



COMMUNITY DEVELOPMENT BLOCK GRANT

QUARTERLY REPORT – FY 2010

THESE FORMS ARE DIFFERENT FROM PREVIOUS FUNDING YEARS. PLEASE FOLLOW THIS NEW FORMAT.

AGENCY NAME: _____

ADDRESS: _____

PROGRAM NAME: _____

REPORTING PERIOD: (check one) CONTRACT NUMBER: _____

_____ First Quarter (July 1 – September 30, 2009) due October 15, 2009

_____ Second Quarter (October 1 – December 31, 2009) due January 15, 2010

_____ Third Quarter (January 1 – March 31, 2010) due April 14, 2010

REPORT PREPARED BY: _____

E-MAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

PROGRAM CATEGORY: () YOUTH () ADULT () BOTH

Original and two copies of Reports should be submitted to:

EDIC / JCS
To: Your Contract Administrator's Name
43 Hawkins Street, Boston, MA 02114

Quarterly Report Checklist

- Cover page with FY10 contract number and original signature
1. Program Summary for this quarter with Special Events / Activity Form(s) if applicable
2. Program Summary year-to-date
3. Evaluation Worksheet & year-to-date progress in meeting outcomes
4. Program Contact Information Sheet
5. Beneficiary Data Report (excel file)
Mailed to your Contract Administrator by 10th business day following reporting period (contact your Contract Administrator if you will not be able to submit this report by the deadline or if you have any questions).

1. PROGRAM SUMMARY – FOR THIS QUARTER

Questions 1 – 8 refer to activities that took place during this reporting quarter only.

1. How many participants were enrolled during this quarter? _____
2. In column 2a below, please select the back up documentation options that your program uses to verify clients' income eligibility. In column 2b, indicate what documents are kept in clients' files and available for review during the site visit. You don't need to provide a number, only mark with an X.

2a Income verification sources used by program	INCOME ELIGIBILITY ACCEPTABLE DOCUMENTATION (only ONE of the following is required)	2b Documents kept in clients' files
	Copy of Pay Stubs	
	Housing Authority Verification	
	Copy of Authorization to Receive Cash Public Assistance	
	Copy of Public Assistance Check	
	Copy of Masshealth Card	
	Copy of letter approving Commonwealth Care Insurance	
	Copy of school form indicating child receives free/reduced school lunch	
	Copy of Social Security Benefits	
	Copy of Pension Statement	
	Copy of Unemployment Insurance Documents	
	Copy of Award letter from Veterans Administration	
	Copy of Alimony Agreement	
	Written Statement from Shelter/Social Service Agency	
	Written Statement from other Federal, State or Local Agency	

3. Are CDBG FY10 Income Verification Forms complete, signed and dated for all participants enrolled during this quarter?

_____ YES

_____ NO - If you need the FY10 form, please contact your Contract Administrator.

If FY10 CDBG income verifications forms are not complete, please explain the process your program uses to verify participants' annual income, household size and address in order to determine participants' income category and residency eligibility. The program must have a document with this information signed and dated by each participant. **CDBG does not allow funding to be used for non-Boston residents.**

4. Complete the table below indicating the income category of beneficiaries enrolled during this quarter.

Report on Beneficiaries in this QUARTER ONLY	
INCOME CATEGORY (the total number enrolled for all categories should equal the total number of beneficiaries you enrolled this quarter)	Number of Beneficiaries that were enrolled (this quarter only)
LOW/MOD INCOME:	
LOW INCOME:	
VERY LOW INCOME:	
NON-INCOME ELIGIBLE: (Only 10% of contracted number of beneficiaries may be non-income eligible.)	
TOTAL NUMBER ENROLLED (add all income categories):	
<i>NOTE: numbers listed in each income category above should match those listed in the income section of the Beneficiary Data Report excel table for this quarter</i>	

5. Highlight significant achievements and accomplishments this quarter. Some possible examples are graduations, field trips, workshops, guest speakers, or linkages with other organizations.

6. Identify issues or problems that need to be addressed in order to ensure successful program performance such as fiscal, staffing, program recruitment, or management issues. For each issue, specify measurable action steps, individuals responsible for addressing the issue and expected outcomes. Is there any way JCS can help? Does the staff need additional training from JCS regarding CDBG?

7. Indicate any vacancies and/or changes in your program or administrative staff that occurred during the summary period. Please indicate duration of vacancy and how your agency is handling the vacant position(s). (Notification of vacant positions funded by CDBG or of positions essential to the administrative operation of the program is REQUIRED – New hires for such vacancies should include resumes, start dates and salaries – salary required for CDBG funded positions only)

8. Did CDBG funds support any special events/activities held by your program during this quarter? (i.e. community events where your agency collaborated with other organizations for a particular purpose or to meet a specific need of the community)

____NO – please skip to Program Summary year-to-date section

____YES – please complete the Special Events/Activity section below for each event or activity.

SPECIAL EVENTS / ACTIVITY FORM

Event Title: _____ Date of event: _____

Location: _____

Attendance: # Staff: # Adults/parents: # Youth:

- What was the purpose or goal of this event? Please relate this purpose or goal specifically to the project for which you received funding and discuss how the event enhances your funded project.
- Describe briefly what actually occurred at the event. Did the event occur as planned? If not, please discuss specific challenges you faced.
- Describe any information distributed at this event, if any. Please attach copies of distributed information or literature.
- What happened as a result of the event? What were the actual outcomes? Where these outcomes different from your intended outcomes? If so, please discuss briefly why.
- Was there any feedback about your event? (Attach evaluations forms, if any)
- Was/is there any follow-up planned for the event? Will there be other activities planned as a result of this event?
- If you had to do this event over again, what would you do differently?
- Please attach an attendance or sign-in sheet.

2. PROGRAM SUMMARY – YEAR-TO-DATE

Questions 9 - 13 and the evaluation worksheet refer to program progress year-to-date.

9. How many CDBG-eligible participants have been enrolled since July 1st? _____

10. Contracted number of participants to be served (see evaluation worksheet in contract): _____

11. What percent of contracted goal has been achieved? (divide #9 by #10) _____

12. Complete the table below indicating **Neighborhood Locations** of clients served **since July 1st** (year-to-date). The total number of clients in all neighborhoods plus the number of homeless clients should match the total number of clients you indicated in question #9 above.

Report on YEAR-TO-DATE CDBG Beneficiaries					
Neighborhood	year-to-date # served	Neighborhood	year-to-date # served	Neighborhood	year-to-date # served
Allston/Brighton 02134, 02135, 02146		Hyde Park 02136		Roslindale 02131	
Charlestown 02129		Jamaica Plain 02130		Roxbury 02119, 02129, 02120, 02121	
Chinatown/Downtown 02111, 02109, 02110, 02114		Mattapan 02126		South Boston 02127	
East Boston 02128		North or South Dorchester 02125, 02122, 02124		South End/ Back Bay 02118, 02108, 02116	
Fenway/Kenmore 02115, 02215		North End 02113		West Roxbury 02132, 02167	
Number of HOMELESS beneficiaries year-to-date: Please DO NOT leave this section blank. Indicate 'none' if no beneficiaries are homeless.					

13. Please list the number of clients served under each category **since July 1st**, (year-to-date).

If none please indicate 0, do not leave any blank:

- BHA Residents:
- Welfare Recipients:
- Unemployed:
- Limited English:

3. EVALUATION WORKSHEET from CDBG FY10 Contract

On this page, please insert a copy of the evaluation worksheet(s) from your FY10 contract; including your program's goal, objectives, methods, outcomes and measures.

We will use the contract's evaluation worksheet(s) as a guide to review your program's year-to-date progress on each Objective and Outcomes in the next section.

3. REPORTING ON YEAR-TO-DATE PROGRESS ON OBJECTIVES & OUTCOMES

Please list each objective with its related outcomes and then the year to date progress achieved. Indicate the number or percent of participants that attained each outcome.

FORMAT:

- List Objective from Contract (refer to the evaluation worksheet in your contract).
- List Outcomes expected for that Objective (refer to the evaluation worksheet in your contract).
- Provide year-to-date progress for the outcomes for that Objective (indicating # or % of participants that achieved each outcome).

(This format should be repeated for as many Objectives as your program has in its evaluation worksheet in the contract.)

EXAMPLE:

OBJECTIVE 1: *Participants will demonstrate improved employability skills and increase their work opportunities.*

OUTCOMES EXPECTED FOR OBJECTIVE 1:

- **Outcome 1:** *50% of participants will prepare a resume, write a standard cover letter and apply for at least 5 jobs.*
- **Outcome 2:** *75% of participants will find employment with a minimum salary of \$10/hr.*

YEAR-TO-DATE PROGRESS:

- **Outcome 1:** *Of the 40 participants we are contracted to serve, we have enrolled 25 thus far. They all have completed intake forms including the FY10 CDBG Income Verification form. 25 out of 40 program participants (63%) have completed their resume and cover letter. 10 out of 40 program participants (25%) have also submitted job applications. One participant left the program due to relocating to another state.*
- **Outcome 2:** *Two participants (5%) have found employment to date. One participant will be working at a local supermarket (at \$8.50/hr) and the other was hired for the summer season as a housekeeper in a local hotel (at \$12/hr). The program will continue to provide resources for these participants to help them increase their wages or find additional employment opportunities.*

4. PROGRAM CONTACT INFORMATION UPDATE

Please provide your program's contact information, to ensure that we follow-up with the correct staff point person for issues relating to the following:

Quarterly Reports

Staff's Name: _____
Job Title: _____
Address: _____
Phone: _____
E-mail: _____
Fax: _____

Invoices

Staff's Name: _____
Job Title: _____
Address: _____
Phone: _____
E-mail: _____
Fax: _____

Contract

Staff's Name: _____
Job Title: _____
Address: _____
Phone: _____
E-mail: _____
Fax: _____

5. BENEFICIARY DATA REPORT

The Beneficiary Data Report is a table in excel format.

Please complete it and attach it to this report in order for your quarterly to be complete.

Please review it carefully to ensure it adds up across categories so that we are able to report your program's accurate progress to the Department of Neighborhood Development.

NOTES:

- The table is set to track the demographics of the CDBG-eligible clients enrolled each quarter. The number you put in for this quarter should match the number you indicated in question #1 on page 2. The last rows in the table will add up all the quarters automatically to track year-to-date totals.
- Numbers reported under each category should add up across for each quarter. For example: if in question #1 on page 2 you indicate that you enrolled 25 clients in the quarter, the first column on the table will indicate 25 CDBG clients; the breakdown in each of the four categories (INCOME, RACE/ETHNICITY, GENDER, and AGE) should also add up to 25. The only column that doesn't need to add up is the 'Female Head of Household'. In it, you should indicate how many of the clients you enrolled are part of a single-parent household headed by a female.
- DO NOT subtract any clients who have left the program. You should indicate that a client left the program or was terminated in the year-to-date evaluation section of the report but you should not remove them from the Beneficiary Data Report table.
- How to report on '# of disabled': In each quarter you can further specify if any of the clients enrolled also have a disability. The second row for each quarter is a subset of the top row. The first row should include ALL clients enrolled in that quarter (with & without a disability) and the second row should indicate how many of those reported on the row above have a disability.

If you are unsure about how to complete any part of this report, please contact your Contract Administrator or Program Manager:

Damal Ray	617-918-5249	Damal.Ray.JCS@cityofboston.gov
Sammy Tse	617-918-5271	Sammy.Tse.JCS@cityofboston.gov
Sorraia Tavares	617 918 5272	Sorraia.Tavares.JCS@cityofboston.gov
Xanty Necoechea	617-918-5273	Xanty.Necoechea.JCS@cityofboston.gov

Attach quarterly report Beneficiary Data Report (table in excel file)