

Demographic/Performance Measurement Report
Emergency Shelter Grant

Agency: _____

Program: _____

Report Quarter: _____

Fiscal Year: _____

Race of Persons Served by this Project		
	Actual # Served this Quarter (UNDUPLICATED)	Actual # Served YTD
White		0
Black / African American		0
Asian		0
American Indian / Alaskan Native		0
Native Hawaiian / Other Pacific Islander		0
American Indian / Alaskan Native / White		0
Asian & White		0
Black / African American & White		0
American Indian / Alaskan Native & Black African American		0
Other Multi-Racial		0
Total Served	0	0

Hispanics of Persons Served	
Actual # Served this Quarter	Actual # Served YTD
	0

Number of Female-headed Households	
Actual # Served this Quarter	Actual # Served YTD
	0

Residential Services ONLY (# of Persons Housed)		
Residential Service	# Served this Qtr	# Served YTD
Shelter Type: Barracks		0
Group/Large House		0
Scattered Site Apartment		0
Single Family Detached House		0
Hotel/Motel		0
Mobile Home/Trailer		0
Single Room Occupancy		0
Single Family Occupancy		0
Other		0
TOTALS	0	0

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Report Complete for Residential Services ONLY			
	# Males Served this Quarter	# Females Served this Quarter	YTD Totals
Unaccompanied age 18 and over			0
Unaccompanied under age 18			0
Families with children headed by single age 18 or over			0
Families with children headed by single under age 18			0
Two parents age 18 and over			0
Two parents under age 18			0
Families with no children			0
TOTALS	0	0	0

Indicate the # served in these populations		
	# Served this Qtr	Total YTD
Victims of Domestic Violence		0
Runaway / Throwaway youth		0
Severely Mentally Ill		0
Developmentally Disabled		0
HIV/AIDS		0
Alcohol Dependent		0
Chronic Substance Abuse		0
Elderly		0
Veterans		0
Physically Disabled		0
Other Disability		0
Chronic Homeless (Emergency Shelter Only)		0
Public Housing Authority persons served		0

Number of Persons Served by this Project		
Residential Services Only	# Served this Qtr	# Served (YTD)
# of Adults		0
# of Children		0
Non-Residential Services Only	# Served this Qtr	# Served (YTD)
# of Persons		0

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Inputs	Organization Response
Include resources dedicated to the program such as money, staff, equipment, supplies	
Activities	Organization Response
Explain what activities help fulfill the goals identified for the quarter per the agreement.	
Outcomes	Organization Response
These are the Outcomes shown as bullet points on Attachment A of Contractual Agreement.	

I hereby certify that this report is true in all respects for the purpose set forth in the application for the grant approved by the City of Peoria.

ESG funds make this new and/or expanded activity available/accessible for the purpose of providing decent affordable housing/suitable living environment.

Signature of Program Director: _____

OR

Signature of Board Member: _____

Date:

For questions regarding submitted reports, please contact: