



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
QUARTERLY EXPENDITURE AND PROGRESS REPORT
FY 20 _____

Reporting Period:

☐ 1st Quarter [Jan-Mar] ☐ 2nd Quarter [Apr-Jun] ☐ 3rd Quarter [Jul-Sept] ☐ 4th Quarter [Oct-Dec] / Annual Report

Section I: General Information

Recipient Name (Organization): _____

Contact Person (Name & Title): _____ Telephone Number: _____

Activity Name (Project Title): _____

Activity Address: _____

Activity Description: _____

IDIS #: _____ Index Code: _____ Funding Source: _____ Funded Amount: \$ _____

Activity Category:

☐ Administration ☐ Capital Improvement ☐ Economic Development ☐ Historic Preservation ☐ Public Service
☐ Housing ☐ Homebuyer Assistance ☐ Tenant-Based Rental Assistance (TBRA) ☐ Homeless Housing

Objective: ☐ Create suitable living environments ☐ Provide decent affordable housing ☐ Create economic opportunities

Outcome: ☐ Availability/Accessibility ☐ Affordability ☐ Sustainability

Section II: Financial Information At the time the Awardees has been paid or otherwise received fifty percent (50%) and seventy percent (70%) of the Agreement Funds, the Awardees reporting these expenditures must submit documentation to show that Awardees has accomplished 50% and 70%, respectively, of the Activities described herein.

A	B	C	D	E	F	G	H
Category	Approved Budget	Total Expended [This Quarter]	Actual Expenditures Cumulative [Through end of this quarter]	Reimbursed Cumulative [Through end of this quarter]	Cumulative Percentage [B & D]	Projected Expenditures [Next Quarter]	Projected Cumulative Expenditures [By end of Contract Period]
Personnel	\$	\$	\$	\$	%	\$	\$
Contractual	\$	\$	\$	\$	%	\$	\$
Operating Costs	\$	\$	\$	\$	%	\$	\$
Commodities	\$	\$	\$	\$	%	\$	\$
Capital Outlay	\$	\$	\$	\$	%	\$	\$
TOTAL	\$	\$	\$	\$	%	\$	\$

Program Income The disposition of Program Income not specifically listed in the approved Program Income budget requires prior written approval from PHCD.

- Does this activity generate Program Income? ☐ Yes ☐ No
- If yes, indicate the amount generated this quarter. \$ _____
- If yes, was written approval granted by PHCD to use the Program Income generated from this activity?
☐ Yes ☐ No ☐ N/A
- If yes, @ attach copy of approval letter and related documents. If no, a written request for approval to use the Program Income must be submitted to PHCD.



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
QUARTERLY EXPENDITURE AND PROGRESS REPORT
FY 20 _____

ACTIVITY STATUS AND ACCOMPLISHMENT INFORMATION

1. Activity Status: ☐ Cancelled ☐ Underway ☐ Completed
2. Environmental Status: ☐ A=Exempt ☐ C=Completed ☐ D=Underway
3. Is this activity still in compliance with the original project schedule? ☐ Yes ☐ No

Section III: ☐ **Work in Progress** [On-going Activities] ♦ ☐ **Accomplishment Narrative** [Activity Completed]

Check appropriate box and reference the Scope of Services, included in your contract, as the basis for reporting the work in progress or accomplished in a brief narrative format. [**Ⓜ Attach Scope of Services**]

Section IV: Other Supporting Efforts

Provide a description, using quantifiable data, of all other supporting efforts that have begun, partially implemented, or completed during this period.

Section V: Problems Encountered

Provide a brief description of any problems or delays encountered during this period or anticipated.

Section VI: Technical Assistance

If your organization has a need or anticipate a need for technical assistance during this period, please describe the nature of the assistance required.

Section VII: Performance Measurement

*Notes: A Supplemental Performance & Benefit Data Report must be submitted if any actual achievements are reported during this reporting period and all HOME funded projects must submit applicable activity set-up form.

Accomplishment Type: ☐ People [01] ☐ Households [04] ☐ Businesses [08] ☐ Organizations [09]
☐ Housing Units [10] ☐ Public Facilities [11] ☐ Jobs [13]

National Objective: ☐ Area Wide Benefit [e.g. LMA, LMAFI, LMASA, SBA] -or- ☐ Direct Benefit [e.g. LMC, LMH, LMJ]

People or Households ■ Achievements: ☐ Yes ☐ No

If yes, what is the accomplishment type? ☐ People -or- ☐ Households

	People		Households (LMH activities only)		
	Total People	Low / Mod	Total Households	Low / Mod	Female Headed
Projected Goal					
Actual This Quarter					
Actual Cumulative					

Supplemental Report Attached Y / N _____ Performance & Benefit Data:

☐ Housing –or– ☐ Public Service & Administration –or– ☐ Capital Improvement & Public Facilities



**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
QUARTERLY EXPENDITURE AND PROGRESS REPORT
FY 20 _____**

Housing Units ▪ Achievements: ☐ Yes ☐ No

	Owner	Rental	Buyer	Total
Projected Goal				
Actual This Quarter				
Actual Cumulative				

Supplemental Report Attached Y / N _____ ☐ Performance & Benefit Data: Housing

Jobs or Businesses ▪ Achievements: ☐ Yes ☐ No
If yes, what is the accomplishment type? ☐ Jobs -or- ☐ Businesses

	Total Job Count		Total Weekly Hours		Percent
Jobs Created	Full-Time (FT)	FT Low / Mod	Part-Time (PT)	PT Low / Mod	Low / Mod Jobs
Projected Goal					
Actual This Quarter					
Actual Cumulative					

Assistance to Businesses	Projected Goal	Actual This Quarter*	Actual Cumulative
New Businesses			
Existing Businesses			
Total			

Supplemental Report Attached Y / N _____ ☐ Performance & Benefit Data: Economic Development

PERFORMANCE CERTIFICATION: ☐ This certifies that No Accomplishments occurred during this Quarter.

Initials

NOTE: Submittal of Supplemental Form – Performance & Benefit Data is not required at this time based on the certification that no accomplishments occurred during this quarter.

CERTIFICATION

This is to certify that the data and other information provided in this Report is correct, based on official accounting system and records, and that expenditures and obligations shown have been made for the purpose of and in accordance with applicable Terms and Conditions of the Contract and Funding Requirements.

Report Prepared by: _____ Title: _____ Date: _____
Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

FOR PHCD USE ONLY

Activity IDIS Number: _____

Report ☐ is / ☐ is not complete ♦ Report ☐ is / ☐ is not accurate

Initial review for completeness and accuracy completed by – Name: _____
Project Manager

Name: _____ Date: _____
Supervisor

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/14/51712



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

PERFORMANCE & BENEFIT DATA: CAPITAL IMPROVEMENTS & PUBLIC FACILITIES

Supplement to Quarterly Expenditure & Progress Report

FY 20 _____

Recipient Name: _____

Activity Name: _____

IDIS # : _____ Activity Category: _____

HUD Activity Matrix Code: _____ Accomplishment Type: _____

HUD Matrix Code Description: _____

Reporting Period	
1 st Quarter [Jan-Mar]	<input type="checkbox"/>
2 nd Quarter [Apr-Jun]	<input type="checkbox"/>
3 rd Quarter [Jul-Sept]	<input type="checkbox"/>
4 th Quarter [Oct-Dec] / Annual Report	<input type="checkbox"/>

PROJECT TYPE:

- ☐ Acquisition / Disposition
- ☐ Clearance / Demolition
- ☐ Street Improvements
- ☐ Public Facility / Type: _____
- ☐ Building / Type: _____
- ☐ Other Capital Improvement /Type: _____
[indicate below]

MEASURES:

- ☐ Structures ♦ ☐ Parcels
- ☐ Structures ♦ ☐ Parcels
- Persons Served ♦ Low/Mod Income
- Persons Served ♦ Low/Mod Income
- Facilities ♦ Persons Served ♦ Low/Mod Income
- Persons Served ♦ Low/Mod Income

ACCOMPLISHMENT UNITS COMPLETED:

_____ # of Structures

_____ # of Parcels

_____ # of Facilities

_____ # of Persons Served

_____ # of Low/Mod Income

PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION

Instructions & Applicability: National Objectives include LMA & LMC activities with any 03 matrix code except 3T.

1. Total Persons Assisted for program year: _____ 2. Counts by Households (H) or Persons (P): _____

3. Of the Total Persons, enter the number:

Number of Persons

With **New Access** to this service or benefit

With **Improved Access** to this service or benefit

With access to a service or benefit that is **No Longer Substandard**

Note: This field must equal the number in Total Persons Assisted. _____ **Total**

With **New Access** to this type of Public Facility or Infrastructure Improvement

With **Improved Access** to this type of Public Facility or Infrastructure Improvement

With access to Public Facility or Infrastructure that is **No Longer Substandard**

Note: This field must equal the number in Total Persons Assisted. _____ **Total**

Homeless persons given overnight shelter

Number of beds created in overnight shelter or other emergency housing

NEIGHBORHOOD REVITALIZATION STRATEGY AREA (NRSA) INFORMATION

Is this activity located in a NRSA? ☐ Yes ☐ No

If yes, the NRSA must be identified, as applicable, using the maps provided via Miami-Dade County's website – Services Near You: <http://gisweb.miamidade.gov/CommunityServices/>. **A copy of the printout must be included with this report.**

Provide the following information:

<u>NRSA</u>	<u># of Clients Served</u>	<u>NRSA</u>	<u># of Clients Served</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

PERFORMANCE & BENEFIT DATA: CAPITAL IMPROVEMENTS & PUBLIC FACILITIES
Supplement to Quarterly Expenditure & Progress Report
FY 20

<u>NRSA</u>	<u># of Clients Served</u>	<u>NRSA</u>	<u># of Clients Served</u>

Location / Project Address: _____
 Street / City / Zip Code –or- Folio Number is there is no street address

Location / Project Address: _____
 Street / City / Zip Code –or- Folio Number is there is no street address

DIRECT BENEFIT DATA: ☐ PERSONS -OR- ☐ HOUSEHOLDS

RACE & ETHNICITY CATEGORY

Instructions: (1) Indicate the total number of persons or households served in each Racial Category for this reporting period and the cumulative total. (2) From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

Racial Categories	Report Period Totals		Cumulative / YTD Totals	
	Race Total Number	Ethnicity # Hispanic	Race Total Number	Ethnicity # Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African American [19]				
Other / Multi Racial [20]				
Totals				

OTHER DIRECT BENEFIT INFORMATION

	Report Period Totals	Cumulative / YTD Totals
Income Levels	Total Number	Total Number
Extremely Low (30% or less)		
Low (31% - 50%)		
Moderate (51% - 81%)		
Non Low/Mod (81% or greater)		
Totals		

Reporting based on household units only.

Number of Female Headed Households		
------------------------------------	--	--

AREA BENEFIT INFORMATION

Census (C) or Survey (S) Data Used: _____ If (S), enter # of Low/Mod & Total Population: _____

Total # of Low/Mod in Service Area: Total Low/Mod Universe Population in Service Area:

Percent of Low/Mod in Service Area:

Census Tract: _____ Block Groups: _____

Census Tract: _____ Block Groups: _____

Census Tract: _____ Block Groups: _____



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: CAPITAL IMPROVEMENTS & PUBLIC FACILITIES
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

PART 3 - LEVERAGING OF FUNDS [Other Funding Sources]

\$ _____	1. CDBG Funds	\$ _____	5. Other Federal Funds
\$ _____	2. HOME Funds	\$ _____	6. State / Local Funds
\$ _____	3. ESG Funds	\$ _____	7. Private Funds
\$ _____	4. Section 108 Loan Guarantee	\$ _____	8. Other: _____
			Name of Funding Source
		\$ _____	Total Funds

Ⓜ REQUIRED ATTACHMENTS [if applicable]: 1) Certificate of Completion; 2) Printout of NRSA map, if applicable; 3) Documentation of performance / accomplishments, e.g., new or improved access to services, facility, or infrastructure upgrade; and 4) Documentation as described in the Contract or Scope of Services, or as instructed by the County.

Report Prepared by: _____ Title: _____ Date: _____
Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/15/51712V



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: ECONOMIC DEVELOPMENT
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

Recipient Name: _____
Activity Name: _____
IDIS# : _____ Activity Category: _____
HUD Activity Matrix Code: _____ Accomplishment Type: _____
HUD Matrix Code Description: _____

Reporting Period	
1 st Quarter [Jan-Mar]	<input type="checkbox"/>
2 nd Quarter [Apr-Jun]	<input type="checkbox"/>
3 rd Quarter [Jul-Sept]	<input type="checkbox"/>
4 th Quarter [Oct-Dec] / Annual Report	<input type="checkbox"/>

PART 1 – JOB CREATION

1. Indicate in the table below, the number of jobs created for this activity.

Jobs Created	Total Job Count		Total Weekly Hours		Percent
	Full-Time (FT)	FT Low / Mod	Part-Time (PT)	PT Low / Mod	Low / Mod Jobs
Expected to Create					
Actual This Quarter					
Actual Cumulative / YTD					

Note: Details of all Jobs Created must be included on the Supplement List of Persons (Job Created) / Business (Assisted) Form **in electronic format, i.e. name and address of each beneficiary placed in a created job.*

2. Indicate in the table below, the type of jobs created for this activity.

TYPE OF JOB CREATED	ACTUAL THIS QUARTER	CUMULATIVE TOTALS
	NUMBER OF JOBS	NUMBER OF JOBS
Officials & Managers		
Professional		
Technicians		
Sales		
Office & Clerical		
Craft Workers (skilled)		
Operatives (semi-skilled)		
Laborers (unskilled)		
Service Workers		
Totals		

PART 2– ASSISTANCE TO BUSINESSES

NOTE: Details of all assistance to businesses provided below must be reported on the Supplement List of Persons (Job Created) / Business (Assisted) Form in electronic format.

1. Number of Businesses Assisted during this program year: _____

a) Number of New Businesses Assisted _____

b) Number of Existing Businesses Assisted _____

Total _____

2. Of the Existing Businesses Assisted, enter the number of: _____

a) Expanding Businesses _____

b) Relocating Businesses _____

Total _____

3. Number of Businesses Assisted with commercial façade treatment / business building rehab: _____

4. Number of Businesses Assisted that provide good or services to meet the needs of a services area, neighborhood community: _____

5. Specify DUNS Number for each Business Assisted on the Supplement List of Persons (Job Created) / Business (Assisted) Form.



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: ECONOMIC DEVELOPMENT
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

PART 3 – BENEFICIARY INFORMATION

1. Complete the Direct Benefit Information in the table below for the actual jobs created for this activity.

DIRECT BENEFIT DATA

RACE & ETHNICITY CATEGORY

Instructions: (1) Indicate the total number of persons or households served in each Racial Category for this reporting period and the cumulative total. (2) From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

Racial Categories	Report Period Totals		Cumulative / YTD Totals	
	Race	Ethnicity	Race	Ethnicity
	Total Number	# Hispanic	Total Number	# Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African American [19]				
Other / Multi Racial [20]				
Totals				

OTHER DIRECT BENEFIT INFORMATION

Income Levels	Report Period Totals	Cumulative / YTD Totals
	Total Number	Total Number
Extremely Low (30% or less)		
Low (31% - 50%)		
Moderate (51% - 81%)		
Non Low/Mod (81% or greater)		
Totals		

Number of Female Headed Households		
------------------------------------	--	--

4. Of the actual jobs created, how many jobs have employer sponsored health care benefits? _____

5. Of the actual jobs created, how many were unemployed prior to taking the job created? _____

6. If employment levels are less than initially proposed, explain reductions or indicate when the proposed goals will be met.

AREA BENEFIT INFORMATION

Census (C) or Survey (S) Data Used: _____ If (S), enter # of Low/Mod & Total Population: _____

Total # of Low/Mod in Service Area: _____ Total Low/Mod Universe Population in Service Area: _____

Percent of Low/Mod in Service Area: _____

Census Tract: _____ Block Groups: _____

Census Tract: _____ Block Groups: _____

Census Tract: _____ Block Groups: _____



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: ECONOMIC DEVELOPMENT
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

PART 3 - NEIGHBORHOOD REVITALIZATION STRATEGY AREA (NRSA) INFORMATION

Is this activity located in a NRSA? ☐ Yes ☐ No

If yes, the NRSA must be identified, as applicable, using the maps provided via Miami-Dade County's website – Services Near You: <http://gisweb.miamidade.gov/CommunityServices/>. **A copy of the printout must be included with this report.**

Provide the following information:

<u>NRSA</u>	<u># of Clients Served</u>	<u>NRSA</u>	<u># of Clients Served</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location / Project Address: _____

Street / City / Zip Code –or- Folio Number is there is no street address

Location / Project Address: _____

Street / City / Zip Code –or- Folio Number is there is no street address

Location / Project Address: _____

Street / City / Zip Code –or- Folio Number is there is no street address

PART 4 - LEVERAGING OF FUNDS [Other Funding Sources]

\$ _____	1. CDBG Funds	\$ _____	5. Other Federal Funds
\$ _____	2. HOME Funds	\$ _____	6. State / Local Funds
\$ _____	3. ESG Funds	\$ _____	7. Private Funds
\$ _____	4. Section 108 Loan Guarantee	\$ _____	8. Other: _____
			Name of Funding Source
		\$ _____	Total Funds

@ REQUIRED ATTACHMENTS [if applicable]: 1) Certificate of Completion; 2) Printout of NRSA map, if applicable; 3) Documentation of performance / accomplishments, e.g., new or improved access to services, facility, or infrastructure upgrade; and 4) Documentation as described in the Contract or Scope of Services, or as instructed by the County.

Report Prepared by: _____ Title: _____ Date: _____
 Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/16/51712V



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: HOUSING
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

Recipient Name: _____
Activity Name: _____
IDIS# : _____ Activity Category: _____
HUD Activity Matrix Code: _____ Accomplishment Type: _____
HUD Matrix Code Description: _____

Reporting Period	
1 st Quarter [Jan-Mar]	<input type="checkbox"/>
2 nd Quarter [Apr-Jun]	<input type="checkbox"/>
3 rd Quarter [Jul-Sept]	<input type="checkbox"/>
4 th Quarter [Oct-Dec] / Annual Report	<input type="checkbox"/>

HOME FUNDED PROJECTS ONLY ⓘ [Instructions: Check the box that corresponds to the HOME tenure type, complete the appropriate Form, & attach it to this report.]

- | | |
|--|---|
| <input type="checkbox"/> Rental - ⓘ Rental Set Up & Completion Form | <input type="checkbox"/> Tenant-Based Rental Assistance - ⓘ Tenant Based Rental Assistance Set Up Form |
| <input type="checkbox"/> Homebuyer - ⓘ Homebuyer Set Up & Completion Form | <input type="checkbox"/> Homeowner Rehab - ⓘ Homeowner Rehab Set Up & Completion Form |

PROJECT TYPE ⓘ [Instructions: Check the box that corresponds to the activity project type.]

NUMBER OF UNITS COMPLETED FOR PROGRAM YEAR:

- ☐ Construction of Rental Units
☐ Rehabilitation of Rental Units
☐ Acquisition / Construction New Homeowner
☐ Homeowner Rehab Units
☐ Direct Financial Assistance to Homebuyers

Total number of Rental Units: _____
Total number of Owner Units: _____
Total number Homebuyer Households: _____

CDBG MULTI –UNIT ACTIVITY ♦ Activity Set-up & Completion Information [Multi-unit housing is defined as two or more units per structure]

Units	Total	Occupied	Occupied Low / Mod
Number of Units at Start			
Number of Units Expected at Completion			
Number of Units Actually Completed			

Instructions: Indicate if this activity is limited to one of more of the items listed below by placing an "X" for each that applies.

CDBG Housing Rehabilitation	
<input type="checkbox"/>	Installing Security Devices
<input type="checkbox"/>	Installing Smoke Detectors
<input type="checkbox"/>	Performing Emergency Housing Repairs
<input type="checkbox"/>	Providing Supplies and Equipment for Painting Houses
<input type="checkbox"/>	Operating a Tool Lending Library

DISPLACEMENT INFORMATION:

Type	Census Tract or City	White	Black	Hispanic	Asian / Pacific	American Indian / Alaskan
Displaced From						
Remaining In						
Relocated To						

REPLACEMENT INFORMATION:

Type	Demolished / Converted Address	Replacement Address
Number of Bedrooms		
Agreement Execution Date		
Available Date		



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: HOUSING
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION [Applicability: This section must be completed for all Rental and Homeowner activities]

1. Number of Affordable Units: _____
- a) Units occupied by elderly: _____ b) Years of Affordability: _____
- c) Number of Bedrooms: _____
- d) Number of units subsidized with project-based rental assistance by another Federal, state or local program: _____
- e) Number of units designated for persons with HIV/AIDS, including units receiving assistance for operations: _____
 ▶ Number of units for the chronically homeless: _____
- f) Permanent housing units designated for homeless persons & families, including units receiving assistance for operations: _____
 ▶ Number of units for the chronically homeless: _____
2. Number of Section 504 Accessible Units: _____ 3. Number of Units qualified as Energy Star: _____

▼ The following questions are for Rehabilitation Activities only ▼

4. Number of units brought from substandard condition (HQS or local code): _____
5. Number of units brought into compliance with lead safety rules (24 CFR Part 35): _____

▼ The following question is for Rental Rehabilitation Activities only ▼

6. Number of units created through conversion of non-residential to residential buildings: _____

▼ The following question is for Acquisition / Construction New Homeowner Activities only ▼

7. Number of households previously living in subsidized housing: _____

DIRECT FINANCIAL ASSISTANCE TO HOMEBUYERS

1. Number of first-time homebuyers: _____ a) Of those, number receiving housing counseling: _____
2. Number receiving Down Payment Assistance / Closing Costs: _____

DIRECT BENEFICIARY INFORMATION ♦ NUMBER OF HOUSEHOLDS ASSISTED

RACE & ETHNICITY CATEGORY

Instructions: (1) Indicate the total number of persons or households served in each Racial Category for this reporting period and the cumulative total. (2) From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

Racial Categories	Report Period Totals		Cumulative / YTD Totals	
	Race Total #	Ethnicity # Hispanic	Race Total #	Ethnicity # Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African American [19]				
Other / Multi Racial [20]				
Totals				



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: HOUSING
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

OTHER DIRECT BENEFIT INFORMATION

Income Levels	Report Period Totals	Cumulative / YTD Totals
	Total Number	Total Number
Extremely Low (30% or less)		
Low (31% - 50%)		
Moderate (51% - 81%)		
Non Low/Mod (81% or greater)		
Totals		

Number of Female Headed Households		
------------------------------------	--	--

NEIGHBORHOOD REVITALIZATION STRATEGY AREA (NRSA) INFORMATION

Is this activity located in a NRSA? ☐ Yes ☐ No

If yes, the NRSA must be identified, as applicable, using the maps provided via Miami-Dade County's website – Services Near You: <http://gisweb.miamidade.gov/CommunityServices/>. **A copy of the printout must be included with this report.**

Provide the following information:

<u>NRSA</u>	<u># of Clients Served</u>	<u>NRSA</u>	<u># of Clients Served</u>

Location / Project Address: _____
Street / City / Zip Code

Location / Project Address: _____
Street / City / Zip Code

Location / Project Address: _____
Street / City / Zip Code

FUNDING SOURCES ♦ Leveraging of funds [Other Funding Sources]

\$ _____	1. CDBG Funds	\$ _____	5. Other Federal Funds
\$ _____	2. HOME Funds	\$ _____	6. State / Local Funds
\$ _____	3. ESG Funds	\$ _____	7. Private Funds
\$ _____	4. Section 108 Loan Guarantee	\$ _____	8. Other: _____
			Name of Funding Source
		\$ _____	Total Funds

COMMENTS



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: HOUSING
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

📎 REQUIRED ATTACHMENTS [As applicable by activity type]:

1) Certificate of Occupancy or Completion; 2) Declaration of Restrictive Covenants; 3) Special Warranty Deed(s); 4) HOME Completion Report (by activity type); 5) Documentation of Eligible Occupancy (income & household size data); 6) Rent Charged (rental housing only); 7) Property Standards & Long Term Use Restrictions; 8) Written Agreement with landlord / developer depicting total number of units & number to be occupied by LMI persons; 9) Final Sources & Uses Statement; & 10) any other required documentation as depicted in the Contract or Scope of Services.

Report Prepared by: _____ Title: _____ Date: _____
Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/10/51712V



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

PERFORMANCE & BENEFIT DATA: HOMEBUYER EDUCATION & COUNSELING Supplement to Quarterly Expenditure & Progress Report FY 20 _____

Recipient Name: _____
Activity Name: _____
IDIS# : _____ Activity Category: _____
HUD Activity Matrix Code: _____ Accomplishment Type: _____
HUD Matrix Code Description: _____

Reporting Period	
1 st Quarter [Jan-Mar]	<input type="checkbox"/>
2 nd Quarter [Apr-Jun]	<input type="checkbox"/>
3 rd Quarter [Jul-Sept]	<input type="checkbox"/>
4 th Quarter [Oct-Dec] / Annual Report	<input type="checkbox"/>

PROJECT CATEGORY:	ACCOMPLISHMENT TYPE / MEASURES:	ACCOMPLISHMENT UNITS COMPLETED:
<input type="checkbox"/> Public Service	<input type="checkbox"/> Individual	_____ # of Persons Served
	<input type="checkbox"/> Households	_____ # of Households Served
	<input type="checkbox"/> Low & Moderate Income	_____ # of Low & Moderate Income

PART 1 - PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION

- Total benefiting for program year: _____
- Counts by Households (H): _____
- Counts by Individuals (I): _____
- Of those assisted, enter the number that completed:

Individuals	Households	
_____	_____	a) Homebuyer Education only (\$100 p/household)
_____	_____	b) Financial Fitness (\$250 p/household)
_____	_____	c) Homebuyer Counseling- after completing Homebuyer Education only (\$400 p/household)
_____	_____	d) Homebuyer Education and Counseling (\$500 p/household)
_____	_____	Total

PART 2 - DIRECT BENEFIT INFORMATION

RACE & ETHNICITY CATEGORY

Instructions: (1) Indicate the total number of persons or households served in each Racial Category for this reporting period and the cumulative total. (2) From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

Racial Categories	Report Period Totals		Cumulative / YTD Totals	
	Race Total #	Ethnicity # Hispanic	Race Total #	Ethnicity # Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African American [19]				
Other / Multi Racial [20]				
Totals				



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

PERFORMANCE & BENEFIT DATA: HOMEBUYER EDUCATION & COUNSELING Supplement to Quarterly Expenditure & Progress Report FY 20 _____

OTHER DIRECT BENEFIT INFORMATION

Income Levels	Report Period Totals	Cumulative / YTD Totals
	Total Number	Total Number
Extremely Low (30% or less)		
Low (31% - 50%)		
Moderate (51% - 81%)		
Non Low/Mod (81% or greater)		
Totals		
Number of Female Headed Households		

AREA BENEFIT INFORMATION [if applicable]

Census (C) or Survey (S) Data Used: _____ If (S), enter # of Low/Mod & Total Population: _____

Total Low/Mod Universe Population in Service Area: _____

Total # of Low/Mod in Service Area: _____ Percent of Low/Mod in Service Area: _____

Percent of Low/Mod in Service Area: _____

Census Tract: _____ Block Groups: _____

Census Tract: _____ Block Groups: _____

Census Tract: _____ Block Groups: _____

PART 3 - NEIGHBORHOOD REVITALIZATION STRATEGY AREA (NRSA) INFORMATION

Is this activity located in a NRSA? ☐ Yes ☐ No

If yes, the NRSA must be identified, as applicable, using the maps provided via Miami-Dade County's website – Services Near You: <http://gisweb.miamidade.gov/CommunityServices/> . A copy of the printout must be included with this report.

Provide the following information:

<u>NRSA</u>	<u># of Clients Served</u>	<u>NRSA</u>	<u># of Clients Served</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location / Project Address: _____ Street / City / Zip Code _____

Location / Project Address: _____ Street / City / Zip Code _____

Location / Project Address: _____ Street / City / Zip Code _____

PART 4 - LEVERAGING OF FUNDS [Other Funding Sources]

\$ _____ 1. CDBG Funds	\$ _____ 5. Other Federal Funds
\$ _____ 2. HOME Funds	\$ _____ 6. State / Local Funds
\$ _____ 3. ESG Funds	\$ _____ 7. Private Funds
\$ _____ 4. Section 108 Loan Guarantee	\$ _____ 8. Other: _____
	Name of Funding Source
	\$ _____ Total Funds



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: HOMEBUYER EDUCATION & COUNSELING
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

COMMENTS

@ REQUIRED ATTACHMENTS [If applicable]: (1) Data verifying family size and annual income of each person receiving the benefit; (2) printout of NRSA report printout, if applicable; & (3) any other required document as described in the Contract or Scope of Services, or as instructed by the County.

Income Acceptable Documentation: Copy of current tax returns, copy of pay stubs, proof of child support or alimony, proof of SSA/SSI or Veteran's Benefits, or proof of retirement income. **MUST ATTACH A COPY OF DOCUMENTS – NO EXCEPTIONS.**

Report Prepared by: _____ Title: _____ Date: _____
Print Name

Signature of Certifying Official: _____ Title: _____ Date: _____

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

PERFORMANCE & BENEFIT DATA: PUBLIC SERVICES –OR- ADMINISTRATION Supplement to Quarterly Expenditure & Progress Report FY 20 _____

Recipient Name: _____

Activity Name: _____

IDIS# : _____ Activity Category: _____

HUD Activity Matrix Code: _____ Accomplishment Type: _____

HUD Matrix Code Description: _____

Reporting Period	
1 st Quarter [Jan-Mar]	<input type="checkbox"/>
2 nd Quarter [Apr-Jun]	<input type="checkbox"/>
3 rd Quarter [Jul-Sept]	<input type="checkbox"/>
4 th Quarter [Oct-Dec] / Annual Report	<input type="checkbox"/>

PROJECT CATEGORY:

- ☐ Public Service
☐ Administration
(Fair Housing Activities)

ACCOMPLISHMENT TYPE / MEASURES:

- ☐ People –or– ☐ Households
Low & Moderate Income

ACCOMPLISHMENT UNITS COMPLETED:

_____ # of Persons Served
_____ # of Households Served
_____ # of Low & Moderate Income

PART 1 - PERFORMANCE MEASUREMENT & ACCOMPLISHMENT INFORMATION

Instructions & Applicability: National Objectives include LMA, LMC, LMH, SBA, SBR, SBS or URG

1. Total benefiting for program year: _____ 2. Counts by Households (H) -or- Persons (P): _____

3. Of those assisted, enter the number that:

- _____ a) Now have **New Access** to this service or benefit
_____ b) Now have **Improved Access** to this service or benefit
_____ c) Now receive a service or benefit that is **No Longer Substandard**
_____ **Total**

PART 2 – BENEFICIARY INFORMATION

1. Complete the Direct Benefit Information in the table below for the service or benefit provided for this activity.

DIRECT BENEFIT DATA: ☐ PERSONS –OR– ☐ HOUSEHOLDS

RACE & ETHNICITY CATEGORY

Instructions: (1) Indicate the total number of persons or households served in each Racial Category for this reporting period and the cumulative total. (2) From the total number depicted in each Racial Category, indicate the numbers that are of Hispanic Ethnicity for this reporting period and the cumulative total.

Racial Categories	Report Period Totals		Cumulative / YTD Totals	
	Race Total #	Ethnicity # Hispanic	Race Total #	Ethnicity # Hispanic
White [11]				
Black / African American [12]				
Asian [13]				
American Indian / Alaskan Native [14]				
Native Hawaiian / Other Pacific Islander [15]				
American Indian / Alaskan Native & White [16]				
Asian & White [17]				
Black / African American & White [18]				
American Indian or Alaskan Native & Black / African American [19]				
Other / Multi Racial [20]				
Totals				



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE & BENEFIT DATA: PUBLIC SERVICES –OR- ADMINISTRATION
Supplement to Quarterly Expenditure & Progress Report
FY 20 _____

OTHER DIRECT BENEFIT INFORMATION

Income Levels	Report Period Totals	Cumulative / YTD Totals
	Total Number	Total Number
Extremely Low (30% or less)		
Low (31% - 50%)		
Moderate (51% - 81%)		
Non Low/Mod (81% or greater)		
Totals		

Number of Female Headed Households		
------------------------------------	--	--

AREA BENEFIT INFORMATION [if applicable]

Census (C) or Survey (S) Data Used: _____ If (S), enter # of Low/Mod & Total Population: _____
Total # of Low/Mod in Service Area: _____ Total Low/Mod Universe Population in Service Area: _____
Percent of Low/Mod in Service Area: _____
Census Tract: _____ Block Groups: _____
Census Tract: _____ Block Groups: _____
Census Tract: _____ Block Groups: _____

PART 3 - NEIGHBORHOOD REVITALIZATION STRATEGY AREA (NRSA) INFORMATION

Is this activity located in a NRSA? ☐ Yes ☐ No

If yes, the NRSA must be identified, as applicable, using the maps provided via Miami-Dade County's website – Services Near You: <http://gisweb.miamidade.gov/CommunityServices/>. **A copy of the printout must be included with this report.**

Provide the following information:

<u>NRSA</u>	<u># of Clients Served</u>	<u>NRSA</u>	<u># of Clients Served</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

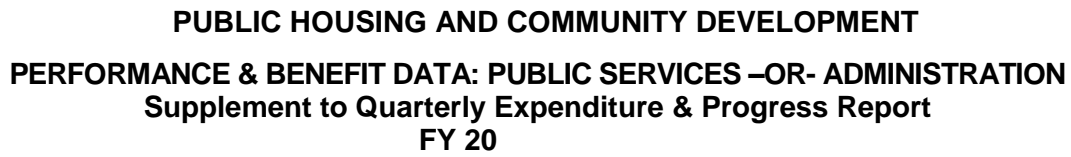
Location / Project Address: _____
Street / City / Zip Code _____

Location / Project Address: _____
Street / City / Zip Code _____

Location / Project Address: _____
Street / City / Zip Code _____

PART 4 - LEVERAGING OF FUNDS [Other Funding Sources]

\$ _____	1. CDBG Funds	\$ _____	5. Other Federal Funds
\$ _____	2. HOME Funds	\$ _____	6. State / Local Funds
\$ _____	3. ESG Funds	\$ _____	7. Private Funds
\$ _____	4. Section 108 Loan Guarantee	\$ _____	8. Other: _____
			Name of Funding Source
		\$ _____	Total Funds



QUARTERLY EXPENDITURE AND PROGRESS REPORT
INSTRUCTIONS, DEFINITIONS & ACRONYMS

QUARTERLY EXPENDITURE & PROGRESS REPORT – Page One – Instructions

Reporting Period: Enter "X" in the box that corresponds with the appropriate reporting period for this report.

Section I: General Information

1. **Recipient Name:** Fill in the appropriate Agency / Organization Name.
2. **Contact Person:** Fill in the Contact Person's Name and Title.
3. **Telephone Number:** Fill in the Telephone Number of the Contact Person.
4. **Activity Name (Project Title):** Enter the name of the activity.
5. **Activity Address:** Enter the complete address of the location where the activity is taking place.
6. **Activity Description:** Enter brief description of the activity (120 characters maximum).
7. **Activity ID #:** Enter Activity ID No. of the activity.
8. **Index Code:** Enter the Index Code from FAMIS.
9. **Funding Source:** Enter the funding source (e.g. CDBG 06, CDBG DR 07, ESG 07, HOME 98, HOME CHDO 08, etc.).
10. **Funded Amount:** Enter the total funded amount of the activity, include additional awards (same funding source) if applicable.
11. **Activity Category:** Enter "X" in the box that corresponds with the appropriate Category of the activity (e.g. Housing, Economic Development, etc.).
12. **Objective:** Enter "X" in all that apply for the primary objective the activity is designed to provide.
13. **Outcome :** Enter "X" in all that apply for the primary outcome the activity is designed to provide.

Section II: Financial Information

1. **Column B:** Enter amount budgeted for the activity in each category of the approved budget (or most recent approved budget amendment).
2. **Column C:** Enter amount expended for the activity in each category during this reporting period.
3. **Column D:** Enter the actual cumulative expenditures from beginning of the contract through the end of this reporting period for each category.
4. **Column E:** Enter the cumulative amount reimbursed from beginning of the contract through the end of this reporting period for each category.
5. **Column F:** Enter the cumulative percent of expenditures for each category by dividing each amount in column D (Actual Cumulative Expenditures) by the corresponding amounts as shown in column B (Approved Budget). Example – If Column D shows \$5,000 expended to date in the Personnel Category and Column B shows \$20,000 in the Approved Budget for this category, then the percentage in Column F would be 25%.
6. **Column G:** Enter amount of projected expenditures in each category for the next quarter (reporting period).
7. **Column H:** Enter amount of projected cumulative expenditures in each category from beginning of the contract through the end of the contract period.
8. **Total:** Please include totals at the bottom of each column B through H.
9. **Generate Program Income?:** Enter "X" in the "Yes" box if this activity is expected to generate Program Income; otherwise enter "X" in the "No" box.
10. **If the response is "Yes" to Program Income:** Indicate the amount of program income generated during this reporting period; if the answer was "No" enter N/A.
11. **If Program Income is generated:** Enter "X" in the "Yes" if DHCD approved use of the Program Income & provide copy of written approval letter along with all related documents. Otherwise, enter "X" in the "No" box and submit a written request for approval –or– a check payable to Miami-Dade County for the generated Program Income.

ACTIVITY STATUS AND ACCOMPLISHMENT INFORMATION

1. **Activity Status:** Enter "X" in box that corresponds with the appropriate status of the activity [Cancelled, Underway, or Completed]. Please note that an activity is considered complete once it meets its national objective, all accomplishments have been reported, and all the funds are drawn from IDIS.
2. **Environmental Status:** Enter "X" in the box that corresponds with the appropriate status of the activity [A=Exempt, C=Completed, or D=Underway]
3. **Compliance with Original Project Schedule:** Enter "X" in the "Yes" box if the activity complies with the original project schedule; if not enter "X" in the "No" box.

Section III: Work in Progress

Provide a brief narrative description of work in progress during this reporting period. For example -

- **Housing** - During this period architectural drawings were completed, building department approved drawings, environmental approval received, plat filed with the County, and construction is expected to begin next quarter.
- **Economic Development** - Fifteen jobs were created during the reporting period, five additional jobs are expected to be created by next quarter.
- **Capital Improvement** - 75% of construction of the childcare center completed this reporting period. Project on schedule and is expected to be completed by next quarter.

Section IV: Other Supporting Efforts

Provide a brief narrative description of all other supporting efforts that have begun, partially implemented, or completed during this reporting period. Include quantifiable data whenever appropriate. In addition, other expenditures of funds, including local match and leverage contributions, should be depicted here.

QUARTERLY EXPENDITURE & PROGRESS REPORT – Page Two – Instructions

Section V: Problems Encountered

Provide a brief narrative description of any problems or delays that may have been encountered during this reporting period or that are anticipated in the next quarter. Report any problems that may impact the project as originally proposed, including but not limited to changes in Scope of Services, beneficiaries, target area, or other proposed outcomes. Recipients are encouraged to notify the Contracts Officer to report/discuss any problems encountered in order to resolve them as quickly as possible.

Section VI: Technical Assistance

This section is reserved for recipients to request Technical Assistance of any nature related to the funded activity.

QUARTERLY EXPENDITURE AND PROGRESS REPORT

INSTRUCTIONS, DEFINITIONS & ACRONYMS

Section VII: Performance Measurement

- 1. Accomplishment Type:** Enter "X" in the box that corresponds to with the actual accomplishment type of this activity [People, Households, Businesses, Organizations, Housing Units, Public Facilities, or Jobs].
- 2. National Objective:** Enter "X" in the box that corresponds with the National objective of this activity. Refer to Attachment A in the Contract to locate the National Objective for the activity –or– contact the Contracts Officer to obtain this information.

NATIONAL OBJECTIVE CODES & DESCRIPTIONS			
Code	Beneficiary Type	Description	24 CFR Citation
LMA	Area Basis Benefit	Low/Mod Area Benefit	570.208(a)(1)
LMAFI	Area Basis Benefit	Low/Mod Area Benefit, Community Development Financial Institution (CDFI)	570.208(d)(6)(i)
LMASA	Area Basis Benefit	Low/Mod Area Benefit, Neighborhood Revitalization Strategy Area	570.208(d)(5)(i)
LMC	Direct Benefit	Low/Mod Limited Clientele Benefit	570.208(a)(2)
LMCMC	Direct Benefit	Low/Mod Limited Clientele, Microenterprise	570.208(a)(2)(iii)
LMCSV	Direct Benefit	Low/Mod Limited Clientele, Job Service Benefit	570.208(a)(2)(iv)
LMH	Direct Benefit	Low/Mod Housing Benefit	570.208(a)(3)
LMHSP	Direct Benefit	Low/Mod Housing Benefit, CDFI or Neighborhood Revitalization Strategy Area	570.208(d)(5)(ii) 570.208(d)(6)(ii)
LMJ	Direct Benefit	Low/Mod Job Creation/Retention	570.208(a)(4)
LMJFI	Direct Benefit	Low/Mod Job Creation/Retention, Public Facility/Improvement Benefit	570.208(a)(4)(iv)(F)
LMJP	Direct Benefit	Low/Mod Job Creation, Location Based	570.208(a)(4)(iv)
SBA	Designated Area Basis	Slum/Blight Area Benefit	570.208(b)(1)
SBR	Urban Renewal Area	Slum/Blight in an Urban Renewal Area	570.208(b)(3)
SBS	Spot Basis	Slum/Blight Spot Basis	570.208(b)(2)
URG	Urgent Need	Urgent Need	570.208(c)

The data in this section is required on a quarterly basis for the reporting period and cumulative (from the beginning of the contact period through the quarter being reported). If there are no accomplishments during the reporting period, the data for this Quarter and Cumulative may be left blank, and the Recipient must complete the Performance Certification check box for "No Accomplishments"

- 3. Total Housing:** Housing activities that Construct or Rehabilitate Rental Units, Acquire and/or Construct New Homeowner Units, Rehabilitate Homeowner Units, or provide Homeowner Counseling and Direct Financial Assistance to Homebuyers must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Housing".
- 4. Total People or Households:** Activities that provide **Public Services or Administrative** (e.g., Fair Housing Activities) must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Public Services –or– Administration". **Capital Improvement and Public Facilities** Activities must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Capital Improvement & Public Facilities".
- 5. Total Jobs:** Activities that create or retain jobs, and/or provide assistance to businesses, must complete this section if any accomplishments are achieved in the reporting period and complete the Supplemental Form, "Performance and Benefit Data: Economic Development".
- 6. Performance Certification:** The Performance Certification check box for "No Accomplishments" must be checked and initialed by the Certifying Official if there have been no accomplishments during the reporting period. This item certifies that there have been no accomplishments during the reporting period and the Recipient is excused from providing any further accomplishment information on the activity status as required by HUD. Reference HUD "Notice of Outcome Performance Measurement System for Community Planning and Development Formula Grant Programs." A copy of the Notice and additional information about performance measurements is available at the following link: <http://www.hud.gov/offices/cpd/about/performance/>.
- 7. Report Prepared By:** The name and title of the report preparer, along with the date, must be completed.
- 8. Signature of Certifying Official:** The Certifying Official of the Recipient must sign the report, his or her title must be entered, and the certification must be dated.

SUPPLEMENTAL FORM: PERFORMANCE & BENEFIT DATA INSTRUCTIONS

This Performance and Benefit Data Report must be completed and provided to DHCD for any quarter when actual accomplishments are achieved, the activity is completed, and the national objective is met. In addition, direct benefit or area benefit data must be provided as well. Please fill out the requested information completely and accurately as applicable for the funded activity. The following general information is available on Attachment A in the contract: Activity ID, Activity Category, HUD Activity Matrix Code and Description (HUD Activity Type), Accomplishment Type, and National Objective. All reports must include the name of the person preparing the report and the Certifying Official of the Recipient must sign the report, his or her title must be enter, and the report must be dated.

QUARTERLY EXPENDITURE AND PROGRESS REPORT
INSTRUCTIONS, DEFINITIONS & ACRONYMS

PUBLIC SERVICES or ADMINISTRATION	CAPITAL IMPROVEMENT & PUBLIC FACILITIES
<p>Project Category [required]: Enter "X" in the box that corresponds with the funded project type.</p> <p>Accomplishment Type / Measures [required]: Enter "X" in the box that corresponds with the funded project type.</p> <p>Accomplishment Units Completed [required]: Indicate the number of persons or households served and number that are low/mod income.</p> <p>~~~~~</p> <p>Performance Measurement & Accomplishment Information [required]</p> <ol style="list-style-type: none"> (1) Indicate the total number benefiting from the activity. (2) Indicate method used to count the number benefiting from the activity – by Households served or Persons served. (3) Of those assisted, responds to each inquiry – a through c – by providing the number that benefited, and provide the total for all. <p>~~~~~</p> <p>Direct Benefit Information [required]: Beneficiary information must be provided in this section for activities having a national objective of LMC, LMCMC, LMCSV, LMH, LMHSP, LMJ, LMJFI, or LMJP. Otherwise, complete the Area Benefit Information section. Provide information for actual number of households or persons assisted, for this reporting period and the cumulative total. Also, provide requested information in the Income Category and Other Beneficiary Data Sections.</p> <p>Area Benefit Information [required]: If applicable for funded activity.</p> <p>~~~~~</p> <p>Funding Sources / Leveraging of Funds [required]</p>	<p>Project Type [required]: Enter "X" in the box that corresponds with the funded project type.</p> <p>Measures: Acquisition/Disposition and Clearance/Demolition activities only – Enter "X" in the box that corresponds with the funded activity.</p> <p>Accomplishment Units Completed [required]: Indicate the number of units completed [Structures, Parcels, or Facilities] , number of persons served, and number that are low/mod income</p> <p>~~~~~</p> <p>Performance Measurement & Accomplishment Information [required]</p> <ol style="list-style-type: none"> (1) Enter total number benefiting from the activity for the program year. (2) Indicate if the count is by Household or Persons. (3) Of those assisted, respond to each inquiry – a through h – by providing the number that benefited, and provide the total for each section. <p>~~~~~</p> <p>Direct Benefit Information [required]: Beneficiary information must be provided in this section for activities having a national objective of LMC, LMCMC, LMCSV, LMH, LMHSP, LMJ, LMJFI, or LMJP. Otherwise, complete the Area Benefit Information section. Provide information for actual number of households or persons assisted, for this reporting period and the cumulative total. Also, provide requested information in the Income Category and Other Beneficiary Data Sections.</p> <p>Area Benefit Information [required]: If applicable for funded activity.</p> <p>~~~~~</p> <p>Funding Sources / Leveraging of Funds [required] Required Attachments must be provided, if applicable</p>
HOUSING	ECONOMIC DEVELOPMENT
<p>HOME Funded Projects Only [required]: Enter "X" in the box that corresponds with the funded HOME tenure type, complete the corresponding Form, & attach it to the report.</p> <p>Project Type [required]: Enter "X" in the box that corresponds with the funded project type.</p> <p>Number of Units Completed [required]: Indicate total number of Rental Units, Owner Units, or Homebuyer Households completed for the funded activity.</p> <p>CDBG Multi-Unit Activity, if applicable: Provide all requested information for both charts in this section.</p> <p>Displacement Information, if applicable: Provide all requested information in the chart.</p> <p>Replacement Information, if applicable: Provide all requested information in the chart.</p> <p>~~~~~</p> <p>Performance Measurement & Accomplishment Information [required], all applicable sections must be completed</p> <ol style="list-style-type: none"> (1) Provide number of Affordable Units and respond to each inquiry – a through f – by providing the requested information (2) Provide number of Section 504 Accessible Units (3) Provide number of units qualified as Energy Star (4) Provide number of units brought up to HQS/Local Code (Rehab only) (5) Provide number of units brought in compliance with lead safety (Rehab only) (6) Provide number of units created through conversion of non-residential to residential buildings (Rental Rehab only) (7) Provide number of households previously living in subsidized housing (Acquisition/Construction New Homeowner only) <p>Direct Financial Assistance to Homebuyers, if applicable</p> <ol style="list-style-type: none"> (1) Provide number of first-time homebuyers and of those, indicate number that received housing counseling (2) Provide number receiving Down Payment Assistance/Closing Costs <p>~~~~~</p> <p>Direct Beneficiary Information [required] – must be completed for the actual number of households assisted, for this reporting period and the cumulative total. Also, provide requested information in the Household Income Category and Other Beneficiary Data Sections.</p> <p>Funding Sources / Leveraging of Funds [required] Required Attachments must be provided, if applicable.</p>	<p>Note: Jobs data should be prepared as accomplishments take place (as jobs are created) or on a quarterly basis, at a minimum.</p> <p>Job Creation and/or Job Retention Information [responses required for this Accomplishment Type]</p> <ol style="list-style-type: none"> (1) Complete the Job Creation area if the activity is expected to create jobs; otherwise, complete the Job Retention area if the activity is expected to retain jobs. (2) Indicate the number of jobs created or retained, as applicable, by job type for this reporting period and the cumulative total. (3) Direct Benefit Information – must be completed for the actual jobs created or retained, as applicable, for this reporting period and the cumulative total. Also, provide requested information in the Income Category and Other Beneficiary Data Sections. (4) Number of jobs created with employer sponsored health care benefits (5) Number unemployed prior to taking job created (6) Number of jobs retained with employer sponsored health care benefits (7) Provide explanation if proposed goals are not met <p>~~~~~</p> <p>Assistance to Businesses [responses required for this Accomplishment Type]</p> <ol style="list-style-type: none"> (1) Indicate total number of business assisted, of that amount indicate how many are new businesses and the number of existing businesses (2) Of the existing businesses, indicate how many were expanding businesses and the number that were relocating (3) Indicate the number of businesses assisted with façade treatment or business building rehab (4) Indicate the number of businesses that provide goods or services to meet the needs of a service area, etc. (5) Provide the DUNS number for each business assisted [a requirement for any business that receives Federal assistance] <p>~~~~~</p> <p>Area Benefit Information [required] Funding Sources / Leveraging of Funds [required] Required Attachments must be provided, if applicable.</p>

QUARTERLY EXPENDITURE AND PROGRESS REPORT
INSTRUCTIONS, DEFINITIONS & ACRONYMS

DEFINITIONS & ACRONYMS

Area Benefit: Those activities having a national objective of LMA, LMAJL, and LMASA. Beneficiary data is reported by Survey or Census data for the percentage of low- and moderate-income persons in the service area. CDBG regulations specify that 51 percent of the residents of the service area must be LMI. Examples of area benefit activities include street/sidewalk improvements, water/sewer lines, neighborhood facilities, and façade improvements in neighborhood commercial districts.

Census Block: A geographic area bounded by visible and/or invisible features shown on a map prepared by the U.S. Census Bureau. A block is the smallest geographic entity for which the Census Bureau tabulates decennial census data.

Census Tract: A small, relatively permanent statistical subdivision of a county or statistically equivalent entity, delineated for data presentation purposes by a local group of census data users or the geographic staff of a regional census center in accordance with Census Bureau guidelines.

CDBG National Objectives: The authorizing statute of the CDBG program requires that each activity funded except for program administration and planning activities must meet one of three national objectives. All CDBG activities must achieve one or more of these national objectives.

- Benefit to low and moderate-income (LMI) persons,
- Aid in the prevention or elimination of slums or blight, and
- Meet a need having a particular urgency (referred to as urgent need), e.g., existing conditions pose a serious and immediate threat to the health or welfare of the community.

In addition, a minimum of 70% of the CDBG program expenditures must meet the LMI benefit national objective.

Direct Benefit: Those activities having a national objective of LMC, LCMCMC, LMCSV, LMH, LMHSP, LMJ, LMJFI, or LMJP. Beneficiary data is reported by the total number of persons or households benefitting from an activity.

DUNS Number: Data Universal Numbering System (DUNS) number is a requirement for any business that receives Federal assistance. If a business does not have one, it should call the DUNS number request line at 1-866-705-5711 to obtain a number. The process is free and takes about ten minutes.

ENERGY STAR: ENERGY STAR is a joint program of EPA and DOE to help us all save money and protect the environment through energy efficient products and practices. HUD encourages incorporation of ENERGY STAR qualified products and practices when conducting rehabilitation or constructing new housing. Likewise, ENERGY STAR is a data element for energy conservation activities for the housing indicator categories in the performance measurement system.

Extremely Low-Income: Households with annual income less than 30% of the area median income, as established by HUD. The number of household members is used in the determination.

Ethnic Categories: HUD and grantees are required to treat ethnicity as a separate category. "Hispanic or Latino" and "Not Hispanic or Not Latino" are designated as separate ethnicity categories.

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Not Hispanic or Not Latino:** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Family: All persons living in the same household who are related by birth, marriage, or adoption.

Household: All persons occupying the same housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any group of related or unrelated persons who share living arrangements.

Housing Quality Standards (HQS): HQS are set acceptable conditions for interior living space, building exterior, heating and plumbing systems, and general health and safety. The purpose of HQS is to determine whether a housing unit is decent, safe and sanitary.

Income: (1) Annual income as defined under Section 8; (2) Annual income as reported under the Census long form; or (3) Adjusted gross income as defined by the IRS Form 1040.

Low Mod Job Creation or Retention (LMJ): An activity designed to meet the National Objective of creating or retaining permanent jobs, at least 70 percent of which (computed on a full-time equivalent basis) will be made available to or held by LMI persons.

Low Mod Limited Clientele (LMC): An activity carried out to meet the National Objective of benefit to LMI persons. Activities under the LMC category must meet one of the following criteria:

- Benefit clientele that is generally presumed to be principally LMI (abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers); or
- Require documentation on family size and income in order to show that at least 70 percent of the clientele are LMI; or
- Have income eligibility requirements limiting the activity to LMI persons only; or
- Be of such a nature and in such a location that it can be concluded that clients are primarily LMI.

Low Mod Income Area Benefit (LMA): An activity carried out to meet the National Objective of benefit to LMI persons that benefits all residents in a particular target area, where at least 51 percent of the residents are LMI persons.

Low and Moderate Income (LMI): Low and moderate income means family or household annual income less than the Section 8 Low Income Limit, generally 80 percent of the area median income, as established by HUD.

Low-Income Household/Family: A household/family having an income equal to or less than the Section 8 Very Low Income limit (50% of the area median income) as established by HUD.

Low Income: Households with annual income less than 50% of the area median income, as established by HUD.

Low Mod Housing (LMH): An activity carried out to meet the National Objective of benefit to LMI persons/households, e.g., acquisition, construction, or improvement of permanent, residential structures which, upon completion, will be occupied by LMI households.

Matrix Codes: The matrix code indicates how the activity is eligible under CDBG regulations, it generally identifies the purpose for which assistance was provided, and determines the type of accomplishment units that should be reported.

Microenterprise: A business that has five or fewer employees, one or more of whom owns the enterprise.

Moderate-Income Household/Family: A household/family having an income equal to or less than the Section 8 Low Income limit (80% of area median income) established by HUD, but greater than the Section 8 Very Low Income limit (50% of area median income) established by HUD.

QUARTERLY EXPENDITURE AND PROGRESS REPORT

INSTRUCTIONS, DEFINITIONS & ACRONYMS

Objectives: The objectives capture the range of community impacts that are expected to occur as a result of program activities. There are three possible objectives for each activity: 1) Creating Suitable Living Environments, 2) Providing Decent Housing, and 3) Creating Economic Opportunities.

Outcomes: The program outcome helps further refine the activity's objective and captures the nature of the type of change sought or the expected result of the activity. There are three possible outcomes: 1) Availability/Accessibility, 2) Affordability, and 3) Sustainability.

Period of Affordability: The number of years a homeowner or homebuyer must reside in and retain ownership of an assisted housing unit before the unit may be sold without penalty to the homeowner.

Program Income: Any gross income received by the sub recipient that was directly generated from the use of CDBG funds (24 CFR 570.500(a)).

Racial Categories: HUD data requests for racial information provides the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve, or are proposing to serve.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
6. **American Indian or Alaska Native & White.** A person having these multiple race heritages as defined above.
7. **Asian & White.** A person having these multiple race heritages as defined above.
8. **Black or African American & White.** A person having these multiple race heritages as defined above.
9. **American Indian or Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
10. **Other Multi-Racial.** A person reporting multi-race heritages not included in any of the other nine categories listed above, and that have a total count that exceeds one percent of the population served.

Section 504: Section 504 of the Rehabilitation Act of 1973 prohibits discrimination in Federally assisted programs on the basis of handicap. It imposes requirements to ensure that "qualified individuals with handicaps" have access to programs and activities that receive Federal funds. Minimum requirements include, but are not limited to: 1) Removal of Physical Barriers, 2) Provide Program Accessibility, 3) Make Employment Accessible, and 4) Administrative Requirements.

Sub recipient: An entity that assists the recipient to implement and administer its program. Sub recipients are generally nonprofit organizations that assist the recipient to undertake one or more activities on behalf of the grantee, such as administer a home rehabilitation loan pool or manage a job-training program. Sub recipients are also referred to as sub grantees.

Survey: The survey instrument and methodology must be approved by HUD for the purpose of establishing the percentage of LMI persons in a service area. A survey must meet standards of statistical reliability that are comparable to that of the Decennial Census data for areas of similar size. Additional guidance is available in CPD Notice 05-06.