

CITY OF MIDDLETOWN

Department of Planning, Conservation & Development



Community Development Division

Community Development Block Grant – Quarterly Reporting Form

ORGANIZATION: _____

PROJECT: _____

Hartford MSA Median Family Income: \$80,300	Family Size	1	2	3	4	5	6	7	8
	Very Low Income	\$16,850	\$19,300	\$21,700	\$24,100	\$26,050	\$27,950	\$29,900	\$31,800
	Low Income	\$28,100	\$32,100	\$36,150	\$40,150	\$43,350	\$46,550	\$49,800	\$53,000
	Low/Mod Income	\$41,700	\$47,700	\$53,650	\$59,600	\$64,350	\$69,150	\$73,900	\$78,650

Income

	Sept 1 st – Nov 30 th	Dec 1 st – Feb 28 th	Mar 1 st – May 31 st	Jun 1 st – Aug 31 st
Very Low Income				
Low Income				
Low/Moderate Income				
Greater than Low/Moderate Income				
Total				

Race

	Sept 1 st – Nov 30 th	Dec 1 st – Feb 28 th	Mar 1 st – May 31 st	Jun 1 st – Aug 31 st
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				
American Indian/Alaskan Native & Black/African American				
Other Multi Racial				
Total				

Other Demographics

	Sept 1 st – Nov 30 th	Dec 1 st – Feb 28 th	Mar 1 st – May 31 st	Jun 1 st – Aug 31 st
Number that consider themselves Hispanic				
Female Head of Households				

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Performance Measures:

	Sept 1 st – Nov 30 th	Dec 1 st – Feb 28 th	Mar 1 st – May 31 st	Jun 1 st – Aug 31 st
Program received what percentage approval rating from participants				
Percent screened for eligibility for WIC, Operation Fuel, State Energy Assistance and SNAP.				
Percent of clients reporting with meaningful full-time employment				

Funds Used: Amounts reported here are not considered a check request, please submit invoices and any supporting documentation with a check request form to receive a reimbursement from the CDBG grant.

	Sept 1 st – Nov 30 th	Dec 1 st – Feb 28 th	Mar 1 st – May 31 st	Jun 1 st – Aug 31 st
CDBG Funds Used				
Non-CDBG Funds Used				
Total Funds Used				

I hereby certify and verify that the above information is true to the best of my knowledge.

(DATE)

(Signature)

(Print)

(Title)

(Organization)

Return this form to:

Michiel Wackers, AICP
Deputy Director of Planning, Conservation and Development
245 DeKoven Drive, Room 202
Middletown, CT 06457