



**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  
[anne.catlin@cityofalbany.net](mailto:anne.catlin@cityofalbany.net)  
[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 is 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 (or households) 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.
Extremely Low Income (0 – 30% MFI)	
Very Low Income (31– 50% MFI)	
Low Income (51 – 80% MFI)	
Over (81% MFI or above)	

**Race / Ethnicity of Persons or Households Assisted**

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

\* NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are “American Indian or Alaska Native.”