

# City of Chicopee

## FY 2018-2019 CDBG Report

Agency: \_\_\_\_\_ City Contract #: \_\_\_\_\_

Program Name: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Project Performance Measure: \_\_\_\_\_ Report Type:  Households  Persons

### 1. QUARTERLY OUTCOMES:

	Performance Period	Unduplicated Count
Q1	Quarter: July 1 – September 30	
Q2	Quarter: October 1 – December 31	
Q3	Quarter: January 1 – March 31	
Q4	Quarter: April 1 – June 30	
YEAR TO DATE TOTAL		

### 2. INCOME DATA

	Performance Period	Income
Q1	Quarter: July 1 – September 30	Extreme Low (<30%) _____ Low (<50%) _____ Moderate (<80%) _____ Non-Low (>80%) _____ Total _____
Q2	Quarter: October 1 – December 31	Extreme Low (<30%) _____ Low (<50%) _____ Moderate (<80%) _____ Non-Low (>80%) _____ Total _____
Q3	Quarter: January 1 – March 31	Extreme Low (<30%) _____ Low (<50%) _____ Moderate (<80%) _____ Non-Low (>80%) _____ Total _____
Q4	Quarter: April 1 – June 30	Extreme Low (<30%) _____ Low (<50%) _____ Moderate (<80%) _____ Non-Low (>80%) _____ Total _____
YEAR TO DATE TOTAL		

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### 3. RACIAL DATA

	Performance Period	Total Race	Total Hispanic
Q1	Quarter: July 1 – September 30	White _____ African American _____ Asian _____ African American & White _____ Other: Multi-Racial _____ Total _____	_____ _____ _____ _____ _____ Total _____
Q2	Quarter: October 1 – December 31	White _____ African American _____ Asian _____ African American & White _____ Other: Multi-Racial _____ Total _____	_____ _____ _____ _____ _____ Total _____
Q3	Quarter: January 1 – March 31	White _____ African American _____ Asian _____ African American & White _____ Other: Multi-Racial _____ Total _____	_____ _____ _____ _____ _____ Total _____
Q4	Quarter: April 1 – June 30	White _____ African American _____ Asian _____ African American & White _____ Other: Multi-Racial _____ Total _____	_____ _____ _____ _____ _____ Total _____
YEAR TO DATE TOTAL			

### 4. OUTCOME REPORT: *Detail all actions and accomplishments related to the contract Outcome Measures*

1.
2.
3.

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**5. ACTIVITY REPORT** – Detail actions initiated and completed this quarter. Copies of all outreach, advertising and program material must be attached. *For example, 1. Outreach conducted on Oct 23 at Central Library; 2. Enrolled 40 households during the quarter*

1.

2.

3.

**6. CHANGES TO SCOPE, SERVICES PROVIDED, BUDGET OR TIMELINE** – DETAIL ANY Anticipated amendment or modification to problems or concerns with the project.

### **7. CONTACT PERSON REGARDING THIS REPORT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I hereby certify that information within this report is true and accurate:

Signed: \_\_\_\_\_

Date

By its: \_\_\_\_\_

Title