

City of Chicopee

FY 2019-2020 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