

Grantee/Subrecipient Quarterly Report

Program

Project

Grantee/Subrecipient

National Objective Benefit Type

Activity Type

Reporting Period (Calendar)

Year

Quarter

Report Contact Information

Contact Person

Contact Phone

Contact Email

Project Completion (%)

Project Update Narrative

Enter a brief summary of Project activity for this Reporting Period

(if additional space is needed, paste entire narrative in body of email submission)

Enter Performance Measures for **this Reporting Period ONLY!**
Do not include cumulative data from previous quarters.

Performance Measure <small>(select from drop-down list)</small>	LMI	Non-LMI
<input type="text"/>	<input type="text"/>	<input type="text"/>

**** These totals must match ****

for Performance Measure selected... Racial Category	LMI		Non-LMI	
	# of Non-Hispanic	# of Hispanic	# of Non-Hispanic	# of Hispanic
White				
Black/African American				
Asian				
Pacific Islander				
American Indian				
Asian & White				
American Indian & White				
Black/African American & White				
American Indian & Black				
Other Multi-Racial				
Unknown / Declined to Provide				
Totals	<input type="text"/>		<input type="text"/>	

Submit by Email
(with PDF attachment)

Before submitting, use **File --> Save As** from the menu toolbar to save a copy of this form for your records.
By submitting this form, you are attesting that the information provided is accurate to the best of your knowledge.