



CITY OF CHINO HILLS  
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
 FY 2020-21 QUARTERLY PERFORMANCE REPORT  
 STATISTICAL INFORMATION FOR NONPROFIT AGENCY PROJECT/PROGRAM

Agency Name: \_\_\_\_\_

Project/Program: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reporting Period: (Check one)

7/1/20 - 9/30/20     10/1/20 - 12/31/20     1/1/21 - 3/31/21     4/1/21 - 6/30/21

Estimated Annual Accomplishments (Goals): (# of persons to be assisted during year) \_\_\_\_\_

Actual Accomplishments this Quarter: (# of persons assisted during quarter) \_\_\_\_\_

Total Number of Chino Hills Residents Assisted this Quarter: \_\_\_\_\_

Total Number of Non-Chino Hills Residents Assisted this Quarter: \_\_\_\_\_

Total Number of Chino Hills Residents Assisted YTD: \_\_\_\_\_

# of persons assisted	Income ①				
	Category 1 Extremely Low Income	Category 2 Low Income	Category 3 Moderate Income	Category 4 Above Moderate Income	TOTAL
Chino Hills Residents					
Non-Chino Hills Residents					
Total Assisted					

NON-HISPANIC/ NON-LATINO ② # of persons assisted	Single Race Categories or Multiple Race Categories										TOTAL
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native <i>and</i> White	Asian <i>and</i> White	Black or African American <i>and</i> White	American Indian or Alaska Native <i>and</i> Black or African American	Other Multiple Race	
Chino Hills Residents											
Non-Chino Hills Residents											
Total Assisted											

HISPANIC/LATINO ② # of persons assisted	Single Race Categories or Multiple Race Categories										TOTAL
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native <i>and</i> White	Asian <i>and</i> White	Black or African American <i>and</i> White	American Indian or Alaska Native <i>and</i> Black or African American	Other Multiple Race	
Chino Hills Residents											
Non-Chino Hills Residents											
Total Assisted											

TOTAL *											TOTAL	
<i>Non-Hispanic/Non-Latino and Hispanic/Latino combined</i>												

# of persons assisted	Female Head of Household	Homeless	Seniors	Disabled
Chino Hills Residents				
Non-Chino Hills Residents				
Total Assisted				

① See San Bernardino County Income Guidelines on Page 2 of 3.

② For each person assisted, select only one of the two Ethnicity categories (i.e. "Non-Hispanic/Non-Latino" or "Hispanic/Latino"). Then select one Race category under "Non-Hispanic/Non-Latino" or "Hispanic/Latino".

\* Counts by Race/Ethnicity: The total counts shown on pages 1 and 2 should equal the combined total for unduplicated clients.



CITY OF CHINO HILLS  
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
 FY 2020-21 QUARTERLY PERFORMANCE REPORT  
 NARRATIVE FOR NONPROFIT AGENCY PROJECT/PROGRAM

Per HUD regulations, please only report on unduplicated first-time clients. If they are repeat participants, you can only count them one time at the beginning of their participation. In order to count a participant as a beneficiary, you must have a Beneficiary Qualification Statement/Intake Form on file. Program beneficiaries are counted either as Households or Persons.

Month	Total Persons (P) <u>or</u> Households (H) Please identify. <i>Please count for unduplicated first-time client counts only.</i>	Total female headed households	Units of Service (Each eligible person participating in a program or attraction component shall count as one (1) unit of service.) <u>Figures may include individuals previously counted during this grant/program year.</u>
TOTAL *			

Definitions

Outcome: Benefit to participants during or after participating in the program.

Indicator: Identifies what is being measured to track the program's success on an outcome. An indicator is observable and measurable.

Target: The desired level of achievement of a program on its outcome indicators.

**Actual Outcomes vs. Targets**

Outcome Indicators	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Target	Actual	Difference	Target	Actual	Difference	Target	Actual	Difference	Target	Actual	Difference
1.												
2.												
3.												

Note: "-" means the actual outcome is worse than the target

"+" means the actual outcome is better than the target

SAN BERNARDINO COUNTY INCOME GUIDELINES

The 2020 income guidelines for use in the Community Development Block Grant (CDBG) Program are listed below. These guidelines should be used to determine compliance with the CDBG National Objective of providing benefit to low and moderate income persons.

Household Size	Category 1 Extremely Low Income (0% - 30% of Median)	Category 2 Very Low Income (31% - 50% of Median)	Category 3 Low Income (51% - 80% of Median)	Category 4 Moderate Income (Above 80% of Median)
1	\$ 0 – 15,850	\$ 15,851 – 26,400	\$ 26,401 – 42,199	\$ 42,200 and above
2	0 – 18,100	18,100 – 30,150	30,151 – 48,199	48,200 and above
3	0 – 20,350	20,350 – 33,900	33,901 – 54,249	54,250 and above
4	0 – 22,600	22,600 – 37,650	37,651 – 60,249	60,250 and above
5	0 – 24,450	24,450 – 40,700	40,701 – 65,099	65,100 and above
6	0 – 26,250	26,250 – 43,700	43,701 – 69,899	69,900 and above
7	0 – 28,050	28,050 – 46,700	46,701 – 74,749	74,750 and above
8	0 – 29,850	29,850 – 49,700	49,701 – 79,549	79,550 and above

Note: April 2020 San Bernardino County Median Family Income - \$75,300

\* Counts by Race/Ethnicity: The total counts shown on pages 1 and 2 should equal the combined total for unduplicated clients.



CITY OF CHINO HILLS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FY 2020-21 QUARTERLY PERFORMANCE REPORT  
NARRATIVE FOR NONPROFIT AGENCY PROJECT/PROGRAM

---

---

1) Please describe specific progress made to date. This may include expenditures, contracts awarded, and work performed by staff that will best describe your agencies advancements in meeting the needs of your objectives as outlined by your CDBG application up to date.

---

---

---

---

---

---

2) Please indicate the reasons for any delays in the project or reasons for accelerated progress.  
*(i.e. insufficient staff, change in personnel, increased participation, etc...)*

---

---

---

---

---

---

3) Please describe any community outreach activities that your agency participated in to promote the objectives under your CDBG application. *(i.e. informational booths, newsletters, etc...)* Please provide flyers, brochures, calendar of activities, etc...

---

---

---

---

---

---

4) Please describe any additional information regarding your CDBG project that is not apparent from your quarterly reports.

---

---

---

---

---

---

\* Counts by Race/Ethnicity: The total counts shown on pages 1 and 2 should equal the combined total for unduplicated clients.