



DEPARTMENT OF HEALTH & HUMAN SERVICES  
**Milwaukee County**

HÉCTOR COLÓN • Director  
 JAMES MATHY • Administrator, Housing Division

SPONSOR NAME: \_\_\_\_\_

SPONSOR'S ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

IDENTIFIER: \_\_\_\_\_

REPORTING PERIOD COVERED: From: \_\_\_\_\_ To: \_\_\_\_\_

TYPE OF REPORT (PLEASE INDICATE WITH AN (X): \_\_\_\_\_ QUARTERLY or \_\_\_\_\_ END OF PROJECT or \_\_\_\_\_ ANNUAL

**PART A. REQUEST/FINANCIAL CONTROL**

| PAYMENT REQUEST NUMBER | DATE | AMOUNT THIS REQUEST |
|------------------------|------|---------------------|
|                        |      |                     |

| COUNTY USE ONLY |                   |
|-----------------|-------------------|
| AMOUNT APPROVED | BALANCE AVAILABLE |
|                 |                   |

**PART B. LINE ITEM SUMMARY (Please Complete All Applicable Fields)**

For capitol costs, enter the number (1) in the cost category field, For consultant costs, enter the number (2) in the cost category field, For staff/fringes costs, enter the number (3) in the cost category field, For support costs, enter the number (4) in the cost category field, For vendor costs, enter the number (5) in the cost category field.

| COST CATEGORY | CHECK NUMBER | APPROVED BUDGET | PAID-TO-DATE | THIS REQUEST | BALANCE |
|---------------|--------------|-----------------|--------------|--------------|---------|
|               |              |                 |              |              |         |

The Sponsor certifies that all work was completed in compliance with regulations of the U.S. Department of Housing and Urban Development governing impletion of the Milwaukee County's Community Development Block Grant Program, As specified in the project agreement. Sponsor also certifies that none of the costs reported have been submitted to other funding sources for reimbursement.

PERSON COMPLETING FORM (S) (PRINTED NAME & SIGNATURE)

AUTHORIZING PRINTED NAME & SIGNATURE

PHONE NUMBER & E-MAIL ADDRESS

**PART C. CLIENTELE PERFORMANCE DETAIL:** Please provide the number of clients or households served to date. \_\_\_\_\_  
 Provide racial and ethnic data, **total shall equal total clients/household served.**

| RACE  | Clients or Households (circle one) | Hispanic/Latino |
|---|------------------------------------|-----------------|
| AMER. INDIAN/<br>ALASKAN NATIVE                                   |                                    |                 |
| ASIAN   |                                    |                 |
| BLACK/AFR.<br>AMERICAN  |                                    |                 |
| NATIVE HAWAIIAN/<br>OTHER PACIFIC<br>ISLANDER                     |                                    |                 |
| WHITE   |                                    |                 |
| AMERICAN INDIAN/<br>ALASKAN NATIVE &<br>WHITE                     |                                    |                 |
| BLACK/AFRICAN<br>AMERICAN & WHITE                                 |                                    |                 |
| ASIAN & WHITE   |                                    |                 |
| AMERICAN INDIAN/<br>ALASKAN NATIVE &<br>BALCK/AFRICAN<br>AMERICAN |                                    |                 |
| OTHER/MULTI RACE  |                                    |                 |
| Total   |                                    |                 |

| Extremely Low-Income Under 30% CMI | Low-Income 30% to 49% CMI | Moderate Income 50% to 80% CMI | Over Moderate Income, Over 80% CMI | Total Clients/Households |
|------------------------------------|---------------------------|--------------------------------|------------------------------------|--------------------------|
|                                    |                           |                                |                                    |                          |

**PART D. SCHEDULE OF PERFORMANCE: CLIENTELE & TIMELINE**

|                                  | JAN<br>8.33% | FEB<br>16.66% | MAR<br>24.99% | APR<br>33.32% | MAY<br>41.65% | JUN<br>49.98% | JUL<br>58.31% | AUG<br>66.64% | SEP<br>74.97% | OCT<br>83.3% | NOV<br>91.63% | DEC<br>99.96% | TOTAL %<br>COMPLETE |
|----------------------------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|---------------|---------------|---------------------|
| Obtain Bids.<br><u>Projected</u> |              |               |               |               |               |               |               |               |               |              |               |               | PROJECTED           |
| Obtain Bids<br>Actual            |              |               |               |               |               |               |               |               |               |              |               |               | TO DATE             |
| Projected<br>Implementation      |              |               |               |               |               |               |               |               |               |              |               |               | PROJECTED           |
| Actual<br>Implementation         |              |               |               |               |               |               |               |               |               |              |               |               | TO DATE             |
| Projected LMI<br>Clients         |              |               |               |               |               |               |               |               |               |              |               |               | PROJECTED           |
| Actual LMI<br>Clients            |              |               |               |               |               |               |               |               |               |              |               |               | TO DATE             |
| Projected Jobs<br>Created FT     |              |               |               |               |               |               |               |               |               |              |               |               | PROJECTED           |
| Actual Jobs<br>Created FT        |              |               |               |               |               |               |               |               |               |              |               |               | TO DATE             |

**PART E. JOBS CREATED/JOBS RETAINED**

Please indicate all positions created or retained.

|                   | Full Time | Full Time/Low Mod | Part Time (hours) | Part Time Low/Mod (hours) |
|-------------------|-----------|-------------------|-------------------|---------------------------|
| Actually Created  |           |                   |                   |                           |
| Actually Retained |           |                   |                   |                           |

Please indicate the businesses that created or retained jobs.

| Name | Address | Phone | DUNS # | # of FTE filled by LMI persons | New or Existing Business |
|------|---------|-------|--------|--------------------------------|--------------------------|
|      |         |       |        |                                |                          |
|      |         |       |        |                                |                          |
|      |         |       |        |                                |                          |
|      |         |       |        |                                |                          |
|      |         |       |        |                                |                          |
|      |         |       |        |                                |                          |

| Created   | Total |
|---|-------|
| Of Jobs Created, Number of Jobs With Employer Sponsored Health Care Benefits                  |       |
| Of Jobs Created, Number of Person Unemployed Prior to Taking Jobs Created Under this Activity |       |

| Retained  | Total |
|---|-------|
| Of Jobs Retained, Number of Jobs with Employer Sponsored Health Care Benefits |       |

| Job Category              | Jos Created | Jobs Retained |
|---------------------------|-------------|---------------|
| Officials and Manager     |             |               |
| Professional              |             |               |
| Technicians               |             |               |
| Sales                     |             |               |
| Office and Clerical       |             |               |
| Craft Workers(skilled)    |             |               |
| Operatives (semi-skilled) |             |               |
| Laborers (unskilled)      |             |               |
| Service Workers           |             |               |

**PART F. HOUSING REHABILITATION**

| Address | Owner or Renter | Pre-1978, Yes or No | Total \$ Spent in Rehab | \$ Spent in lead remediation | Lead Safe Work Practices, Interim Controls, or Abatement |
|---------|-----------------|---------------------|-------------------------|------------------------------|--|
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |
|         |                 |                     |                         |                              |  |

|                                    |  |
|------------------------------------|--|
| Number of Female Headed Households |  |
|------------------------------------|--|