

Project Name:

Organization Name:

CDBG Contract Number(s):

Contact Person Name & Title:

Email / Phone:

Signature:

Date:

Period Covered by Report:

Has the project experienced any turnover of key personnel (ex: Program Director, multiple case managers or staff workers, etc) in the past year? Please explain and describe.

Identify the anticipated project goals:

What are the actual/measurable accomplishments of the project to date?

Has the project experienced any difficulties in accomplishing it's goals (whether anticipated or unanticipated)?

Total Number of Unduplicated Persons Assisted:

Income levels:

Total Persons Assisted 0 – 30% AMI (0 - 25,350):

Total Persons Assisted 31-50% AMI (25,351 - 42,200):

Total Persons Assisted 51-80% AMI (42,201 - 67,500):

Total Persons Assisted 80% + AMI (67,501 and above):

Who is your intended client group and did you serve that group?

Has your organization decreased, kept the same level, or increased, its level of service in the last fiscal year? Please explain.

Has your organization expended \$750,000 or more of federal funds in this fiscal year? Is a Single Audit (aka A-133 audit) required? Were there any findings in the most recent audit report?

Is a current certificate of insurance on file?

Does your agency maintain records that identify the following:

Income verification:

Presumed Benefit Status (ex:
domestic violence victim,
homeless, etc):

Female headed household:

Race:

Ethnicity:

Disability Status:

