MONTHLY PROGRESS REPORT

PROGRAM YEAR: _____

Reporting Period Covered: ☐ October ☐ November ☐ December ☐ January ☐ February ☐ March
☐ April ☐ May ☐ June ☐ July ☐ August ☐ September

SUBRECIPIENT: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

PROJECT NAME: _____

Client Count

	Monthly	Year to Date
Total New Clients that entered the program		
Total Clients that Completed the Program		
Total Served		
Census tracts served		

PART I. ACTIVITY STATUS FOR THE MONTH

Progress Achieved in Accomplishing Project Goals and Objectives (Goals and objectives should correspond to the goals and objectives in the approved grant application). Indicate measurable units (e.g. # of clients served this reporting period, # of clients low and moderate income persons, or # of brochures distributed, etc.)

A. ACTIVITIES (Goals/Objectives)

Actual:

_____

_____

_____

Planned:

_____

_____

_____

B. DIFFICULTIES ENCOUNTERED:

(As applicable, should include information on specific reasons why goals and objectives were not met)

ACTIVITY: _____

Problem(s): _____

_____

_____

Resolutions/Corrective Action Plan and Schedule: _____
_____
_____
_____

C. ACTIVITY ANTICIPATED NEXT REPORTING PERIOD:
(Should correspond to the "Planned" entries under Progress Achieved in the next report)

Goal/Objective 1:
_____
_____
_____

Goal/Objective 2:
_____
_____
_____

PART II. QUARTERLY SERVICE STATISTICS

Program Client Demographics

1. Number of all *New* persons served this month: [ ]
(NEW means never served and/or reported before)

2. TOTAL CLIENT COUNT that fits each demographic category _____ (sum of all income levels)

Count by (Check One) _____Persons _____Households

	MONTHLY COUNT	YEAR TO DATE COUNT
Income Level	Number of Persons/Households	Number of Persons/Households
Extremely Low Income 0-30% MFI Income		
Low Income 31-50% MFI Income		
Moderate Income 51-80% MFI Income		
Non-Low Moderate Income Above 80% MFI Income		
Special Classification	Number of Persons/Households	Number of Persons/Households
Female Head-of-Household		
Disabled		

3. Race/Ethnicity of New Clients this month:

Race	Number of Persons/Households	Number of Persons/Households with Hispanic Ethnicity	Total Race Year to Date
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			
Balance/Other			

4. TOTAL CLIENT COUNT that fits each benefit category _____sum of all benefit categories)
The total in these categories should equal the number listed above. This number should also equal the number of people served listed on the front page.

Public Service Benefit Categories	Total Benefiting for Program Year
Now have new access to this service or benefit	
Number that have improved access to this service or benefit	
Number that now receive a service or benefit that is not longer substandard	

Contract Financial Tracking

Contract Line Item Title	Amount Claimed to date	Amount remaining
	$	$
	$	$
	$	$
	$	$

_____ _____
Authorized Signature Title Date