

EXHIBIT "C"
City of El Cajon
Department of Redevelopment and Housing
Periodic Performance Report

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Feb 1 ~ Feb 28, 2011

Agency: EAST COUNTY TRANSITIONAL LIVING CENTER

Date: _____

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL EI Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non- Hispanic
1. TOTAL	19	0	19	133	15	4
White	3					
Black / African American	1					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	15				15	
2. TOTAL		0	19	133	15	4
Extremely Low Income (0-30% AMI)	2					
Very Low Income (31-50% AMI)	16					
Low Income (51-80% AMI)	1					
3. TOTAL	19	0	19	133	15	4
Homeless	4					
Female Headed Households	15					
Disabled / Special Needs						
TOTAL	19	0	19	133	15	4

PLEASE NOTE: The U.S. Dept. of Housing and Urban Development (HUD) has changed the type of data to be collected. Hispanic is no longer considered a race but an ethnicity, a member of any race may be considered to be Hispanic. Totals across and up and down should match each other.

EXHIBIT "C"
City of El Cajon
Department of Redevelopment and Housing
Periodic Performance Report

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Jan 1 ~ January 31, 2011

Agency: EAST COUNTY TRANSITIONAL LIVING CENTER

Date: 2-3-11

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL EI Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non- Hispanic
1. TOTAL	28	0	28	114	3	25
White	19					
Black / African American	6					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	3				3	
2. TOTAL	28	0	28	114	3	25
Extremely Low Income (0-30% AMI)	3					
Very Low Income (31-50% AMI)	23					
Low Income (51-80% AMI)	2					
3. TOTAL	28	0	28	114	3	25
Homeless	14					
Female Headed Households	13					
Disabled / Special Needs	1					
TOTAL	28	0	28	114	3	25

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EXHIBIT "C"
City of El Cajon
Department of Redevelopment and Housing
Periodic Performance Report

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Dec 1 ~ Dec. 31, 2010

Agency: EAST COUNTY TRANSITIONAL LIVING CENTER

Date: _____

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New El Cajon-resident Clients This Reporting Period	Number of New Non-El Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL El Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non-Hispanic
1. TOTAL	32	0	32	86	3	29
White	17					
Black / African American	12					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	3				3	
2. TOTAL	32	0	32	86	3	29
Extremely Low Income (0-30% AMI)	2					
Very Low Income (31-50% AMI)	25					
Low Income (51-80% AMI)	5					
3. TOTAL	32	0	32	86	3	29
Homeless	24					
Female Headed Households	6					
Disabled / Special Needs	2					
TOTAL	32	0	32	86	3	29

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EXHIBIT "C"
City of El Cajon
Department of Redevelopment and Housing
Periodic Performance Report

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Nov. 1 ~ Nov 30, 2010

Agency: EAST COUNTY TRANSITIONAL LIVING Center

Date: _____

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL EI Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non- Hispanic
1. TOTAL	25	0	25	54	0	25
White	13					
Black / African American	12					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other						
2. TOTAL	25	0	25	54	0	25
Extremely Low Income (0-30% AMI)	3					
Very Low Income (31-50% AMI)	2					
Low Income (51-80% AMI)	20					
3. TOTAL	25	0	25	54	0	25
Homeless	15					
Female Headed Households	8					
Disabled / Special Needs	2					
TOTAL	25	0	25	54	0	25

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EXHIBIT "C"
City of El Cajon
Department of Redevelopment and Housing
Periodic Performance Report

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Oct. 1 - October 31, 2010

Agency: EAST COUNTY TRANSITIONAL Living Center

Date: _____

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New El Cajon-resident Clients This Reporting Period	Number of New Non-El Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL El Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non-Hispanic
1. TOTAL	22	0	22	29	9	13
White	8					
Black / African American	5					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	9				9	
2. TOTAL	22	0	22	29	9	13
Extremely Low Income (0-30% AMI)	6					
Very Low Income (31-50% AMI)	16					
Low Income (51-80% AMI)						
3. TOTAL	22	0	22	29	9	13
Homeless	11					
Female Headed Households	11					
Disabled / Special Needs						
TOTAL	22	0	22	29	9	13

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EXHIBIT "C"
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Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Sept. 1 ~ Sept 30, 2010

Agency: East County Transitional Living Center

Date: 10-1-10

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): _____

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL EI Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non- Hispanic
1. TOTAL	7	0	7	7	4	3
White	3				4	3
Black / African American						
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	(4)				(4)	
2. TOTAL	3	0	7	7	4	3
Extremely Low Income (0-30% AMI)						
Very Low Income (31-50% AMI)	7					
Low Income (51-80% AMI)						
3. TOTAL	7	0	7	7	4	3
Homeless	6					
Female Headed Households						
Disabled / Special Needs	1					
TOTAL	7	0	7	7	4	3

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EXHIBIT "C"
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Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: August 1 - August 31, 2010

Agency: EAST COUNTY TRANSITIONAL LIVING CENTER

Date: _____

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL EI Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non- Hispanic
1. TOTAL	0	0	0	0	0	0
White						
Black / African American						
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other						
2. TOTAL	0	0	0	0	0	0
Extremely Low Income (0-30% AMI)						
Very Low Income (31-50% AMI)						
Low Income (51-80% AMI)						
3. TOTAL	0	0	0	0	0	0
Homeless						
Female Headed Households						
Disabled / Special Needs						
TOTAL	0	0	0	0	0	0

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EXHIBIT "C"
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Periodic Performance Report

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: July 1 - July 31, 2010

Agency: EAST COUNTY TRANSITIONAL Living Center

Date: _____

Name: HAROLD BROWN

Phone Number: (619) 442 0457

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	TOTAL for This Reporting Period	TOTAL EI Cajon Clients Assisted (Year-to-Date)	Number Hispanic	Number Non- Hispanic
1. TOTAL	0	0	0	0	0	0
White						
Black / African American						
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other						
2. TOTAL	0	0	0	0	0	0
Extremely Low Income (0-30% AMI)						
Very Low Income (31-50% AMI)						
Low Income (51-80% AMI)						
3. TOTAL	0	0	0	0	0	0
Homeless						
Female Headed Households						
Disabled / Special Needs						
TOTAL	0	0	0	0	0	0

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