

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

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Mar. 1 ~ Mar. 31, 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	9	0	9	142	0	9
White	4					
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						
2. TOTAL	9	0	9	142	0	9
Extremely Low Income (0-30% AMI)	0					
Very Low Income (31-50% AMI)	9					
Low Income (51-80% AMI)	0					
3. TOTAL	9	0	9	142	0	9
Homeless	7					
Female Headed Households	2					
Disabled / Special Needs	0					
TOTAL	9	0	9	142	0	9

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.

**East County Transitional Living Center
(1527 E. Main St., El Cajon CA.)**

CBDG/HUD Funds Client Outcome Report - MARCH 2011

	Name (Client)	Household Size	Days Housed	Outcome
1		4	7	
2		3	2	
3		3	1	
4		2	13	
5		5	3	
6		2	2	
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Totals

19

28

New clients reported for March