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**THE MALDEN REDEVELOPMENT AUTHORITY**  
**17 PLEASANT STREET**  
**3<sup>rd</sup> FLOOR**  
**MALDEN, MASSACHUSETTS 02148**

**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING**  
**CUMULATIVE QUARTERLY PUBLIC SERVICE REPORT**  
**(becomes Annual Performance Report by April 30<sup>th</sup>)**

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_  
Contact for this Report/Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Operating Hours of Program: \_\_\_\_\_

**REPORT FOR QUARTER ENDING: (circle one) 9/30 12/31 3/31 Final Report (4/30)**

Please note: The CDBG program year begins July 1, and ends April 30. Each quarterly report needs to include cumulative data beginning from the start of the program year, thus your last quarterly report would be the final and annual client count.

**Complete EITHER question #1 or #2.** Complete question #1 if your program only serves clients in one or more of the listed HUD Presumed Benefit categories. Complete question #2 if any client in your program does not fall into a Presumed Benefit category. Total number of clients served since 7/1 should be listed in EITHER question #1 or question #2.  
**DO NOT COMPLETE BOTH QUESTIONS 1 AND 2.**

**1. PRESUMED BENEFICIARY DATA:**

Indicate the total number of unduplicated persons served since July 1 who fall into each presumed benefit category (total should equal that in question #4):

Reported as: (circle one) Individuals                      Households

\_\_\_\_\_ Abused Children  
\_\_\_\_\_ Homeless Persons  
\_\_\_\_\_ Battered Spouses  
\_\_\_\_\_ Person w/ HIV/AIDS  
\_\_\_\_\_ Elderly Persons (62+)  
\_\_\_\_\_ Illiterate Adults  
\_\_\_\_\_ Severely Disabled Adults

**2. OTHER BENEFICIARY DATA**

Indicate the total number of unduplicated persons served since July 1 who fall into each income category (the total should equal that in question #4):

Reported as: (circle one) Individuals                      Households

\_\_\_\_\_ Extremely Low Income (0-30%)  
\_\_\_\_\_ Low Income (31-50%)  
\_\_\_\_\_ Moderate Income (51-80%)  
\_\_\_\_\_ Above Moderate Income (>80%)

**3. Total number of unduplicated Malden clients served this quarter? \_\_\_\_\_**

**4. Total number of unduplicated Malden clients served since July 1? \_\_\_\_\_**

5. **RACIAL & ETHNIC DATA:** Please indicate how many unduplicated MALDEN clients served since July 1 fall into each race and ethnIMRA category. *(Total Race column should equal the total in question #4)*

RACE	ETHNIMRA
White _____	; of whom, how many are Hispanic or Latino? _____
Black/African American _____	; of whom, how many are Hispanic or Latino? _____
Asian _____	; of whom, how many are Hispanic or Latino? _____
American Indian/ Alaskan Native _____	; of whom, how many are Hispanic or Latino? _____
Native Hawaiian/Other Pacific Isl _____	; of whom, how many are Hispanic or Latino? _____
Amer Indian/Alask Native & White _____	; of whom, how many are Hispanic or Latino? _____
Asian & White _____	; of whom, how many are Hispanic or Latino? _____
Black/African Amer & White _____	; of whom, how many are Hispanic or Latino? _____
Am Ind/Alask Nat & Black/Afr Am _____	; of whom, how many are Hispanic or Latino? _____
Other Multit-racial _____	; of whom, how many are Hispanic or Latino? _____
TOTAL _____	TOTAL _____

6. **Since July 1, of the persons assisted, how many...**  
 ...now have new access (continuing) to this service or benefit? \_\_\_\_\_  
 ...now have improved access to this service or benefit? \_\_\_\_\_  
 ...now receive a service or benefit that is no longer substandard? \_\_\_\_\_

7. **Number of Female-Headed Households:** \_\_\_\_\_

8. **Accomplishment Narrative for Quarterly CDBG Expenditures Only:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. **CONTINUING Client Information: Number of Continuing Clients served during this reporting period:**  
 1. **TOTAL:** \_\_\_\_\_  
 2. **Malden Residents** \_\_\_\_\_  
 3. **Predominant Age of Clients Served** \_\_\_\_\_

10. **Please list the types of services your program provides to its clients, i.e.:**  
 \_\_\_\_\_  
 \_\_\_\_\_

11. **Please list any referrals TO any other agencies and the number of times referred:**  
 \_\_\_\_\_  
 \_\_\_\_\_

12. **Please list any referrals FROM any other agencies and the number of times referred:**  
 \_\_\_\_\_  
 \_\_\_\_\_

13. **Outreach Activities/Marketing Efforts: What types of activities were performed to increase Malden community awareness of your program's services?**  
 \_\_\_\_\_  
 \_\_\_\_\_

14. **Narrative (Describe special problems, incidents, etc.):**  
 \_\_\_\_\_  
 \_\_\_\_\_

15. **Personnel: Please explain any program personnel changes that may have occurred during this period:**  
 \_\_\_\_\_  
 \_\_\_\_\_