

HOUSING QUARTERLY PROGRESS REPORT

| | | | |
|------------------|--|----------------------|--|
| Project Sponsor: | | Contact Person: | |
| Project Title: | | Telephone #: | |
| Grant #: | | Email Address: | |
| Date: | | Program (check one): | <input type="checkbox"/> HOME <input type="checkbox"/> CDBG <input type="checkbox"/> AHP |

REPORT FOR QUARTER ENDING: (check one)

7/31
 10/31
 1/31
 4/30

Please note: The program year begins May 1. Each quarterly report needs to include cumulative data beginning from the start of the program year May 1.

1. Project Type (check one)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Project Delivery | <input type="checkbox"/> CHDO Operating | <input type="checkbox"/> Acquisition and/or Rehab |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Homebuyer Assistance | |

2. Project Location (check one)

| | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> North Chicago | <input type="checkbox"/> Waukegan | <input type="checkbox"/> Other Lake County (specify) <input style="width: 100%;" type="text"/> |
|--|-----------------------------------|--|

3. Project Tenure Type (check all that apply)

Renter
 Homebuyer
 Homeowner

4. Project Income Eligibility (check one)

0-60% AMI
 0-80% AMI
 81-100% AMI

5. Project Funding Type (check all that apply)

Grant
 Loan

6. Project Outcomes - Numerical

Proposed # of Units
 Actual # of Units
 Remaining Balance

7. Please describe IN DETAIL your accomplishments in relation to the schedule for this project:

8. Obstacles:

| Problems, Delays Encountered (this Quarter) | Remedial Actions Taken (this Quarter) |
|--|--|
| | |
| | |
| | |

9. Expected Project Completion Date:

10. Is the project in compliance with the original project schedule? (If no, attach a revised schedule)

YES

NO

12. Awarded Contracts Information – Please provide the following information for each contract and subcontract you have awarded in connection with this project:

| Name of Contractor / Subcontractor | Contractor or Subcontractor ? | Type of Services Contracted | Date of Contract | Amount of Contract | MBE/WBE? * | Race Code (see below) | Hispanic? |
|------------------------------------|-------------------------------|-----------------------------|------------------|--------------------|---------------|-----------------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Race Code

- 11 = White
- 12 = Black/African American
- 13 = Asian
- 14 = American Indian/Alaska Native
- 15 = Native Hawaiian/Other Pacific Islander
- 16 = American Indian/Alaska Native & White
- 17 = Asian & White
- 18 = Black/African American & White
- 19 = American Indian Alaska Native & Black/African American
- 20 = Other Multi Racial

*MBE = Minority-owned Business Enterprise; WBE = Women-owned Business Enterprise

I certify the above to be an accurate and true representation of the persons served by my organization.

Name:

Title:

Signature