

## PROJECT REPORT FOR THE CDBG-ED PROGRAM

This report is due according to the Reporting Section of your Agreement with DOA.

**\*\*Please include Self-Certification forms and any other documentation for evidence of jobs created/retained, and that positions were made available to LMI persons\*\***

PROJECT INFORMATION		
<b>NAME OF PROJECT:</b>  <b>NAME CHANGE?</b> <input type="checkbox"/> Yes (Attach copy of Articles Of Organization) <input type="checkbox"/> No <b>ADDRESS CHANGE?</b> <input type="checkbox"/> Yes (Attach Letterhead Showing Change) <input type="checkbox"/> No	<b>CONTRACT #:</b>  <b>REP:</b>  <b>BUSINESS DUNS NUMBER:*</b>  <b>LOAN BALANCE: \$</b>  <b>LOAN REPAYMENTS ARE:</b> <input type="checkbox"/> In Deferral <input type="checkbox"/> Current <input type="checkbox"/> Past Due (Attach Explanation)	<b>FOR PERIOD ENDED:</b>

\*DUNS numbers are required by the United States Department of Housing and Urban Development (HUD) as a condition of receiving federal funds. You can determine if an organization has an existing number by calling 866-705-5711 or you may obtain a number by calling Dunn and Bradstreet at 866-705-5711 or applying online at [dunandbradstreet.com](http://dunandbradstreet.com). There is no charge for obtaining a number.

PROJECT FUNDING INFORMATION	
<b>CDBG-ED Amount Awarded (not including Community's funds for Administration)</b>	
<b>Total Budgeted Project Cost per Agreement (not including Community's funds for Administration)</b>	
<b>Total CDBG-ED Funds Spent to Date (not including Community's Administration funds)</b>	
<b>Total Grantee Match Funds Spent to Date</b>	
<b>Total Project Cost to Date</b>	
<b>Total Private Investment to Date</b>	

PROJECT UPDATE
Please provide a brief update on the project status:

EMPLOYMENT REQUIRMENTS	
<b>First Measurement Date per Agreement:</b>	<b>Second Measurement Date per Agreement:</b>
<b>Total Number of Full Time Positions to be Retained per Contract:</b>	
<b>Total Number of the Full Time Positions Retained that are held by low-moderate income persons:</b>	
<b>Total Number of Full Time Positions to be Created per Contract:</b>	
<b>Total Number of Full Time Positions Created made available to low-moderate income persons:</b>	
<b>Total Number of Full Time Positions to be Retained and/or Created per Contract:</b>	
<b>Total Number of Full Time Positions Retained and/or Created for low-moderate income persons:</b>	

**EMPLOYMENT INFORMATION FOR ANNUAL REPORTING PERIOD ENDED \_\_\_\_\_**

<b>TOTAL CREATED</b>	
<b>TOTAL EXISTING /RETAINED JOBS</b>	
<b>TOTAL WORKFORCE (CREATED + EXISTING)</b>	

<b>Number</b>	<b>RACE OF JOBS CREATED</b>	<b>Number</b>	<b>RACE OF JOBS CREATED</b>
	WHITE		AMERICAN INDIAN/ALASKAN NATIVE & WHITE
	BLACK/AFRICAN AMERICAN		ASIAN & WHITE
	ASIAN		BLACK/AFRICAN AMERICAN & WHITE
	AMERICAN INDIAN/ALASKAN NATIVE		AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN
	NATIVE HAWAIIAN/PACIFIC ISLANDER		HISPANIC
	OTHER		OTHER MULTI-RACIAL

<b>INFORMATION ON POSITIONS CREATED DURING THIS PERIOD</b>		
<b>CLASSIFICATION</b>	<b>TOTAL CREATED</b>	<b>AVG HRLY WAGE</b>
OFFICIALS AND MANAGERS		
PROFESSIONALS		
TECHNICIANS		
SALES		
OFFICE AND CLERICAL		
CRAFT WORKERS (SKILLED)		
OPERATIVES (SEMI-SKILLED)		
LABORERS (UNSKILLED)		
SERVICE WORKERS		
<b>TOTAL CREATED</b>		

Have new positions been provided employer sponsored health care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have position openings have been posted with workforce development or local employment agency per your Agreement with DOA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have any new positions been filled by individuals that were previously unemployed? If yes, please provide the number:	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>SIGNATURE:</b>	
I certify the information in this report is correct.	
_____ Signature of Authorized Person Completing this form	
_____ Name of Authorized Person Completing this form	
_____ Email Address of Authorized Person Completing this form	<b>DOA Review (Initials)</b>