

COUNTY OF NORTHAMPTON GRANTEE PERFORMANCE AND EVALUATION REPORT: ACTIVITY BENEFIT

For CDBG, HOME, and AHP Grantees

Report Period: <input type="checkbox"/> Oct 1 - Mar 30 <input type="checkbox"/> Apr 1 - Sept 30 Year: _____		<input type="checkbox"/> Interim Report <input type="checkbox"/> Final Report (provide cumulative totals for entire project)			
(due Apr 30th) (due Oct 30th)					
Funding Source: <input type="checkbox"/> CDBG <input type="checkbox"/> HOME <input type="checkbox"/> AHP					
Municipality/Agency: _____	Project Name: _____	Project Contract Year(s): _____	Project Contract Amount: _____	Prepared by: _____	Submission Date: _____

"Direct Benefit" Projects: Applies to CDBG-funded housing rehab, direct client assistance and projects qualified by income surveys AND all HOME & AHP funded projects (ESG must be reported in HMIS)

# of Households benefitted by project	# of persons benefitted by project	Enter the total # of people benefitting from this project for each of the five categories below. The totals for the categories Income, Race, Ethnicity & Age must equal the # of persons benefitting from the project.														
		INCOME				RACE										
		Extremely low income (0-30%)	Very low Income (30-50%)	Low-Mod income (50-80%)	Non-mod income (80% +)	White	Black/African-American	Asian	American Indian/Alaskan	Native Hawaiian/Pac.	Am Indian, Pac. Islander AND White	Asian AND White	Black/African-American AND White	American Indian/Alaskan Native AND	Asian/Pacific Islander	Other multi-racial

# of Households benefitted by project	# of persons benefitted by project	ETHNICITY			HEAD OF HH	SUBPOPULATIONS SERVED								AGE				
		Hispanic (any race)	Non-Hispanic (any race)	Unknown *	Female Headed HH	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Other Disability	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	Elderly	Not Applicable	Adults	Minor Children	Unaccompanied Youth	Unknown *

* Anyone reporting 10% or more of clients as "Unknown" under any category must explain why the number was not captured in the Narrative section of the report. Consistent reporting of "Unknown" data will be used as a factor in future funding determinations as an indicator of Program Capacity.

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Briefly describe accomplishments during this Reporting Period. Provide data on the services provided (ie: # rehabs, persons provided mortgage assistance, etc.) If no activity occurred, provide an explanation as to why and a plan for implementing services during the next Reporting Period.

Submit this Performance Report Form along with the Fiscal Status Report to your appropriate grant manager at the Northampton County DCED