

Example City of Aurora CDBG QPR

CITY OF AURORA - COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Calendar Year

Subrecipient Quarterly Progress Report Form

Project Number:

Agency:

IDIS:

Activity:

DATE STAMP - Rec'd by CDD

Staff initial/Date:

The QPR must be emailed in its original EXCEL format to CDD. Please do not send file in PDF format.

CLIENT TOTAL SECTION: Reporting based on PEOPLE served- NUMBERS MUST BE UNDUPLICATED

This report covers (mark with "X"):	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Annual
Period:	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31	1/1 - 12/31
Due Date:	April 10th	July 10th	October 10th	January 10th	January 20th

UNDUPLICATED NUMBERS	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Annual Total
Total Number of PEOPLE Served:					0
Total Number of Female Headed Households:					0
Total Number of Elderly (62+ years of age):					0
Total Number located within NRSA Boundaries					0

RACE/ETHNICITY: <i>(See p. 13 of the CDBG Subrecipient Manual regarding the reporting classifications.)</i>	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		Annual Total		Total
	Hispanic/ Latino	Not Hispanic/ Latino	Hispanic/ Latino	Not Hispanic/ Latino	Hispanic/ Latino	Not Hispanic/ Latino	Hispanic/ Latino	Not Hispanic/ Latino	Hispanic/ Latino	Not Hispanic/ Latino	
White									0	0	0
Black/African American									0	0	0
Asian									0	0	0
American Indian/Alaskan Native									0	0	0
Native Hawaiian/Other Pacific Islander									0	0	0
American Indian/Alaska Native AND White									0	0	0
Asian AND White									0	0	0
Black/African American AND White									0	0	0
American Indian/Alaska Native AND Black/African American									0	0	0
Balance of individuals reporting more than one race/other combinations									0	0	0
SubTotal:	0	0	0	0	0	0	0	0	0	0	
Total Number (Must match Total Number reported under "Income"):	0		0		0		0		0		
<i>Data entry check</i>	OK		OK		OK		OK		OK		

INCOME LEVEL:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Annual Total
Below 30%					0
Between 30% - 50%					0
Between 50% - 80%					0
Income above 80%					0
Total Number (Must match Total Number reported under "Race/Ethnicity"):	0		0		0
<i>Data entry check</i>	OK		OK		OK

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Outcome Performance Measures: Describe your accomplishments during the reporting period, based on your outcome performance measures. *(700 character limit - use additional sheets if necessary)*

Q1	
Q2	
Q3	
Q4	

Implementation Schedule: Report on the status of your program/project implementation *(700 character limit - use additional sheets if necessary)*

Q1	
Q2	
Q3	
Q4	

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Additional Information: (700 character limit - use additional sheets if necessary)

Q1	
Q2	
Q3	
Q4	

AGENCY CERTIFICATION:

By entering initials and date below, the Executive Director (or equivalent) certifies that the information contained in this report is true and accurate.

1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
Initials		Date		Initials		Date		Initials		Date		Initials		Date	