

Attachment "A-1"
To Exhibit "A" Scope of Services
CITY OF POMONA
CONSOLIDATED PLAN PERFORMANCE REPORT
SUMMARY OF DIRECT BENEFIT ACTIVITIES

1. Name of Subrecipient:		
2. Fiscal Year:		
3. Report/Billing Period Covered	3a. From:	3b. To:

4. Program Activity Name:	5. Program Description:	6. Location:
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7. Total CDBG Approved Amount for Program:	
8. Minus Amounts from Prior Billings (-)	
9. Balance of CDBG Subtotal (=)	
10. Less Amount of Current Billing (-)	
11. Less Program Income during Billing Period (-)	
12: Total CDBG Requested (=)	
13. Balance of CDBG funds remaining	

14. Accomplishments during the Reporting Period:

15. Total Accomplishments Year to Date (Cumulative):

NAME: _____	TITLE: _____
SIGNATURE: _____	DATE: _____

FOR OFFICIAL USE ONLY REVIEWED BY:

Counts by: **PERSONS** ____ or **HOUSEHOLDS** ____

Must select ONE of each Ethnic and Race Categories

Race Categories

* One of the RACE CATEGORIES below MUST be selected for each individual served (Regardless of whether or not the person is also Hispanic)

* OTHER: Multiple Race Combinations greater than one percent

	Non-Hispanic	Hispanic	*SUBTOTAL	Extremely Low Income 30% of MFI	Very Low Income 50% of MFI	Low Income 80% of MFI	*SUBTOTAL
White							
Black/African American							
Asian							
American Indian or Alaskan Native							
Native Hawaiian/Other Pacific Islander							
American Indian/ Alaskan Native & White							
Asian/White							
Black/African American & White							
American Indian/Alaskan Native & Black/African American							
Other Multi-racial							
Total							
Female Head of Household (Total)							

Language Access Plan – Tracking

I) Number of households with English as a primary language?

II) Number of Non-English speaking clients:

III) Number of language access provided:

IV) Type of language translations requested:

- _____
- _____
- _____
- _____