call

Members present: Jim Cole, Larry Timm, Bessie Johnson, Ron Green, Courtney Stubbs, John Robledo, Robyn Davis, Alex Johnson II, Skylar Bailey

Members absent: Emma Deane (excused)

#### Approval of Minutes:

**12:00 p.m.**

**Motion:** Commissioner Bessie Johnson moved to approve the May 21, 2024, minutes as presented. Commissioner Jim Cole seconded the motion which passed 9-0.

#### Scheduled Business:

**12:01 p.m.**

**Motion:** Prior to beginning the business on the agenda, there was a motion from the May 21, 2024 meeting that was incomplete regarding the allocation of non-public service funds. Commissioner Timm affirmed his motion allocating the additional non-public service funds totaling \$9,143 to Family Connections. Commissioner Cole seconded the motion, which passed 9-0.

#### 2024 CDBG Funding Allocation

**12:02 p.m.**

Planner II, Beth Frelander introduced the discussion asking the Commission if, based on the 2023 application process, they had any suggestions for changes to the application packet for clarity or other information that may be helpful to applicants. Commissioner Alex Johnson II suggested that language be added to the cover page that "Applications received after the deadline will not be considered" also, "Incomplete applications will not be considered".

Commissioner Cole noted that the application criteria spreadsheet ideally should align with the application narrative.

Commissioner Timm called attention to the proposed activity budget summary and specifically the cost per person/unit and number of households served as a good valuation factor to consider when weighing the application benefits. He suggested that a high ratio of the amount of people served per dollar should receive a higher score.

#### Review of 2024 Application Process

**12:11 p.m.**

Comprehensive Planning Manager, Anne Catlin wanted to discuss the option of creating a cap on the public service award amounts. Commissioner Cole suggested that it could be capped at a percentage of the total funds available. Frelander agreed that a cap is beneficial to ensure equity and create a more realistic expectation of available funds. She noted that an agency's total ask may be well beyond the total funds available and reducing the ask may affect an agency's ability to complete a given project or activity if not fully funded. She suggested a cap of 50

to 60 percent which usually would equate to \$25,000 to \$30,000 per ask. Commissioners discussed the situation where the Commission is uncertain of the impacts to a project if award amounts are reduced. It was assumed that most organizations wouldn't base their funding solely on the Community Development Block Grant (CDBG) award. However, an organization's true need may not be known until later in the process. Commissioner Cole suggested it just be a question on the application but not part of the scoring criteria.

Commissioner Timm offered for the discussion that the agency presentations didn't always match up with the applications and he wasn't sure why the Commission was listening to presentations that were not applicable to the applications they received. Catlin emphasized that the agency presentations are required for consultation but also useful to inform the Commission regarding what pressing needs or trends they should be prioritizing in the five-year planning process these consultations are useful regardless of whether an agency/organization are applying for CDBG funds. Catlin suggested there may be an opportunity to include the City Council in these consultations as some needs can't be met solely through CDBG funds.

Review of CDBG Eligible Activities

**12:50 p.m.**

There was discussion regarding rehab activities and the problems of funding of new construction. Also, the situation where a large project using the majority of available funds could in the long run provide more benefits to the community than a series of smaller projects. Freelander noted that there is a full list of eligible activities on the website.

Business from the Public

None.

Business from the Commission

Commissioner Davis asked about funding sources for new construction efforts similar to what larger cities do. Staff noted that the City is unable to manage a housing development program but there are other organizations that market to foundations to fund those efforts.

Next Meeting Date

The Commission agreed to take a break in July and schedule the next meeting on August 19, 2024 at 12:00 p.m.

Adjournment

Chair Stubbs adjourned the meeting at 1:21 p.m.

Respectfully submitted,

Reviewed by,

Susan Muniz  
Recorder

Beth Freelander  
Planner II

*\*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  
Annual Report  
July 1, 2023 to June 30, 2024**

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

Subrecipient Name: Center Against Rape and Domestic Violence FY: 22 Date: 6/28/2024

Project Name: Emergency Motel Stays for Survivors

Lead Staff (Name, Title): Tia Daversa

Lead Staff Email: tia.daversa@cardv.org Phone: 541-452-1013

**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, 2023 to the end of our contract period, May 14<sup>th</sup>, 2024, CARDV was able to assist 21 Albany-resident survivors. Combined with our year one progress, this brings our total assisted clients for this grant project to 30. Each client assisted received one or more confidential bed nights in a local motel, allowing them a safe place to plan the next steps of their survivorship, which is generally relocation to new safe housing. While sheltering in motels, survivors have full access to CARDV supportive services including peer support, legal/medical appointment accompaniment and advocacy, financial support for relocation, basic needs assistance, and referral to partner resources. CARDV advocates visit motel clients twice daily to ensure that their needs are met and their safety is sustained.

In CARDV's original application, we requested \$8,000 to assist 50 clients, estimating to spend roughly \$160 per client. With our actual grant award of \$5,320 and actual clients assisted at 30, we spent roughly \$175 per client, staying on target with our original objective.

**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.**

This program provided confidential sheltering in motels for Albany's residents. Approximately 67% were low-income and 33% were moderate-income; all fleeing from domestic and/or sexual violence and unhoused. While motel stays are short, often between 1-5 days, they offer the survivor a safe and private place to recoup from initial trauma and plan their next steps towards stability. CARDV advocates provide invaluable support, advocacy, and resource navigation to help the survivor build a supportive system for them and their families.

**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, all reimbursement requests have been submitted.

**IV. Please list all funds and sources of funds used by your organization over this past fiscal year to fund the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

*\*Calculated funds are for entire motel program, not just for Albany-resident clients, for FY24*

Agency Funds	\$
Federal Funds (Sources: FVPSA, VOCA, Alb CDBG)	\$9,578.67
State Funds	\$866.81
Private Foundation Funds	\$2,803.21
Other Grants (United Way, etc.)	\$
Donations/Gifts	\$

Volunteer Hours (0 Hours x \$ 12.75)

\$0

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Total: \$13,428.69

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

We have appreciated City of Albany's collaboration and support on this project, and we look forward to future projects with the Albany CDBG team.

**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): 21 residents

**Income Status (% of Median Family Income “MFI”)**

	No.
Total Persons Assisted (0 – 30% MFI)	14
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	7
Total Persons Assisted (81% MFI or above)	
<b>Presumed Benefit Clientele</b>	<b>21</b>

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

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*	5	5
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	5	
Asian and White		
Native Hawaiian/Other Pacific Islander		
White	11	
OTHER:		
<b>Total Number of Persons Assisted</b>	<b>21</b>	<b>5</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	7
Homeless Individuals (including children, youth)	21
Elderly persons (62+)	1

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).

Tia Daversa \_\_\_\_\_ Grants Coordinator  
 Preparer’s Name (Written) Title

Preparer’s Signature: Tia Daversa \_\_\_\_\_ 6/28/2024  
 Date

Executive Director’s Signature: Stephanie Miller 6/25/2024



City of Albany  
Community Development Block Grant Program  
Annual Report: Housing Programs

Subrecipient Name: Creating Housing Coalition Date: July 15

Project Name: Hub City Village Grant Year: 2021

Lead Staff (Name, Title): Stacey Bartholomew, President

Lead Staff Email: [stacey.bartholomew@creatinghousing.org](mailto:stacey.bartholomew@creatinghousing.org) Phone: 541-231-1027

I. Please describe the progress on the project during the reporting period (July 2023-June 2024).

Hub City Village started construction in August of 2023 and was 95% complete at the end of June 2024. All tiny houses were constructed above ground level and plumbed and fitted for electricity. 6 Units were not finished but expected to be completed within 2 weeks of the end of June 30, 2024. Stormwater, basic landscaping, sidewalks, and irrigation were completed in the same 2 weeks post June 2024. Parking area and parking structures including bike and waste management areas were completed. Final construction of solar panels above the parking lot is expected to be started before the end of July 2024 and expected to be completed before the end of August 2024. All residents will be housed before the end of July 2024.

II. How many rental applications were received during the reporting period? 60

III. How many households qualified for affordable housing during the reporting period? 35

IV. How many applications were denied and why?

9 there were insufficient units to accommodate all applicants.

V. How many households received affordable housing in the reporting period? 1

VI. Were the performance measures specified in the contract been met? If not, please explain.

We were hoping to have all the residents housed by the end of the reporting period, but there were several construction delays that pushed back the residency to July of 2024.

VII. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate-income residents.

We have been able to give hope and encouragement to the wider community of unhoused families in Albany and this project has spurred the development of other smaller size homes to increase the affordable housing supply overall. There is still need for extremely low-income housing throughout Albany and the larger Linn County area that is not being addressed by other organizations.

VIII. Are there any outstanding issues or documents requested from a monitoring visit?  
Not that I this organization has awareness.

IX. Please provide any additional comments or feedback about the program or areas of improvement.

The city was extremely helpful in making this funding process work. There were too many barriers for us to manage as a volunteer organization without their deep knowledge and guidance.

Please email completed report to: [cdbg@albanyoregon.gov](mailto:cdbg@albanyoregon.gov)

**X. PROGRAM BENEFICIARY ANNUAL REPORT**

Please report the HUD-required demographic data on the TOTAL number of new unduplicated households served by this CDBG activity over the course of the grant period. If a rehab project is carrying over from a prior year and the household was reported in a prior year, do not include them in this report.

Total number of unduplicated\* new households served this grant period: 26

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

	No.
Total Households Assisted (0 – 30% MFI)	22
Total Households Assisted (31– 50% MFI)	4
Total Households Assisted (51 – 80% MFI)	1
Presumed Benefit Households	

**Race / Ethnicity of Household Head (Applicant) Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*	1	Hispanic
American Indian/Alaska Native* and White	2	
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	
OTHER:		
<b>Total Number of Households Assisted</b>		
* <b>NOTE:</b> 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 Households Assisted	No.
Female Head of Household	13
Elderly persons (62+)	9

XI. **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).

Stacey Bartholomew President  
 Preparer's Typed Name Preparer's Title

Preparer's Signature:  Date: August 12, 2024

Authorized Official/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**City of Albany  
Community Development Block Grant Program  
Annual Report  
July 1, 2023 to June 30, 2024**

Community Development Dept.  
P.O. Box 490  
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[www.cityofalbanynet/cdbg](http://www.cityofalbanynet/cdbg)

Subrecipient: Name: Jackson Street Youth Services, Inc.      FY: 23-2024      Date: 6/27/2024

Project Name: Shelter and Case management for Youth Experiencing Homelessness

Lead Staff (Name, Title): Kendra Phillips-Neal; Executive Director

Lead Staff Email: Kendra Phillips- Neal      Phone: 541-760-4669

- 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.*

Each youth was provided with a shelter bed and basic needs such as access to laundry, showers, food, clothes, and hygiene products. Within the shelter environment youth work one on one with staff to learn daily life skills for healthy and successful living. 100% of youth served participated in weekly case management, setting goals to make progress on bettering their situations. In addition to providing basic needs, all youth did have access to education supports-- with community volunteers' as Academic Coaches supporting study hall, 4 days a week. Quality based mentoring, and resources/referrals were also provided to those needing them. We continue to be able to provide youth in need of documents for employment or completion of school with financial and transportation support.

**EXPECTED OUTCOMES:**

- Safety & Stability - 75% of youth exited the shelter safely. Many youths who came into services have either remained in services long term or did not have an opportunity for a safe exit based on their situation, circumstances or lack of engaged guardians.
- Well-Being - 100% of youth who came into services engaged in activities to promote physical, social, and emotional well-being.
- Permanent Connections - 75% of youth who exited identified having 2 or more permanent connections with caring adults; and 90% of youth who exited identified at least one connection to their community.
- Education/Employment Assistance for Self-sufficiency - 80% of youth in our services advanced their education.

- 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.**

Albany CDBG funds have assisted us in sustaining the continued operations of Jackson Street Albany House, allowing us to smooth out our programming and processes to continue to make connections and build relationships to better serve Albany youth. The funds are supporting a small amount of staffing to help ensure we are meeting licensing required ratios for best service and safety. The Albany House has successfully been open for nine years and remains the only Runaway and Homeless Youth Shelter and organization in Linn County.

**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 – the final request is submitted alongside this annual report.

**IV. Please list all funds and sources of funds used by your organization over this past fiscal year to fund the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

Agency Funds	\$
Federal Funds (Sources: <u>CDBG</u> )	\$17,500
State Funds	\$
Private Foundation Funds	\$
Other Grants (United Way, etc.)	\$
Donations/Gifts	\$
Volunteer Hours ( <u>    </u> Hours x \$ 12.75)	\$4054.10 ( <i>285.5 hours x \$14.20/hour</i> )
	<hr/>
	Total

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

N/A

**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): **61**

**Income Status (% of Median Family Income “MFI”)**

	No.
Total Persons Assisted (0 – 30% MFI)	42
Total Persons Assisted (31– 50% MFI)	7
Total Persons Assisted (51 – 80% MFI)	8
Total Persons Assisted (81% MFI or above)	4
<b>Presumed Benefit Clientele</b>	<b>61</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	2	
American Indian/Alaska Native* and Black/African American		
Black or African American	2	
Black or African American and White		
Asian	1	1
Asian and White		
Native Hawaiian/Other Pacific Islander	1	
White	46	10
OTHER:	5	2
<b>Total Number of Persons Assisted</b>	<b>54</b>	<b>13</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	23
Homeless Individuals (including children, youth)	26
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).

Salvador Maciel \_\_\_\_\_ Program Director  
 Preparer’s Name (Written) Title

Preparer’s Signature: Salvador Maciel \_\_\_\_\_ 6/28/24  
 Date

Executive Director’s Signature:  \_\_\_\_\_



**City of Albany  
Community Development Block Grant Program  
Annual Report  
July 1, 2023 to June 30, 2024**

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

Subrecipient Name: OCWCOG FY: 23-34 Date: 6/28/2024

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.

- Goal 1: Five City of Albany resident volunteers, ages 55% recruited to serve program: GOAL MET (5 total)
- Goal 2: Fourteen City of Albany clients, residents of the city, served by the Program. GOAL PARTIALLY MET (13 total clients served during the reporting period).
- Goal 3: Specialized training for City volunteers: GOAL MET (total of four in-service trainings offered)
- Goal 4: FBI Screening completed on all volunteers: GOAL MET
- Goal 5: Qualitative Surveys completed: GOAL MET

Goal 2: We were short one client for our overall FY2023-24 goal, in part due to the sudden loss of one of our longtime volunteers.

**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 OCWCOG Senior Companion Program matched low-income seniors (200% FPL), ages 55 and older, with local City of Albany senior homebound residents. The Program provided essential assistance to those senior residents who have difficulty with activities of daily living, such as light housework, grocery shopping, or running errands. As a result, Program clients remained in their own homes, independent and aging in place, instead of having to move to more 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

**IV. Please list all funds and sources of funds used by your organization over this past fiscal year to fund the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

Agency Funds	\$
Federal Funds (Sources: <u>CNCS Federal allocation</u> )	\$47342.55
State Funds	\$
Private Foundation Funds	\$

Other Grants (United Way, etc.)	\$
Donations/Gifts	\$
Volunteer Hours ( _____ Hours x \$ 12.75)	\$
<hr/>	
	Total 47,342.55

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

Thank you for your continued support of the Program, and local Albany homebound seniors.

**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): 13

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

	No.
Total Persons Assisted (0 – 30% MFI)	9
Total Persons Assisted (31– 50% MFI)	3
Total Persons Assisted (51 – 80% MFI)	1
Total Persons Assisted (81% MFI or above)	
<b>Presumed Benefit Clientele</b>	<b>13</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	13	
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	6
Homeless Individuals (including children, youth)	
Elderly persons (62+)	13

**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).

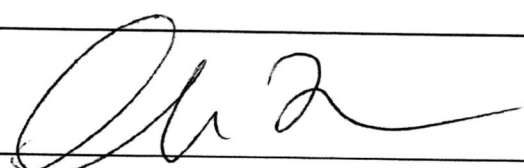
Alicia Lucke

Program Manager

Preparer's Name (Written)

Title

Preparer's Signature:



6/28/2024

Date

Executive Director's Signature:



Jun 28, 2024



City  
of Albany  
Community Development  
Block Grant Program  
Closeout Report  
FY 2023-2024

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

Subrecipient Name: Creating Housing Coalition \_\_\_\_\_ Date: 7/14/2024 \_\_\_\_\_

Project Name: COAT \_\_\_\_\_

Lead Staff (Name, Title): Carol Davies, Outreach Program Director \_\_\_\_\_

Lead Staff Email: carol.davies@creatinghousing.org \_\_\_\_\_ Phone: 541-704-7280 \_\_\_\_\_

- 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.*

Since October 1st, we've served 921 unduplicated people, we handed out 264 vials of Narcan, of which 58 overdose reversals were reported, and we handed out 6015 meals. We currently have 41 clients who are receiving case management services, and almost all of them are elderly or have a physical or mental health disability. All of these accomplishments support Goal 4 in Albany's Consolidated plan.

- 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 benefit of this project has been to provide ongoing support to the unhoused community, with an increase in the ability of community members to access services and housing.

Our team is often the first point of service contact, bridging connections to additional services such as shelter, housing, mental and physical health supports (including access to SUD services), and employment supports. Because of the trust we have built with people through nonjudgmental, inclusive services, our outreach team builds relationships with the people we serve. We learn about people's needs and goals and the barriers they face to service connections; we offer basic needs provision and provide education and harm reduction support; we communicate around camp postings; and we support coordinated entry with other agencies. We also make up and distribute hygiene and medical kits. We have flex funds that we use to assist with gas vouchers, pay for cabs for immediate transportation needs, purchase parts for inexpensive vehicle repairs, and pay for service charges for furniture when we're able to get folks into housing. We employ harm reduction practices, which include needle exchange and condom distribution. All of these services are being offered to the community through our outreach/peer support specialists, and this grant has partially funded their salaries.

**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, all reimbursement requests have been submitted.

**IV. Please list all funds and sources of funds used by your organization to fund the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

Agency Funds	\$181,447
Federal Funds (Sources: _____)	\$
State Funds	\$129,500
Private Foundation Funds	\$9,600
Other Grants (United Way, etc.)	\$
Donations/Gifts	\$
Volunteer Hours ( 242 Hours x \$ 12.75)	\$3085
<hr/>	
	Total \$323,632

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

We rely on CDBG funds to help us serve the unhoused and housing-unstable community members in Albany. Without these funds, we would not be able to provide crucial services to those in need. We appreciate the city's support.



**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): 921

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

	No.
Total Persons Assisted (0 – 30% MFI)	920
Total Persons Assisted (31– 50% MFI)	0
Total Persons Assisted (51 – 80% MFI)	0
Total Persons Assisted (81% MFI or above)	1
<b>Presumed Benefit Clientele</b>	

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

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*	47	
American Indian/Alaska Native* and White		
American Indian/Alaska Native* and Black/African American		
Black or African American B	15	
Black or African American and White		
Asian		
Asian and White		
Native Hawaiian/Other Pacific Islander	12	
White	794	
OTHER:	53	
<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	17
Homeless Individuals (including children, youth)	921
Elderly persons (62+)	586

**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).

Preparer's Name (Written) Carol Davies Title Outreach Program Director  
 Preparer's Signature: Carol Davies 7/19/24  
 Date

Executive Director's Signature: Angela Barber 7/19/24



**City of Albany  
Community Development Block Grant Program  
Annual Closeout Report  
FY 2020-2021 (7.1.20-6.30.21)**

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

Subrecipient Name: Mid-Willamette Family YMCA Growing Leaders Date: 7/15/24

Project Name: ELC Scholarships

Lead Staff (Name, Title): Lindsay Orenlas-Director

Lead Staff Email: elcdirector@ymcaalbany.org Phone: 541-918-2601

**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.*

With the grant money we were awarded, we were able to help pay tuition for 22 differencnt families at our center.

**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 grant money was used to support low-income families, families with parents attending school, foster children, and single-parent households due to one parent being incarcerated. This assistance provided these families with security, knowing their children had a safe place to go where they were fed and cared for.

**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 funds and sources of funds used by your organization to fund the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.**

Agency Funds	\$
Federal Funds (Sources: _____)	\$
State Funds	\$
Private Foundation Funds	\$
Other Grants (United Way, etc.) Donations/ Gifts	\$
Volunteer Hours ( ____ Hours x \$ 12.75)	\$
<hr/>	
Total	

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

We are incredibly grateful to have received this grant to support our families. We hope to have the opportunity to continue this assistance in the future.

**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): 22

**Income Status (% of Median Family Income “MFI”)**

	No.
Total Persons Assisted (0 – 30% MFI)	2
Total Persons Assisted (31– 50% MFI)	7
Total Persons Assisted (51 – 80% MFI)	10
Total Persons Assisted (81% MFI or above)	2
<b>Total Number of Unduplicated Residents Assisted</b>	<b>22</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	17	3
OTHER:	2	
<b>Total Number of Persons Assisted</b>	<b>22</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	5
Homeless Individuals (including children, youth)	0
Elderly persons (62+)	0

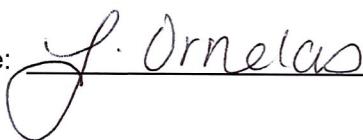
VII. **CERTIFICATION OF GRANTEE.** By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [expenditures](#), disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the [Federal 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).

Lindsay Ornelas

Director

Preparer’s Name (Written)

Title

Preparer’s Signature: 

7/15/24

Date

Executive Director’s Signature: 