

CITY OF SHREVEPORT DEPARTMENT OF COMMUNITY DEVELOPMENT
PROJECT PERFORMANCE REPORT PUBLIC SERVICE PROJECTS

Name of Provider: _____ Date Submitted: _____
 Contact Person: _____ Period Covered: _____
 Telephone: _____ Site Address _____ Proposed # participants _____

I. Program Goals :

II. Monthly Activities Performed:

III. PROGRAM BENEFICIARIES
CURRENT MONTH and YTD

| <u>RACIAL/ETHNIC CHARACTERISTICS OF FAMILY</u> | <u>FAMILY INCOME</u> | | | | | |
|--|----------------------------|-----|------------------------|-----|----------------------------------|-----|
| | # of Low/Mod Income Family | | # of Low Income Family | | # of Extremely Low income Family | |
| | This month | YTD | This month | YTD | This month | YTD |
| 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 | | | | | | |
| American Indian/ Alaskan Native & Black African American | | | | | | |
| Asian/ Pacific Islander | | | | | | |
| Other multi-racial | | | | | | |
| Total | | | | | | |

IV. *Program Outcomes: (Provide benefits received by program participants)

* A Final Program OutCome report is required at the completion of each program.

Instructions

Complete this form monthly. Responses to the reported goals and activities should be in bullet format rather than a narrative. Provide the following requested information on CDBG supported program/activity:

- I. Goals—List the goals that your program or activity is addressing this reporting period.
- II. Monthly Activities Performed—Identify service or activity undertaken during the month.
- III. Program Beneficiaries-- Provide the number of families by race and income benefiting from program or activities. The number in the column for those served this month should be number of new people served this month. This is an **unduplicated** number. The Year to Date (YTD) column includes the total unduplicated number served to date.
- IV. Outcomes-- In this section provide results of your program or activities. Identify specific achievements.