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## Grantee Performance Report

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### General Information

Grantee name		Grant number	
Grantee address		Report date	
Grantee phone number		Contact person	
Grant begin date		Original grant end date	
Modification number		New grant end date	

### Report Preparer

Name/Title of Preparer	
Community /Company	
Address	
Phone Number	

### Leveraging Funds

Leveraging Fund Source	Grant Agreement Commitment	Amount Expended to Date	Estimated Final Expenditure Amount
CDBG Funds			
Local Match (Private)			
Program Income			
Other (lists)			

### Financial Status Report

1 Activity Code	2 Expense Item Description	3 Latest Approved Budget Amount	4 Disbursements to Date	5 Unpaid Obligations (End of Period)	6 Total Commitments (4 + 5)	7 Free Balance Per Item (3 - 6)
<b>Column Totals</b>						



**PROJECT BENEFICIARIES BREAKDOWN  
SOURCE OF INFORMATION:**

	Total Proposed Beneficiaries (all activities)	Total proposed	Hispanic	Total Actual Beneficiaries (all activities)	Total actual	Hispanic
	Number of People			Number of People		
S I N G L E  R A C E	Number of Whites			Number of Whites		
	Percent			Percent		
	Number of Blacks/African Americans			Number of Blacks/African Americans		
	Percent			Percent		
	Number of Asian			Number of Asian		
	Percent			Percent		
	Number of American Indian/Alaskan Native			Number of American Indian/Alaskan Native		
	Percent			Percent		
	Number of Native Hawaiian/Other Pacific Islander			Number of Native Hawaiian/Other Pacific Islander		
	Percent			Percent		
M U L T I  R A C E	American Indian/Alaskan Native & White			American Indian/Alaskan Native & White		
	Percent			Percent		
	Asian & White			Asian & White		
	Percent			Percent		
	Black/African American & White			Black/African American & White		
	Percent			Percent		
	American Indian/Alaskan Native & Black/African American			American Indian/Alaskan Native & Black/African American		
Percent			Percent			
	Balance/Other			Balance/Other		
	Percent			Percent		
	Number of Handicapped			Number of Handicapped		
	Percent			Percent		
	Number of Low/Moderate-Income People			Number of Low/Moderate-Income People		
	Percent			Percent		
	Number of Female-headed Households			Number of Female-headed Households		
	Percent			Percent		
	Number of Elderly People			Number of Elderly People		
	Percent			Percent		

**Closeout Form 1**

<b>Contractor Name and Address</b>	<b>Trade Code</b>	<b>Racial/Ethnic Code</b>	<b>Prime Contractor ID Number</b>	<b>Sub Contractor ID Number</b>	<b>Female Y/N</b>	<b>Amount of Contract</b>
<i>(List All Contracts Awarded on Project)</i>						

<b>Trade Codes:</b>		<b>Ethnic Codes:</b>	
1 - New Construction	6 – Professional	1 – White American	4 – Hispanic American
2 – Substantial Rehab	7 – Tenant Services	2 – Black American	5 – Asian American
3 – Repair	8 – Education/Training	3 – Native American	6 - Other
4 – Service	9 – Arch/Eng/Appraisal		
5 – Project Mgmt.	0 - Other		

**Grantee Certification**

The Grantee's Chief Elected Official certifies that:

1. To the best of his/her knowledge, the data in this report was true and correct as of the report date.
2. This report accurately represents expenditures under this grant project and that such disbursements have been made in accordance with the Grant Agreement.
3. The records described in 24 CFR Part 570 are being maintained and will be made available upon request.

Signature	
Typed name/title	
Date	

**Include this page only for Economic Development Projects.**

**Job Creation**

Participating company	
Goal date for completion of job creation/retention	
Has actual job creation/retention goal been met	

**Proposed Goal Job Creation/Retention**

	Total number	Low/Moderate	Minority	Female
Jobs created				
Jobs retained				

**Actual Job Creation/Retention**

	Total number	Low/Moderate	Minority	Female
Jobs created				
Jobs retained				

**Certification**

I certify under penalties of perjury that the information on this report is true and correct to the best of my knowledge and belief in every respect as to job creation/retention, and that I have not withheld or overstated any of the information presented in this report.	
Typed Name and Title of Business Developer	
Signature of Business Developer	
Date	
Typed Name and Title of Chief Elected Official	
Signature of Chief Elected Official	
Date	