

CDBG Quarterly Progress Report – **Public Service Activities**

Reports are due quarterly on or before the 7<sup>th</sup> day following the end of the quarter:

Reporting Schedule:	For Period		Due	For Period		Due
	1st Quarter: (July 1 - Sept 30)		Oct 7	3rd Quarter: (Jan 1 - Mar 31)		Apr 7
	2nd Quarter: (Oct 1- Dec 31)		Jan 7	4th Quarter: (April 1 - June 30)		Jul 7

Report Date: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Persons Served by Income Level				
	30% AMI	50% AMI	80% AMI	Over 80% AMI
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				
<b>Total for Year:</b>				



**Narrative:** *(Please describe activities and actions taken each quarter towards meeting project goals; include any challenge and accomplishments, attach page if text does not fit in box):*

**Other (Non-CDBG) Funds Contributing the Project** *(attach if necessary):*

Source of funds	Amount

Performance Measurements	# of Persons served			
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
<i>Please do not count person(s) more than once</i>				
Number of Persons with <b>NEW</b> Access to service:				
Number of Persons with <b>Continuing</b> Access to service:				
Number of Persons that receive a service that is no longer substandard:				
<b>Totals:</b>				
Persons aged 62 years or older:				
Homeless or previously homeless served:				
Unemployed or previously unemployed				
Persons served meeting the census bureau definition of disabled				

**Beneficiary Information by Race & Ethnicity**

Indicate Number by Race & Ethnicity	1st Qtr	Hispanic or Latino	2nd Qtr	Hispanic or Latino	3rd Qtr	Hispanic or Latino	4th Qtr	Hispanic or Latino	Yearly Total	Total Hispanic/Latino
11-White										
12-Black or African American										
13- Asian										
14-American Indian or Alaska Native										
15-Native Hawaiian or Other Pacific Islander										
16-American Indian or Alaska Native & White										
17-Asian & White										
18- Black African American & White										
19-American Indian/Alaska Native and Black/African American										
20-Other Multi-Racial										

**CERTIFICATION:**

As an authorized signer for \_\_\_\_\_, I, by completing the section below, do hereby certify,

Under penalties of law, that the information contained in this report is true and accurately reflects the progress and status of the project/program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Please submit via email: [elizabeth.jenkins@town.barnstable.ma.us](mailto:elizabeth.jenkins@town.barnstable.ma.us) or to Planning & Development Dept., 367 Main Street, Hyannis, MA on or before the 7<sup>th</sup> of the month following the end of the quarter.