

Work Site Description

(A WorkSite Description is required for each property)

YouthBuild (YB) GRANT

ATTACHMENT 1

ETA - 9143

OMB No. 1205-0464

Expires: 08/31/2018

APPLICANT IDENTIFYING INFORMATION (Complete All Sections)

Applicant Name:

Program/Project Name & Address:

1. Work Site Identification (Address/Parcel #)

2. Number of Housing Units Planned to be Produced or Renovated:

3. Type of housing to be produced (Check all that apply)

Residential/rental Homeownership Transitional housing for the homeless

4. Will all housing produced be provided for homeless, low-income, or very-low income persons?

Yes No

5. Individual Housing Project Site Estimate and Documentation of Resources: Complete Attachment 1A for each work site to be used in conjunction with the YouthBuild program. Attach documentation of resources behind each Attachment 1A.

6. The on-site training site consists of (Check all that apply) : New Construction Rehabilitation

7. Are any of the units currently occupied? Yes No (If yes, attach a relocation narrative that identifies the number of persons, the business or others occupying the property on the date of submission of this application, the number of displaced, the number to be temporarily relocated but not displaced, the estimated cost of relocation services payments and services, the source of funds for relocation, and the organization that will provide relocation assistance to occupants and the contact person's name and phone number. Label this Attachment 1B.)

8. Name of the current owner:

9. Documentation of Access: Attach required evidence of work site access (Letter from the owner identified in No. 8). Label this Attachment 1C.

10. Describe the participant role and responsibilities for the work site housing construction or rehabilitation work. Label this Attachment 1D.

11. Name of entity which will own and manage the property after the construction or rehabilitation work is completed:

OMB No.: 1205-0464 OMB Expiration Date: 08/31/2018 Average Response Time: 30 minutes

This reporting requirement is approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information includes time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Respondent's obligation to reply to this collection of information, which is for general program oversight, evaluation, and performance assessment, is required to maintain benefits [PL 109-281 Sec 173(A)(c)(3)]. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U. S. Department of Labor, Employment and Training Administration, Youth Office, Room N4459, 200 Constitution Avenue, NW, Washington, D.C. 20210.

Applicant Signature:

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Organization: _____

Individual Housing Project Site Estimate YouthBuild (YB) GRANT

ATTACHMENT 1A
ETA - 9143

OMB No. 1205-0464
Expires: 8/31/2018

APPLICANT IDENTIFYING INFORMATION

Applicant Name: _____
 Address of the Property (include city, state, and zip code): _____

Grant Activities	Resources					
	YouthBuild	Other Federal	State	Local	Private	Total
1. Acquisition						
2. Architecture & Engineering						
3. Housing Construction						
4. Housing Rehabilitation						
5. Total Housing Project Costs for Site						

Note 1: Include both **cash** and **in-kind** contributions.

Note 2: When paid, in whole or in part, with YouthBuild program funds, the activities will trigger applicable YouthBuild project-related restrictions contained in the DOL-Only Workforce Innovation and Opportunity Act Final Rule, 20 CFR, Part 688. Applicants who propose to use YouthBuild funds for one or more of these activities are required to complete the appropriate certifications.

Documentation of Housing Resources

Attach a letter of commitment from each source of funding. These letters will not count towards your total page count.

Name of Provider (Donor)	Cash or In-Kind	Dollar Value Provided	Page # of Letter

OMB No.: 1205-0464 OMB Expiration Date: 08/31/2018 OMB Burden Hours: 30 minutes OMB Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Information is collected from eligible applicants for a competition to determine which entities will receive grant funds. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory and is authorized under YouthBuild Transfer Act Public Law 109 2810. The information will be used for the YouthBuild grant and response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

YouthBuild Grant ANNUAL HOUSING CENSUS

OMB No. 1205-0464

Expires: 08/31/2018

ETA - 9143

The Department of Labor (DOL) will report to Congress and other stakeholders the number of affordable housing units built or renovated by YouthBuild participants. All grantees will be asked to complete and submit this form annually to provide DOL with this information. Your organization will receive a notification from DOL approximately 30 days prior to the annual anniversary of your period of performance. For example, if your grant has a period of performance from March 15 - 2011 through March 14, 2013, you will receive a notice in February 2012 asking you to submit this form no later than March 15, 2012.

Section 1:

1. Contact Person:	
2. Program and Organization Name, Address, Phone & E-Mail :	
3. Date of Submission: _____ Check if this is the final report for the grant: <input type="checkbox"/>	
4. Please enter the total number of units that were completed during the period of performance year: _____	

Detailed instructions for completion are included on the next tab this worksheet

Section 2:

Unit #1	Completed on [MM/YY]: _____	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe: _____			
Address: _____				
Type of work completed [check only one]: New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Weatherization Only <input type="checkbox"/>				
Other <input type="checkbox"/> Describe: _____				
Unit #2	Completed on [MM/YY]: _____	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe: _____			
Address: _____				
Type of work completed [check only one]: New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Weatherization Only <input type="checkbox"/>				
Other <input type="checkbox"/> Describe: _____				
Unit #3	Completed on [MM/YY]: _____	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe: _____			
Address: _____				
Type of work completed [check only one]: New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Weatherization Only <input type="checkbox"/>				
Other <input type="checkbox"/> Describe: _____				

For Additional Units Use Housing Census Continuation Form 2A

Section 3:

Signature of Contact Person: _____
Printed Name: _____
Title: _____ Date: _____

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YouthBuild Grant ANNUAL HOUSING CENSUS Attachment 2A - Continuation Form

OMB No. 1205-0464
Expires: 08/31/2018

ETA - 9143

1. Contact Person:
2. Program and Organization Name, Address, Phone & E-Mail :

Unit # 4 Completed on [MM/YY]:	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe:		
Address:			
Type of work completed [check only one]: New construction <input type="checkbox"/>			
Renovation <input type="checkbox"/>			
Weatherization Only <input type="checkbox"/>			
Other <input type="checkbox"/> Describe:			

Unit # 5 Completed on [MM/YY]:	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe:		
Address:			
Type of work completed [check only one]: New construction <input type="checkbox"/>			
Renovation <input type="checkbox"/>			
Weatherization Only <input type="checkbox"/>			
Other <input type="checkbox"/> Describe:			

Unit # 6 Completed on [MM/YY]:	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe:		
Address:			
Type of work completed [check only one]: New construction <input type="checkbox"/>			
Renovation <input type="checkbox"/>			
Weatherization Only <input type="checkbox"/>			
Other <input type="checkbox"/> Describe:			

Unit # 7 Completed on [MM/YY]:	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe:		
Address:			
Type of work completed [check only one]: New construction <input type="checkbox"/>			
Renovation <input type="checkbox"/>			
Weatherization Only <input type="checkbox"/>			
Other <input type="checkbox"/> Describe:			

Unit # 8 Completed on [MM/YY]:	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Public or Community Facility: <input type="checkbox"/>
Multi-Unit [Y/N]:	If Yes, Describe:		
Address:			
Type of work completed [check only one]: New construction <input type="checkbox"/>			
Renovation <input type="checkbox"/>			
Weatherization Only <input type="checkbox"/>			
Other <input type="checkbox"/> Describe:			

YouthBuild Grant ANNUAL HOUSING CENSUS INSTRUCTIONS

OMB No. 1205-0464
Expires: 08/31/2018

ETA - 9143

This information is NOT being collected to gauge program performance; this information is requested to report to Congress and other stakeholders the valuable contributions made by the young people in your programs for your community. It is understood that it will take longer to build or renovate property when using these sites as training sites.

General Instructions:

1. Enter only those units that are complete and ready for occupancy. Unless this is your final census for the period of performance, do not enter unfinished units on this form; enter it on the next year's census.
2. Do not enter any units that have been submitted previously.
3. To report on the construction or renovation of more than three separate units that are not part a multi-unit project (e.g., an apartment building), use Housing Census - Attachment 2A.

Section 1:

Contact Person: Please put the name of the person that we can contact if we need any additional information.
Program and Organization Name: Please provide both the name of your program (e.g. Anytown YouthBuild and the name of the sponsoring organization (The Housing Authority of Anytown).
Final Report: Check this box if this is the final report for your grant.
Total Number of Units: Provide the total number of units completed and described in the census.

Section 2:

Completed On: Enter the date that the unit was completed and available for occupancy. Please note that the unit does not need to be occupied, it just needs to be available for occupancy.
Type of Unit: Check the type of unit. If the building is multi-unit, describe the total and type of total units completed in the building but just list the building as one unit.
Address: Enter the address of the property built, renovated, or weatherized
Type of Work Completed: Check the type of work that the students completed.
Other: Check this box if your project is not new construction, renovation, or weatherization OR if it is a multi-unit project. Please describe the activity and finished project.

Section 3:

Please sign, print your name, and date.