

CDBG-PS QUARTERLY PROGRESS REPORT

Agency Name:		Contact Person:	
Project Name:		Telephone Number:	
Grant #:	B23-MC-17-0025	Email Address:	
Date:			

REPORT FOR QUARTER ENDING: (check one)

7/31
 10/31
 1/31
 4/30

Please note: The CDBG program year begins May 1. Each quarterly report needs to include cumulative data beginning from the start of the program year May 1.

- 1. Please list the outcome goal(s) from your approved application & subrecipient agreement and indicate your progress in meeting those goals since May 1:**

Outcome Goals (list the outcome goal(s) from your approved application and subrecipient agreement:

Goal Progress (indicate the progress to date in meeting each outcome goal)

- 2. What is the total number of UNDUPLICATED clients served this quarter?**

- 3. What is the total number of UNDUPLICATED clients served since May 1?**

- 4. How many UNDUPLICATED clients served since May 1 were residents of:**

North Chicago

Waukegan

Remainder of Lake County (outside Waukegan/North Chicago)

Outside of Lake County

Complete EITHER question #5 OR #6. Complete question #5 if your program only serves clients in one or more of the listed HUD Presumed Benefit categories. Complete question #6 if any client in your program does not fall into a Presumed Benefit category. The total number of clients served since 5/1 should be listed in EITHER question #5 or question #6.

DO NOT COMPLETE BOTH QUESTION 5 AND 6.

Indicate the total number of UNDUPLICATED persons served since May 1 who fall into each category (the total should equal the total in question #3):

5. Presumed Beneficiary Data				6. Income Eligible Beneficiary Data				
Reported as (check one):				Reported as (check one):				
<input type="checkbox"/>	Individuals		<input type="checkbox"/>	Households		<input type="checkbox"/>	Households	
Category	Number Served			Category	Number Served			
	Lake County	North Chicago	Waukegan		Lake County	North Chicago	Waukegan	
Abused Children				Extremely Low Income (0 – 30%)				
Homeless Person				Low/Mod Income (31 – 50%)				
Battered Spouses				Moderate Income (51 – 80%)				
Persons w/ HIV/AIDS				Above Low/Mod Income (>80%)				
Elderly Persons				TOTAL				
Illiterate Adults								
Severely Disabled Adults								
TOTAL								

7. Racial & Ethnic Data:

Please indicate how many *UNDUPLICATED* clients served since May 1 fall into each race category. In addition to each race category, please indicate how many persons in each race category consider themselves Hispanic (Total Race column should equal the total in question #3).

Race				Ethnicity			
Category	Number Served			Category	Number Served		
	Lake County	North Chicago	Waukegan		Lake County	North Chicago	Waukegan
White				of whom, how many are Hispanic?			
Black/African American				of whom, how many are Hispanic?			
Asian				of whom, how many are Hispanic?			
American Indian/Alaska Native				of whom, how many are Hispanic?			
Native Hawaiian/Other Pacific Islander				of whom, how many are Hispanic?			
American Indian/Alaskan Native & White				of whom, how many are Hispanic?			
Asian & White				of whom, how many are Hispanic?			
Black/African American & White				of whom, how many are Hispanic?			
Am. Indian/Alaska Native & Black/African Am.				of whom, how many are Hispanic?			
Other Multi-Racial				of whom, how many are Hispanic?			
Other				of whom, how many are Hispanic?			
TOTAL				TOTAL			

I certify the above to be an accurate and true representation of the persons served by my organization.

Signature: _____

Title: _____