## SECTION I: GENERAL INFORMATION

|  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Recipient Name: | Grant Number: |  | Report No: |  |  | Quarter End: |  |
| Contact Person: |  |  |  |  | E-mail: |  |  |

## SECTION II: CONTRACTS/SUBCONTRACTS \& LABOR FOR THIS QUARTER

| Contractor/Subcontractor Name | Address | City, State, Zip | Prime Contractor ID \# | $\begin{gathered} \mathrm{Sec} \\ 3 \\ \hline \end{gathered}$ | Subcontractor ID \# | $\begin{gathered} \text { Sec } \\ 3 \\ \hline \end{gathered}$ | Total Amt. Contract/Sub | CDBG Part | Trade Code | Race Code | Women Owned |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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## Trade Codes: 1 = New Construction, 2 = Education/Training, 3 = Other

Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian
 by current residents of public housing, or Section 8 -assisted housing
Section 3 - Labor Hours Please enter unreported hours. If submitting the 2nd Quarter report (ending $6 / 30$ ) enter the cumulative hours as well. The cumulative reporting period is $7 / 01$ - $6 / 30$.

| Quarterly Hours |  | Annual Report - Quarter ending 6/30 |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Total Labor Hours |  |  |  |  |
| Section 3 Target Worker |  |  |  |  |
| Section 3 Worker Hours |  |  |  |  |

 YouthBuild Participant.

A section 3 worker is: A low or very low-income worker, OR employed by a Section 3 business concern, OR a YouthBuild participant.

## Section 3 - Efforts

| Please indicate which efforts the Recipient has executed to recruit or provide training and opportunities to Section 3 Businesses and Workers by checking all that apply. |  |
| :--- | :--- |
|  | Outreach efforts to generate job applicants who are CDBG Funded workers |
|  | Direct, on-the-job training (including apprenticeships) |
|  | Indirect training such as arranging for, or paying tuition for, off-site training |
|  | Technical assistance to help Section 3 workers compete for jobs (e.g., resume assistance, coaching) |
|  | Outreach efforts to identify and secure bids from Section 3 business concerns |
|  | Technical assistance to help Section 3 business concerns understand and bid on contracts |
| Provided or connected residents with assistance in seeking employment including; drafting resumes, finding job opportunities, connecting residents to job placement <br> services. |  |
|  | Held one or more job fairs |
| Provided or connected residents with supportive services that can provide direct services or referral services |  |
| Provided or connected residents with supportive services that provide one or more of the following: work readiness health screenings, interview clothing, uniforms, test <br> fees, transportation |  |
|  | Assisted residents with finding childcare |
|  | Assisted residents to apply for/or attend community college or a four-year educational institution |
|  | Assisted residents to apply for/ or attend vocational/technical training |
|  | Assisted residents to obtain financial literacy training and/or coaching |
|  | Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns |
|  | Provided or connected residents with training on computer use or online technologies |
|  | Other, specify: |

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS QUARTERLY EXPENDITURES AND PROGRESS REPORT

## SECTION III: PERFORMANCE MEASUREMENT

ACCOMPLISHMENTS REPORT - LEVERAGE

| HUD Activity <br> Matrix Code | Activity Description | Public Federal <br> Funds (Non-CDBG) | Public State Funds | Public Local Funds | Private Funds |
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GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS QUARTERLY EXPENDITURES AND PROGRESS REPORT

ACCOMPLISHMENTS REPORT - HOUSING (Pg. 1 of 2)

|  |  |  |  |  |  | Head of Household Racial Data |  |  |  |  |  |  |  |  |  |  |  | Ethnicity |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Matrix Code | $\begin{gathered} \text { HUD } \\ \text { Activity } \end{gathered}$ | Date | Unit Address | $\begin{gathered} \text { Unit } \\ \# \end{gathered}$ | CDBG \$ | White | Black | Asian | Native American | Pacific Islander | Native American/ White | Asian/ White | Black/ White | Native American/ Black | Other <br> Multi- <br> Racial | Asian Islander | Total <br> From <br> Race | Hispanic | Hispanic Base Race |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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ACCOMPLISHMENTS REPORT - HOUSING (Pg. 2 of 2)

|  |  |  |  |  |  | Income |  |  |  |  |  |  |  |  |  |  |  | Lead Based Paint |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Matrix Code | $\begin{gathered} \text { HUD } \\ \text { Activity } \\ \hline \end{gathered}$ | Date | Unit Address | Unit \# | CDBG \$ | Head of Household Income Category | Resident Status | No. of House hold Memb ers | No. of Bedr ooms | Unit Type | Activity | Female Head of House hold | $\begin{aligned} & \text { Elderl } \\ & \text { y } 62 \\ & \text { or } \\ & \text { older } \\ & \hline \end{aligned}$ | Handic apped 504 | Met Code | Code Type | $\begin{gathered} \text { Ener } \\ \text { gy } \\ \text { Stan } \\ \text { dards } \end{gathered}$ | Built Before 1978 | Funds Used for Lead | Made <br> Lead <br> Safe |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |
|  |  |  |  |  |  | Low | Owner |  |  | Stick | Rehab |  |  |  |  | HQS |  |  | N/A | N/A |

PERFORMANCE CERTIFICATION
This certifies that
No Accomplishments occurred during this quarter.
All Accomplishments for this quarter have been reported accurately

## GRANT ADMINISTRATOR

This Quarterly Report is complete:
Date Completed $\qquad$

