

CDBG Quarterly Progress Report – Housing Rehab Activities

Reports are due quarterly on or before the 7th 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 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				
Total for Year:				

*Income verification and
Declaration of Citizenship
forms required -
Please attach*

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

Lead Paint Requirements: (subject to 24 CFR Part 35 Subpart J)					# of Units
Number of Housing units constructed before 1978					
Number of Housing units constructed 1978 or later (exempt)					
Date Lead Paint Applicability form was submitted to PDD (required for all projects)					
Date Lead Inspection Report submitted to PDD (for properties triggering compliance)					
Hard costs <=\$5,000: Comply with Lead Safe Work Practices (24 CFR 35.930(b))					
\$5,000-\$25,000: Comply with Interim Controls or Standard Practices (24 CFR 35.930(c))					
>=\$25,000: Full Abatement (24CFR 35.93(d)) required					
Performance Measurements	Number of Housing Units				
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Totals
Number of Housing units constructed before 1978					
Number of Housing units constructed 1978 or later					
Affordable Units					
Section 504 Accessible Units					
Brought from Substandard to Standard (HQS or Local Code)					
Units Qualified as Energy Star					
Brought into Compliance with Lead Safety Rules 24 CFR Part 35					
Units Created through conversion on non-residential unit					
Occupied by elderly persons					
Years of Affordability Guaranteed					
Units Subsidized with Project-Based Rental Assistance by another Federal, State or Local Program					
Units Designated for Persons with HIV/AIDS including units receiving assistance for operations					
Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless					
Permanent Housing Units Designated for Homeless Persons/Families, including units receiving assistance for operations					
Of Permanent Housing Units for homeless, Number for Chronically Homeless					

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 or to Planning & Development Dept., 367 Main Street, Hyannis, MA on or before the 7th of the month following the end of the quarter.