



**City of Albany
Community Development Block Grant Program
Subrecipient Quarterly Report Form**

Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
cdbg@albanyoregon.gov
www.albanyoregon.gov/cdbg

Agency Name		Project Activity	
Agency Address		Telephone	Fax
Contact Person (Name/Title)		E-mail Address	
Quarterly Report Period (check one) <input type="checkbox"/> July 1 – Sept 30 <input type="checkbox"/> Oct 1 – Dec 31 <input type="checkbox"/> Jan 1 – Mar 30 <input type="checkbox"/> Apr 1 – June 30			Year
Signature		Date	

I. Total number of NEW households served this quarter (include all potential applicants):

Total number of new clients that are eligible for housing rehab loans or grants: _____

Total number of new loans moving forward: _____

II. Activity/Program Status. Provide a brief summary of progress on meeting goals and performance measures described in your application and CDBG contract.

a) Total number of housing units in rehabilitation: _____

b) Total number of housing units completed: _____

Comments:

If there has been little or no progress to report, please explain:

c) the circumstances and challenges; and

d) outline plans, steps and strategies to complete activity/address issues (attach additional pages or complete form in word).

III. Please calculate and describe any program match provided (other sources of funds, staff time, volunteers, etc.).

CDBG funds spent this quarter:

Value of match this quarter: _____

IV. Program Income. Please list the amounts of any repaid loan funds received during the quarter, and the property address for the repaid funds. Please estimate when and how these funds will be used.

V. Please briefly describe the benefits that Albany CDBG funds have provided to your program/activity.

VI. **Feedback/Other:** Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

VII. **HUD Performance Outcome Measurement System:** Please report the total number of **UNDUPLICATED** households served **THIS quarter** in the following tables:

Households Assisted by this CDBG-Funded Activity

	No.
Total Number of NEW Unduplicated Households Assisted	
Female Head of Household	
Elderly persons (65+)	

Income Status (% of Median Family Income "MFI")

	No.
Total Persons Assisted (0 – 30% MFI)	
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	

Race / Ethnicity of Persons Assisted

Race Categories	Race Totals	Ethnicity: Hispanic or Latino
American Indian/Alaska Native		
American Indian/Alaska Native and White		
Asian		
Asian and White		
Black/African American		
Black/African American and White		
Native Hawaiian/Other Pacific Islander		
White		
Other		
Total Number of Households Assisted		