Annual Housing Census: Instructions

NOTE: This form is also available to submit online at [URL].

This information is not a gauge of program performance; DOL uses it 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 may take longer to build or renovate property when using these sites for training.

GENERAL

- The Reporting Period for each Annual Housing Census (AHC) is August 1 through July 31.
- Grantees submit an AHC form for each Reporting Period that overlaps with their grant Period of Performance. Each grantee will submit at least three AHC forms, regardless of the number of housing units completed.
- Enter only those units that are complete and ready for occupancy. Unless this is your final AHC for the grant period of performance, do not enter unfinished units on this form; enter them on the AHC form for the Reporting Period in which they are completed.
- Do not enter any units that have been submitted in previous AHCs.
- Complete Sections 1, 2 (if any units completed), and 3, and send via email to youth.build@dol.gov.

SECTION 1: Complete this section regardless of the number of housing units completed during the Reporting Period.

- 1. Print the grantee organization name and address.
- 2. Print the grant number. Note: If your organization had more than one DOL YouthBuild grant active during the Reporting Period, you must submit one AHC form for each grant.
- 3. Print the year in which the Reporting Period ended, e.g., for the period August 2024 through July 2025, print 25.

<u>SECTION 2</u>: If participants completed 0 housing units during the Reporting Period, leave this section blank. If participants completed one unit, leave Units 2-6 blank. If participants completed more than 6 units, submit additional AHC forms.

- 1. Print the Month and Year (e.g., September 2024) that the unit was completed, and mark whether the unit was a house, apartment, or townhome/duplex.
- 2. Print the address of the completed unit.
- 3. If participants completed one unit at the address, mark No. If they completed more than one unit, mark Yes and describe.
- 4. Mark the type of work participants completed. If marking Other, describe the work.

SECTION 3: Complete this section regardless of the number of housing units completed during the Reporting Period.

- 1. Print the total number of units completed during the Reporting Period. If the total is 0, print 0.
- 2. Print the name, title, and email address of the organization signatory (e.g., Jane Smith, CEO, jsmith@xyz.org).
- 3. Sign the document.
- 4. Print the date of submission to DOL.

OMB No.: 1205-0464 OMB Expiration Date: 11/30/2027 OMB Burden Hours: 30 minutes throughout the life of the grant 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. This collection of information is required for grant application and work site approval. 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 the Workforce Innovation and Opportunity Act Public Law 113-128 Sec. 171. 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, Employment and Training Administration, Office of Workforce Investment, Division of Youth Services, Room N4508, 200 Constitution Avenue, NW, Washington, D.C. 20210.

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SECTION 1

Grantee Organization Name & Address:	
Grant Number:	
Reporting Period:	August 1 – July 31, 20 Check if this is the final report for the grant: □
SECTION 2	
Unit #1	Completed in: Month Year □ House □ Apartment □ Townhome/Duplex
Address:	
Did participants complete multiple units at this address?	□ No □ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Unit #2	Completed in: Month Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units at this address?	□ No □ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Unit #3	Completed in: Month Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units at this address?	□ No □ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):

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Unit #4	Completed in: Month Year
	☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units at this address?	□ No □ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Unit #5	
	Completed in: Month Year
	☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units at this address?	□ No □ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Unit #6	
Unit #6	Completed in: Month Year
	Completed in: Month Year House
Unit #6 Address:	
Address: Did participants complete multiple units	☐ House ☐ Apartment ☐ Townhome/Duplex
Address: Did participants complete multiple units at this address? What type of work did participants complete? SECTION 3	☐ House ☐ Apartment ☐ Townhome/Duplex ☐ No ☐ Yes (describe):
Address: Did participants complete multiple units at this address? What type of work did participants complete? SECTION 3 Total number of units completed during Reporting Period:	☐ House ☐ Apartment ☐ Townhome/Duplex ☐ No ☐ Yes (describe):
Address: Did participants complete multiple units at this address? What type of work did participants complete? SECTION 3 Total number of units completed during Reporting Period: Organization Signatory:	☐ House ☐ Apartment ☐ Townhome/Duplex ☐ No ☐ Yes (describe):
Address: Did participants complete multiple units at this address? What type of work did participants complete? SECTION 3 Total number of units completed during Reporting Period: Organization Signatory: * print name, title, & email address	☐ House ☐ Apartment ☐ Townhome/Duplex ☐ No ☐ Yes (describe):
Address: Did participants complete multiple units at this address? What type of work did participants complete? SECTION 3 Total number of units completed during Reporting Period: Organization Signatory:	☐ House ☐ Apartment ☐ Townhome/Duplex ☐ No ☐ Yes (describe):