

CDBG Quarterly Report

Subrecipient/ Agency Name _____

Quarterly Period (Check One):

- First Quarter (October 1, -December 30)
- Second Quarter (January 1 – March 31)
- Third Quarter (April 1- June 30)
- Fourth Quarter (July 1- September 30)

****Please attach a Quarterly Narrative to this cover page and submit no later than a week after the end of each quarter. The final quarterly report will be attached to the “Program Close-Out Report.”***

Narrative (Attach Separately):

1. Summarize your challenges/successes for the quarter
2. Discuss your progress in submitting your receipts/vouchers for payment.
3. Discuss your progress in achieving your program’s performance outcome measurements.
4. Address areas of needed improvement and how you will address these needs. Are you in need of any technical assistance?