



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

Community Development Dept.  
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[www.cityofalbany.net/cdbg](http://www.cityofalbany.net/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. Activity/Program Status.** Provide a brief summary of progress on meeting goals and performance measures described in your application and CDBG contract.

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

- a) the circumstances and challenges; and
- b) outline plans, steps, and strategies to complete activity/address issues (attach additional pages or complete form in word).

**II. Do you see any obstacles to completing the performance measures for the activity/program within the contract period?**

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

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

VI. Total number of unduplicated (new) clients served this quarter: \_\_\_\_\_

VII. **HUD Performance Outcome Measurement System:** Please report data about the **NEW UNDUPLICATED** people served THIS quarter in the following tables:

**Persons Assisted by this CDBG-Funded Activity**

	No.
<b>Total Number of Unduplicated Persons Assisted</b>	
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (62+)	
Presumed Benefit Clientele	

**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	Ethnicity:
	Totals	Hispanic or Latino
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White		
<b>Total Number of Persons Assisted</b>		