



## CDBG Quarterly Report

Name of organization: \_\_\_\_\_ Phone \_\_\_\_\_

Name of project: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date \_\_\_\_\_

**1) Which Period are you submitting this report for? Please circle the appropriate quarter**

- A. Quarter 1 (1<sup>st</sup> Dec to Feb 28<sup>th</sup>)
- B. Quarter 2 (1<sup>st</sup> March – May 31<sup>st</sup>)
- C. Quarter 3 (1<sup>st</sup> June – Aug 31<sup>st</sup>)
- D. Quarter 4 (1<sup>st</sup> Sep – Nov 30<sup>th</sup>)

**2) Have your requested funds for this program year yet?**

- A. Yes
- B. No

**3) If you answered “No” above, please indicate when you plan to submit your request and provide other explanation as necessary**

**4) What short-term goals and objectives have you achieved this quarter?**

**5) Have you documented client eligibility? If so, how? If not, how do you plan to?**

**6) What challenges (if any) have you experience during the quarter?**



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Name of Subrecipient (Agency) \_\_\_\_\_ Quarter \_\_\_\_\_

Please complete the following table and questions  
**Do not duplicate data from prior reports. Service projects** – only report on **new** clients in the table.  
**Housing projects:** only give data for housing units that are completed & occupied in the table below.

Race and Ethnicity	Beneficiaries/Clients served			
	Number of Persons	Number of Households	Number of Persons Hispanic	Number of Households Hispanic
American Indian/Alaska Native				
Asian				
Black/African American				
White				
American Indian/Alaska Native and White Asian <b>and</b> White				
Asian <b>and</b> White				
Black/African American <b>and</b> White				
American Indian/ALASKA Native and Black African/American				
Other				
<b>Total Beneficiaries*</b>				
Income Category of Beneficiaries/Clients served				
Very Low Income				
Low Income				
Moderate Income				
Not low & moderate income				
<b>Total Beneficiaries*</b>				
Household Composition				
Female headed Households				
Elderly Households				
Persons with Disabilities				

\*Note: total number of beneficiaries must be the same in both categories.



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7) Do you have any additional comments?

I certify that the information contained in this request for payment and progress report is true and accurate

\_\_\_\_\_  
Signature of agency Director or authorized official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**.....

Date received \_\_\_\_\_