

Monthly Activities Report

Subrecipient Name	
Project Name	
Reporting Period	
Encumbrance #	

1. Provide a description of all activities and accomplishments occurring during this reporting period. Quantify all accomplishments and identify the location of physical improvements with an address and boundry. (Attach additional documents if necessary).

- 2. Total number of housing units improved:
- 3. Total number of housing units improved through emergency repair(s):
- 4. Total number of housing units modified to be accessible:
- 5. Total number of newly constructed affordable, accessible housing units:
- 6. Addresses of housing units improved including ZIP & Neighborhood Total MUST match #2

Add additional rows as necessary via attachments.

Address	Zip Code	ARPA Neighborhood

7. Race Ethnicity Total MUST match #2

Race	Total Non - Hispanic / Latino	Total Hispanic / Latino
White		
Black / African-American		
Asian		
American Indian / Alaskan Native		
Native Hawaiian / Other Pacific Islander		

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Black / African-American & White		
Native Hawaiian / Other Pacific Islander &		
American Indian / Alaskan Native & Black /		
Other Multi-Racial		
Total	0	0

8. Total number of female-headed households:

9. Income Levels

Total must match #2

Income Level	Number of Households
Extremely Low - 0-30% AMI	
Low - 30-50% AMI	
Moderate - 50-80% AMI	
Non-Low / Moderate - 80-100%+ AMI	
TOTAL	0

Additional Information / Documentation

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