

MONTHLY PROGRESS REPORT

Program Year _____ Month _____

SUBRECIPIENT _____

Address _____

Contact Person _____ Phone # _____

Project Name _____ Project # _____

PART I. ACTIVITY STATUS FOR MONTH

Progress Achieved in Accomplishing Project Goals and Objectives

(Goals and objectives should correspond to the goals and objectives in the approved grant application). Indicate measurable units (e.g. # of clients served this reporting period, # of clients low and moderate income persons, or # of brochures distributed, etc.)

A. ACTIVITIES (Goals/Objectives)

#1 Planned: _____

Actual: _____

#2 Planned: _____

Actual: _____

#3 Planned: _____

Actual: _____

#4 Planned: _____

Actual: _____

B. Percentage of Project Completed to Date: _____
(If not on schedule, please explain in "C. Difficulties Encountered")

C. DIFFICULTIES ENCOUNTERED

(As applicable, should include information on specific reasons why goals and objectives were not met)

ACTIVITY _____

Problem(s):

Resolutions/Corrective Action Plan and Schedule:

D. ACTIVITY ANTICIPATED NEXT REPORTING PERIOD

(Should correspond to the "Planned" entries under Progress Achieved in the next report)

Goal/Objective 1:

Goal/Objective 2:

Goal/Objective 3:

Goal/Objective 4:

PART II. MONTHLY SERVICE STATISTICS

(1st Report should list all clients beginning January 1, thereafter list only new clients.)

1. Number of all persons served this Month: _____
 (NEW means never served and/or reported before)

2. Income of Clients Served this Month:

a.	Number of Low & Moderate (L/M) Income Persons	
b.	Number of all Others (not low mod)	
c.	Total (should be same as #1 above)	
d.	Number of Low Income Persons (Of the total L/M persons in item a, how many are low income?)	
e.	Number of Extremely Low Income Persons (Of the total L/M persons in item a, how many are extremely low income?)	

3. Race/Ethnicity of Clients this Month:

Of the number of persons served in #1, how many are:	RACE # Total	*Ethnicity # Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
Am. Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
TOTAL		

* Of the race identified in 2nd column, how many are of Hispanic origin.

4. Number of Female Headed Households Served _____
 5. Number of Persons who are 62 or older _____
 6. Number of Persons Disabled _____
 7. **Cumulative Number of Persons Served to Date** _____

 Signature of Director

 Date

Year 2008 Income Limits

Family Size (persons)	Extremely Low Income (0%-30% of Median)	Low Income (31%-50% of Median)	Low/Moderate Income (51%-80% of Median)	Not LM
1	\$0 - 11,400	\$0 - 19,000	\$0 - 30,400	\$30,401+
2	\$0 - 13,050	\$0 - 21,700	\$0 - 34,750	\$34,751+
3	\$0 - 14,650	\$0 - 24,450	\$0 - 39,100	\$39,101+
4	\$0 - 16,300	\$0 - 27,150	\$0 - 43,450	\$43,451+
5	\$0 - 17,600	\$0 - 29,300	\$0 - 46,950	\$46,951+
6	\$0 - 18,900	\$0 - 31,500	\$0 - 50,400	\$50,401+
7	\$0 - 20,200	\$0 - 33,650	\$0 - 53,900	\$53,901+
8	\$0 - 21,500	\$0 - 35,850	\$0 - 57,350	\$57,351+