



**Waterbury Development Corporation
ESG 2008-2009 Quarterly Report
ESG Beneficiaries**

Agency Name:

Agency Address: _____

Program/Activity

Title: _____

Quarter: Please check appropriate quarter

First Quarter (October 1-December 31) _____

Second Quarter (January 1-March 31) _____

Third Quarter (April 1-June 30) _____

Fourth Quarter (July 1-September 30) _____

HUD Outcomes/Objectives: Check One in each category (See guidelines)

Objective (Check One): **Suitable Living Environment** _____

Decent Housing _____

Creating Economic Opportunities _____

Outcome (Check One) **Availability /Accessibility** _____

Affordability _____

Sustainability _____

1. Indicate Program(s) and service(s) offered with an "x":

_____ Emergency Shelter Facilities

_____ Transitional Shelter

_____ Vouchers for Shelters

_____ Outreach

_____ Drop-In Centers

_____ Soup Kitchen/Meal Distribution

_____ Food Pantry

_____ Health Care

_____ Mental Health

_____ HIV/AIDS Services

_____ Alcohol/Drug Program

_____ Employment

_____ Child Care

_____ Homeless Prevention

_____ Other: _____

2. Indicate type of organization carrying out the activity:

_____ Public Agency

_____ Faith Based non-profit

_____ Other non-profit

3. Residential: (Emergency or Transitional Shelters)

Number of Adults served to date: _____
Number of Children served to date: _____
Total: _____

4. Non-Residential Services:

Number of Adults & Children served to date: _____

5. Racial/Ethnic Characteristics (Residential & Non-Residential)

	#Total	#Hispanic
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:	_____	_____
Am. Indian/Alaskan Native & Black African Am.:	_____	_____
Other Multi-Racial:	_____	_____
Total:	_____	_____

6. Emergency or Transitional Shelters:

Number of Individual Households (Singles) to date: _____ **Totals**

Unaccompanied 18 & Over Male: _____ Female: _____
Unaccompanied under 18 Male: _____ Female: _____

Number of Family Households with Children to date headed by::

Single 18 & Over Male: _____ Female: _____
Single Under 18 Male: _____ Female: _____
Two Parents 18 & Over: _____
Two Parents Under 18: _____

Families to date with no Children:

Total: _____

7. Emergency or transitional Shelters: List the number of persons for each subpopulation you served. If you served subpopulations that fit more than one category, you may place overlapping numbers (duplicate persons) on the appropriate lines.

Chronically Homeless (Emergency Shelter Only): _____
Severely Mentally Ill: _____

Chronic Substance Abuse: _____
Other Disability: _____
Veterans: _____
Persons with HIV/AIDS: _____
Victims of Domestic Violence: _____

8. Emergency or Transitional Shelters: Shelter Type # Of Persons Housed

Barracks: _____
Group/Large House: _____
Scattered Site Apartment: _____
Single Family Detached House: _____
Single Room Occupancy: _____
Mobile Home/Trailer: _____
Hotel/Motel: _____
Other: _____
Total: _____

9. Funding Sources (Make sure this is completed in final quarterly submission)

ESG: \$ _____
OTHER FEDERAL: \$ _____
LOCAL GOVERNMENT: \$ _____
PRIVATE: \$ _____
FEES: \$ _____
OTHER: \$ _____

TOTAL: \$ _____