

**QUARTERLY PROGRESS REPORT - PAGE 1**  
**KANSAS DEPARTMENT OF COMMERCE**  
**SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Grantee: \_\_\_\_\_ Grant #: \_\_\_\_\_ Report #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Quarter Ending: \_\_\_\_\_  
 Company Name (ED Projects): \_\_\_\_\_ Contract Award End Date: \_\_\_\_\_  
 Current Chief Elected Official: \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
 Person preparing report: \_\_\_\_\_ Phone # \_\_\_\_\_ Date of ER clearance: \_\_\_\_\_

Financial Status:

Total Grant:	\$ _____	Total Local Injection	\$ _____
Drawdowns received to date:	\$ _____	Local spent to date	\$ _____
Drawdowns requested, not yet received:	\$ _____	Initial Monitoring Conducted	<input type="checkbox"/>
Total Grant available	\$ _____	Final Monitoring Conducted	<input type="checkbox"/>

**Contracts Awarded This Quarter With All Monies: \* QPR #1 should have Grant Administration & Engineering/Architectural Contracts**

Name & Address, UEI#	Total Contract Amount	Local	CDBG	Activity		Contractor Data				
				No.	Title	Type of Procurement	Section 3	** MBE	** WBE	Davis-Bacon
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

\* Attach additional pages if needed.

\*\* Categories are: 1-White, 2-Black/African American, 3-Asian, 4-American Indian/Alaskan Native, 5-Native Hawaiian/Other Pacific Islander, 6-American Indian/Alaskan Native & White, 7-Asian & White, 8-Black/African American & White, 9-American Indian/Alaskan Native & Black/African American, 10-Other Multi Racial, 11-Hispanic, 12-Non-Hispanic

Describe project accomplishments this quarter:

Planned activities next quarter:

Technical assistance needs:

**QUARTERLY PROGRESS REPORT - PAGE 2**

**You must complete this page if you have a:**

1. Community Improvement or Urgent Need grant and this is your **first** or **final** report
2. Economic Development grant
3. Attach housing log for housing projects

**Complete for all circumstances listed above:**

		Number of Beneficiaries	Number of LMI Beneficiaries
1.	Target		
2.	Total to Date		

*		White	BAA	BAA/W	AI/AN	NH/PI	A	A/W	AI/AN/BAA	AI/AN/W	Other
1.	Total Beneficiaries										
2.	Hispanic Beneficiaries										

\*BAA-Black African American; BAA/W-Black African American & White; AI/AN-American Indian or Alaskan Native; NH/PI-Native Hawaiian or Pacific Islander; A-Asian; A/W-Asian & White; AI/AN/BAA-American Indian or Alaskan Native & Black African American; AI/AN/W-American Indian or Alaskan Native & White

3. Total Number of Households Benefiting to Date \_\_\_\_\_
4. Total Number of Female Heads of Households Benefiting \_\_\_\_\_
5. Total Number of Disabled Persons Benefiting \_\_\_\_\_

NOTE: Beneficiaries are to be reported cumulatively as they occur

**Economic Development Grants only:**

Proposed (FTE - Jobs Count)

		QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8
1.	Total Jobs Retained _____								
2.	Total LMI Jobs Retained _____								
3.	Total Jobs Created _____								
4.	Total LMI Jobs Created _____								
5.	Total Jobs to be generated _____								

Accomplishments

		a. Planned this Quarter	b. Completed this Quarter	c. Completed to Date
6.	Number of Jobs Retained			
7.	Number of LMI Jobs Retained			
8.	Number of Jobs Created			
9.	Number of LMI Jobs Created			

10. Explain any variances from planned number of jobs: