

Disabled

COMMUNITY DEVELOPMENT BLOCK GRANT QUARTERLY PERFORMANCE REPORT STATISTICAL INFORMATION FOR NONPROFIT AGENCY PROJECT/PROGRAM

FISCAL YEAR							
AGENCY NAME:			CONT	RA	CT #:		
PROJECT TITLE:							
PREPARER'S NAME:							
EMAIL:			PHONE:				
			FHONE.				
REPORTING PERIOD: July 1 – Sept. 30 Oct.	1 – Dec. 31		Jan. 1 – Mar 3	0	☐ Apr	1 – Jun 30	
ANNUAL ACCOMPLISHMENT GOAL (# of people served):							
DIDECT DENEETS INFORMATION //					ID)		
I. DIRECT BENEFITS INFORMATION (Keep year to date running	ig total for al	inuai rej			,		
		NUMBER OF PE					
N D 10 1/ 1 F ()	Curi	ent Rep	oorting Period		Year-t	o-Date	
New People Served (unduplicated)							
Income							
Extremely Low Income							
Low Income							
Moderate Income							
Above Moderate Income							
	Total						
			1			T	
D	T	-1 NI-	Hispanic		Tatal Nia	Hispanic	
Race	101	al No.	Ethnicity		Total No.	Ethnicity	
American Indian or Alaska Native Asian							
Black/African American							
Native Hawaiian or Other Pacific Islander							
White							
American Indian or Alaska Native and White							
Asian and White							
Black/African American and White							
American Indian or Alaska Native <u>and</u> Black/African American							
Other Multiples Races							
	Total						
Famala Haad of Harrachald			1				
Female Head of Household							
Homeless							
Coniora	İ						
Seniors							

Only Report on unduplicated first time clients. If they are repeat participants, you can only count them one time at the beginning of their participation. In order to count a participant as a beneficiary, you must have a Beneficiary Qualification Statement/Intake Form on file.

New People Served, Total Income, and Total Race should all equal to the same number.

I.	BENCHMARK (as reflected in the submitted Performance Based Reporting Formula worksheet)
	Target to be Served:
	Number Actually Benefitting this Quarter: TOTAL SERVED TO DATE:
L	
III.	ACTIVITY PERFORMANCE
	Describe specific work task and quantified accomplishments related to the specified benchmark achieved for this reporting period. If activity has not achieved proposed goals, an explanation must be provided.
IV.	PROGRESS REPORT
	Describe success or problems encountered with the project.
V.	PROBLEMS OR CONCERNS Anticipated problems or concerns with the project with which the City of Chino Hills could assist.
	Anticipated problems of concerns with the project with which the City of Chino Filis codid assist.