

**CITY OF JERSEY CITY  
DIVISION OF COMMUNITY DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
QUARTERLY ACTIVITY REPORT**

**Agency:** \_\_\_\_\_ Your Agency \_\_\_\_\_

**Program:** \_\_\_\_\_ Your Program \_\_\_\_\_

**Director:** \_\_\_\_\_ Your Director \_\_\_\_\_ **Report Preparer:** \_\_\_\_\_ Preparer's name \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ April, May, June \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**I. STATISTICAL DATA**

**A. QUARTERLY STATISTICS**

- 1. New Participants \_\_\_\_\_
- 2. Carry Overs \_\_\_\_\_
- 3. Reporting Period Levels of Service \_\_\_\_\_ 0

Total of Lines 1 and 2 must equal Line 3. All participants are considered new in the first quarter of the fiscal year.

**COUNT NEW PARTICIPANTS ONLY FOR SECTIONS B - F**

**B. Ethnic Breakdown**

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**B1. Race**

	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	_____	_____	Black/African American	_____	_____
Asian	_____	_____	Asian & White	_____	_____
American Indian/Alaskan Native	_____	_____		_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____		_____	_____
American Indian/Alaskan Native & White	_____	_____		_____	_____
Black/African American & White	_____	_____		_____	_____
Am. Indian/Alaskan Native & Black/African American	_____	_____		_____	_____
Asian/Pacific Islander	_____	_____		_____	_____
Other Multi-Racial	_____	_____		_____	_____

**C. Gender Identification:** Female \_\_\_\_\_ Male \_\_\_\_\_

- D. **Number of Female Heads of Household:**
- E. **Number of Handicapped Persons Served:**
- F. **Number of Homeless Persons Served:**
- G. **Number of low moderate income persons served**   
 (51 - 80% of median family income)
- Number of low-income persons served**   
 (31 - 50% of median family income)
- Number of very low-income persons served**   
 (30 - 0% of median family income)
- Over 80% of family median income**

All clients who are served in the First Quarter are considered NEW regardless of previous participation. Only those clients that were not reported in the First Quarterly Report are considered new in the remaining reports.

B. Ethnic Breakdown	B1. Race (Hispanic)	B1. Race (Non-Hispanic)
C. Gender Identification	G. Family Median Income	

**II. eLogic Model**

Please use this page to report how services provided are impacting your clients. Goals must coincide with the goals your agency has identified in the subgrantee agreement.

Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Measure			Evaluation Tools
2	3	4			5	6			7
Planning	Programming	Projection	Actual	YTD	Impact	Projection	Actual	YTD	Accountability
0	0	#N/A			0	#N/A			A. Tools for Measurement
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
	0	#N/A			0	#N/A			B. Where Data Maintained
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
0	0	#N/A			0	#N/A			C. Source of Data
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
	0	#N/A			0	#N/A			D. Frequency of Collection
		0		0		0	0		
	0	#N/A			0	#N/A			0
		0		0		0	0		
	0	#N/A			0	#N/A			E. Processing of Data
		0		0		0	0		
0	#N/A			0	#N/A			0	
	0		0		0	0			0
0	#N/A			0	#N/A			0	
	0		0		0	0			0

		0		0		0		0		0
	0	#N/A			0	#N/A			0	
		0		0		0		0		0
	0	#N/A			0	#N/A			0	
		0		0		0		0		0
0	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
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	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
0	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		
	0	#N/A			0	#N/A				
		0		0		0		0		

Please use additional sheets if necessary.

**III. AGENCY COLLABORATIONS**

Please use this space to report any collaborations/partnerships your agency has established during this quarter (List types of resources contributed by each partner, role of your agency and role of partner(s) in the program.)

**IV. SUCCESS STORY**

Please use this space to describe a success ("feel good") story that occurred during this quarter.

**V. PERSONNEL CHANGES**

Please use this space to report any additions/terminations in personnel. (Be specific. List names, titles, and dates of change).

**VI. PROBLEMS & ADDITIONAL COMMENTS**