Form OCM-003
8/17/04

City of Harrisonburg
CDBG Quarterly Progress Report

Report for Quarter Ending: ☐ September 30 ☐ December 31 ☐ March 31 ☐ June 30 (FINAL REPORT)

Agency Name: _____ Contact Person: _____

Project Title: _____ Project #: _____ Phone #: _____

CLIENT DATA TABLE

	THIS QUARTER		YEAR TO DATE	
ETHNICITY	**PERSONS**	**HOUSEHOLDS**	**PERSONS**	**HOUSEHOLDS**
Hispanic				
Non-Hispanic				
TOTAL				

RACE	**PERSONS**	**HOUSEHOLDS**	**PERSONS**	**HOUSEHOLDS**
White				
Black / African American				
Asian				
American Indian / Alaskan Native				
Native Hawaiian / Other Pacific Islander				
Black / African American & White				
Asian & White				
American Indian / Alaskan Native & White				
American Indian / Alaskan Native & Black / African American				
Other Multi-Racial				
TOTAL				

GENDER	**PERSONS**	**HOUSEHOLDS**	**PERSONS**	**HOUSEHOLDS**
Male				
Female				
TOTAL				

	THIS QUARTER		YEAR TO DATE	
HOUSEHOLD INCOME	**PERSONS**	**HOUSEHOLDS**	**PERSONS**	**HOUSEHOLDS**
Extremely Low Income (0-30% AMI)				
Very Low Income (31-50% AMI)				
Low and Moderate Income (51-80% AMI)				
TOTAL				

OTHER REQUIRED DATA	**PERSONS**	**HOUSEHOLDS**	**PERSONS**	**HOUSEHOLDS**
Homeless				
Female-Headed Households				
Elderly				
Migrant Farm Workers				
Mentally Disabled Adults				
Physically Disabled Adults				
Abused Children				
Battered Spouses				
Illiterate Adults				
Persons Living with AIDS				
TOTAL				

*****SUBRECIPIENT MUST ATTACH NARRATIVE AS OUTLINED ON PAGE FOUR*****

I certify that the information contained in this report (both in the client data table and in the narrative) is accurate, and the project is operating in accordance with the terms and conditions set forth in the AGREEMENT by and between the City of Harrisonburg and the above-named agency which I represent.

Name of Agency Director:		**Phone:**	
Signature of Agency Director:		**Date:**	

INSTRUCTIONS FOR CLIENT DATA TABLE

***NOTE - For housing activity or other activity that benefits whole families, please report # of households in addition to # of persons, where applicable.**

New Data Collection Requirements

The Office of Management and Budget (OMB) significantly revised standards for Federal agencies, including HUD, that collect, maintain, or report Federal data on race and ethnicity for statistical purposes, program administrative reporting, or civil rights compliance reporting. Under the revised policy, HUD must offer respondents the option of selecting *one or more* of five racial categories. HUD must treat ethnicity as a category separate from race, and change terminology for certain racial groups and ethnic groups.

Due to what was learned from conducting the 2000 Census, OMB recommends that when collecting this data, grantees must ask respondents to identify their *ethnicity* prior to asking them to identify their race.

Definitions:

Ethnicity Choices (select only one) : The ethnicity question should *precede* the race question.

Hispanic or Latino: **A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term,** *Spanish origin***, can be used in addition to** *Hispanic* **or** *Latino***.**

OR

Not Hispanic or Latino: **A person** *not* **of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.**

Race Choices

The five racial categories according to OMB are defined as follows:

1. **American Indian or Alaska Native**
   A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. **Asian**
   A person having origins in any of the original peoples of Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. **Black or African American**
   A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander**
   A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White**
   A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

INSTRUCTIONS FOR NARRATIVE

Please complete the narrative section of the quarterly report on separate sheets. The narrative should consist of separate sections, numbered to correspond with the following items to be discussed:

1. **Describe all project activities that have taken place *during this reporting period*, including all outreach activities and public participation events.**
2. **Describe how objectives specified for achievement by the end of this reporting period (per Subrecipient Action Plan) have been met, OR describe the obstacles that have prevented those objectives from being met, how those obstacles are being addressed, and provide a new anticipated date of completion for those objectives.**
3. **Provide a description and the dollar amount of CDBG funds expended to date (*not just this reporting period*) and the dollar amount of those funds that have already been reimbursed by the City.**
4. **Provide a description and the dollar amount equivalent of matching funds (including in-kind) expended to date (*not just this reporting period*).**
5. **Describe any anticipated problems or obstacles and a plan for how those future obstacles will be addressed.**
6. **Discuss other issues as needed.**
7. **Attach photographs, newspaper/media clippings, additional reports, and other supportive information or documentation.**

If this is the FINAL REPORT, you must also include the following:

8. **Discuss the project's successes and weaknesses.**
9. **Compare projected accomplishments and objectives to actual accomplishments and goals achieved, including reasons for any discrepancies between the two.**
10. **Provide a dollar amount of CDBG funds and/or matching funds that were not expended and reasons why.**
11. **Describe any resources that were leveraged with CDBG funds, including any matching funds or donations that would not have been received without CDBG assistance.**
12. **Identify any future related projects that may be eligible for CDBG assistance.**
13. **Identify problems or concerns with the City CDBG Program and discuss suggestions for improvement.**

MAIL PROGRESS REPORT (and all supporting documentation) TO:

Kimberly L. Alexander
Block Grant Coordinator
Office of City Manager
City of Harrisonburg
345 South Main Street
Harrisonburg, VA 22801

PROGRESS REPORT IS DUE NO LATER THAN 4:30 PM,
14 DAYS AFTER THE DATE CHECKED AT THE TOP OF PAGE 1 OF THIS FORM