

**CDBG / HOME  
FISCAL YEAR 2009-2010  
COUNTY OF SANTA CLARA  
HOUSING AND COMMUNITY DEVELOPMENT PROGRAM**

**QUARTERLY SUB-RECIPIENT PROJECT MONITORING REPORT**

QUARTER:  1<sup>st</sup> (July – Sept)     2<sup>nd</sup> (Oct – Dec)     3<sup>rd</sup> (Jan – Mar)     4<sup>th</sup> (Apr – Jun)

DATE: \_\_\_\_\_ PROJECT #: \_\_\_\_\_

**CONTRACT AGENCY** Is Agency Faith Based?  
Name and Address:     Yes     No

**PROJECT**  
Name and Address:

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Person Reporting) CONTACT'S E-MAIL: \_\_\_\_\_

**1. PROJECT PROGRESS TO DATE**

- a. Indicate goals/objectives planned for the quarter as stated in the Performance Measurements (Exhibit B) of the contract and what was achieved:

<b>Goal:</b>						
Objective 1.	Outcome	TOTAL # to be served	Goals per Quarter			
			1st	2nd	3rd	4th
			Achieved per Quarter			
Objective 2.	Outcome	TOTAL # to be served	Goals per Quarter			
			1st	2nd	3rd	4th
			Achieved per Quarter			

- b. Indicate goals/objectives not attained and reason why:

\_\_\_\_\_

**For County HCD Staff Use Only:**  
Logged in by: \_\_\_\_\_  
Date: \_\_\_\_\_

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

c. What steps has project management taken or proposed to resolve problems in achieving goals?

**2. RESOLUTION OF PROBLEMS FROM THE PRIOR PERIOD**

Please explain, if applicable:

**3. DIRECT BENEFIT ACTIVITIES (if applicable)**

Persons / Households

- a. **Total number of beneficiaries** assisted regardless of income: \_\_\_\_\_
- b. Total number of **Low/Mod. Income\*** (0 to 80% or the HUD Income ceiling or the area) \_\_\_\_\_
- c. Total number of **Low Income\*** (Over 30% to 50% of County Median Income) \_\_\_\_\_
- d. Total number of **Extremely Low Income\*** (0 to 30% of County Median Income) \_\_\_\_\_

**4. PRESUMED BENEFIT**

In certain cases, Presumed Benefit may be indicated. If this is the case, please add explanation under Section 6. CLIENT ELIGIBILITY.

**5. RACE/ETHNIC CATEGORIES**

a. (Please note that the sum of 11 – 20 should equal 3 a. Total Number of Beneficiaries regardless of income, as indicated above.)

	<b>Race – Indicate only one race per person or household. Report by person or household as indicated in section 3.</b>	<b>Total Number</b>	<b>Number if also Hispanic</b>
11	White		
12	Black/African American		
13	Asian		
14	American Indian/Alaskan Native		
15	Native Hawaiian/Other Pacific Islander		
16	American Indian/Alaskan Native <b>and</b> White		
17	Asian <b>and</b> White		
18	Black/African American <b>and</b> White		
19	American Indian/Alaskan Native and Black/ African American		
20	Other Multi-Racial		
	<b>TOTAL</b>		

b. Number of **Female Head of Household** (regardless of race): \_\_\_\_\_

**6. CLIENT ELIGIBILITY**

For low/moderate, low, and extremely low income, and/or presumed benefit beneficiaries, please indicate how eligibility was determined and verified:

\*See attached HUD Income Limits