Exhibit E

Quarterly Report Form PP-01

CITY AND COUNTY OF HONOLULU
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
QUARTERLY REPORT FORM

Reporting Schedule:

Quarter 1:	July 1st to September 30th	Due: October 31st
Quarter 2:	October 1st to December 31st	Due: January 31st
Quarter 3:	January 1st to March 31st	Due: April 30th
Quarter 4:	April 1st to June 30th	Due: July 31st

Agency Name: _____

_____

Address: _____

_____

Contact Person for this Report: _____

Telephone Number: _____

Project Title: _____

Contract Number: _____

1. Describe the project activities accomplished during this report period:

2. **Describe the activities anticipated to be accomplished during the next report period:**

3. **What challenges did you encounter during this report period:**

4. **What is the total number of unduplicated clients served during this report period?**

5. **Beneficiary Data:**

A. Race and Ethnicity:

Please indicate how many unduplicated clients, served during this report period, fall into each race category. In addition to each race category, please indicate how many persons in each race category consider themselves Hispanic

SINGLE RACE CATEGORIES	TOTAL	HISPANIC
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
MULTI-RACE CATEGORIES		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
TOTAL:		

B. Number of Female Headed Households?

_____

C. Complete EITHER question C1 **OR** C2 (DO NOT COMPLETE BOTH).

Complete question C1 if your program only serves clients in one or more of the listed HUD **Presumed Benefit** categories.

Complete question C2 if any client in your program does not fall into a Presumed Benefit category.

Clients served reported as: ☐ Individuals ☐ Households
(check only one)

1. PRESUMED BENEFICIARY DATA:
Indicate the total number of unduplicated persons served during this report period who fall into each presumed benefit category:

CATEGORY	# SERVED
1. Abused Children	
2. Battered Spouses	
3. Severely Disabled Adults*	
4. Homeless Persons	
5. Illiterate Adults	
6. Persons with HIV/AIDS	
7. Migrant Farm Workers	
8. Elderly (62+)	
TOTAL:	

* - The Bureau of the Census' Current Population Reports definition of "severely disabled" is: A person who is unable to perform one or more activities, or who uses an assistive device to get around, or who needs assistance from another person to perform a basic activity is considered to have a severe disability.

2. OTHER BENEFICIARY DATA:
Indicate the total number of unduplicated persons served during this report period who fall into each category.

CATEGORY	# SERVED
1. Extremely Low Income (less than 30% of Median Family Income):	
2. Low Income (31 - 50% of Median Family Income):	
3. Moderate Income (51 - 80% of Median Family Income):	
4. Non-Low/Moderate Income (81%+ of Median Family Income)	
TOTAL:	

6. Project Specific Measures:

PUBLIC SERVICE PROJECTS	
Public Service Projects	**Does Not Apply** ☐
Number of persons with **new** access to service	
Number of persons with **improved** access to service	
Number of persons where service quality was improved	

PUBLIC FACILITIES PROJECTS	
Public Infrastructure & Facilities	**Does Not Apply** ☐
Number of persons assisted with **new** access to a facility or infrastructure	
Number of persons assisted with **improved** access to a facility or infrastructure	
Number of persons assisted where facility or infrastructure quality was improved	

CERTIFICATION

I, the undersigned, do hereby certify that the information contained in this report is true and correct and accurately reflects the progress and status of the project.

Authorized Signature: _____ Date: _____

Return completed report to: City and County of Honolulu
Department of Community Services
925 Dillingham Blvd, Suite 200
Honolulu, Hawaii 96817
Attention: Director