



King County
Housing & Community
Development Program

**COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRAM ACCOMPLISHMENTS FORM**

Agency Name: City of Renton CDBG Project No.: C10751... CDBG Project Title: Renton Minor Home Repair
 CDBG Contract No: D 39856D...

Reporting Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter OR Monthly _____
 Month

Personnel (State names of employees funded in whole or part by your contract)

Lynn Rothlisberger

Mark Baldrige

We certify that all CDBG funds expended for personnel costs are directly attributed to CDBG eligible activities.

Accomplishments By Performance Measures

Performance Measures	Reporting Period			Race (Only for reporting period)	#Total	#Hispanic (subset of #Total)	Single Head of Household		Income (only for non-presumed benefit projects)		
	Projected	Actual	Cumulative to Date				Single Male Head of Household	Single Female Head of Household	Moderate (51-80%)	Low (31-50%)	Extremely Low (0-30%)
				White (11):	35	1					
				Black/African American (12):	4	0					
				Asian (13):	4	0					
				American Indian/Alaskan Native (14):	0	0					
				Native Hawaiian/Other Pacific Islander (15):	0	0					
				American Indian/Alaskan Native & White (16):	0	0					
1. Unduplicated Count of Persons Assisted				Asian & White (17):	0	0	1	3	11	21	11
2. Unduplicated Count of Households Assisted	11	43	115	Black/African American & White (18):	0	0					
3. Units of Service	47	183	396	American Indian/Alaskan Native Black/African American (19):	0	0					
4.				Other Multi-racial (20):	0	0					
				TOTAL:	43						

5. Performance Measures. Provide a narrative explanation if you are behind in meeting performance measures.

6. Program narrative. Please include information such as current trends, program developments, special events, publicity or community education efforts, etc. Be sure to address any discrepancies between the level of services actually provided and performance goals. Attach additional pages as necessary.

FOR HCD USE ONLY Ver. 12/09

Reviewed:

Entered:

Instructions

No Voucher will be paid unless this form has been completed.

Item 1: Unduplicated Count of Persons Assisted

Reporting Period:

- Insert the projected number of clients to be served as specified in your HCD Contract Scope.
- Insert the unduplicated number of clients served during the reporting period. Unduplicated means that one person served by your agency is counted once during the calendar year. You may report only those persons for whom you maintain written records. This record must be established at the time the person is first served by your agency.
- Insert the total unduplicated number of clients served to date.

Race:

Insert the ethnicity for the unduplicated clients served during this reporting period. When completing this section, if the individual is not Hispanic or Latino, use the first column labeled #Total. If the individual is Hispanic, use the first column to identify race (which gives us a total), then count the individual in the second column, which is a subset of the first column.

Single Head of Household by gender:

Insert the unduplicated number of single male and/or female head of households with dependents/children served during the reporting period.

Income (only for non-presumed benefit projects):

If your HCD Contract Scope requires verification of each client's household size and income, insert the unduplicated clients (not households) served who are **Moderate Income** (51-80%), **Low-Income** (31-50%) and **Extremely Low-Income** (0-30%).

Items 2-4: Service Units

Insert the projected number of service units for the Reporting Period as specified in your HCD Contract Scope. Insert the actual number of service units provided during the Reporting Period. The actual number of service units provided may be duplicated counts. Duplicated means that a client served by your agency may receive service one or more times during the calendar year in one or more of the service unit categories.

Item 5: Performance Measures

You must provide a narrative explanation if your agency is behind in numbers served and/or units of service as specified in your HCD Contract Scope.

Item 6: Program Narrative.

Provide information you would like shared in the Consolidated Annual Performance and Evaluation Report (CAPER) that highlights your program and activities.