

Quarterly Progress Report

January.	2019

Recipient:	ecipient: Contract #:										
Quarter Ending:	March June September December										
Local Contact: Contact's Telephone:											
Contact's E-mail Addr	ess:										
Table 1: Refer to Attac	chment A	of your	subgran	t agreem	ent to co	omplete	the table	below.			
Activity Number and Description	Unit	Units Completed		Beneficiaries Served		Very Low-Income Beneficiaries		Low-Income Beneficiaries		Moderate- Income Beneficiaries	
		This Quarter	Total to Date	This Quarter	Total to Date	This Quarter	Total to Date	This Quarter	Total to Date	This Quarter	Total to Date
(VII = 30.0% or less of Aven	rage Median	Income (A)	MI). LI =	30.01% –	50.0% of 2	AMI. MI	= 50.01%	- 80.0% oj	f AMI.)		
Table 2: Describe the completion.	urrent sta	tus of the	e project.	Report a	ıll accomp	olishment	ts and any	y problem	ns that ma	ay delay p	roject

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Table 3: Describe the Fair Housing activity that was conducted during the quarter, and list the date it was conducted and the number of people who participated in/were reached by the activity.					

Table 4: Enter the number of beneficiaries served by category						
Dage	Served t	this Quarter	Served to Date			
Race	All	Hispanic	All	Hispanic		
White						
Black/African American						
Asian						
American Indian or Alaskan Native						
Native Hawaiian/Pacific Islander						
American Indian or Alaskan Native and White						
Asian and White						
Black/African American and White						
American Indian/Alaskan Native and Black/African American						
Other Multi-racial						
Totals						
	Served this Quarter		Served to Date			
Female Heads of Households						
Elderly Beneficiaries						
Disabled Beneficiaries						

Table 5: Projected payment request for next quarter				
Quarter	Total amount expected to be requested			
January to March				
April to June				
July to September				
October to December				



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Instructions for Completing the Quarterly Status Report

Use the tab key to move between text fields, check boxes, and drop-down boxes. Left click on the appropriate check box to make an "X" appear.

Type in the Recipient name, contract number, and the local contact's name, telephone number and e-mail address. Left click on check box to indicate the appropriate month for the end of the quarter being reported and click on the drop-down box to get the year.

In Table 1, copy the activity numbers and descriptions and the units from Attachment A of your contract. Report the actual number of "Units Completed," "Beneficiaries Served," "Very Low-Income Beneficiaries" "Low-Income Beneficiaries," and "Moderate-Income Beneficiaries" for the quarter being reported and for the project period to date.

(Very Low Income = 30.0% or less of AMI. Low Income = 30.01% - 50.0% of AMI. Moderate Income = 50.01% - 80.0% of AMI.)

In Table 2, describe what was done during the quarter. Report all accomplishments. If problems were encountered during the quarter, such as a delay in getting permits issued or bad weather, that might affect the project timeline, include them in the narrative.

In Table 3, list the Fair Housing activity that was conducted during the quarter. Include the date and location of the activity and the number of people that participated in the event.

In Table 4, give a breakdown of the beneficiaries that were served during the quarter and for the entire project period to date by race and other indicated categories.

In Table 5, check the appropriate quarter and use the drop-down box to select the year. Then list the estimated dollar amount that will be requested during the new quarter.

Save the report under a new file name and then e-mail a copy to your grant manager. Ask for a return receipt to confirm that your grant manager received the e-mail. You can also mail a hard copy to your grant manager at the address below:

Department of Economic Opportunity Small Cities CDBG Program 107 East Madison Street – MSC 400 Tallahassee, Florida 32399-6508