

**CITY OF EL CAJON  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
PERIODIC PERFORMANCE REPORT**

FY Period Reported: FY 2013-2014

Quarter/Month Reported: April 1 – 30, 2014

Agency Name: East County Transitional Living Center, Inc.

Reporter's Name: Ivan Andujar

Program Name: Emergency Shelter Program

Phone Number: (619) 442-0457 ext: 1118

**Numbers served must reflect number of Persons (P) served.** Number of Households (H) served may only be reported with prior approval of the Redevelopment & Housing Division.

Please indicate (P) or (H) : P Annual City Grant Amount: \$50,000.00

	(A) Number of <u>Persons</u> served with El Cajon's CDBG funding this Quarter/Month	(B) How many in Column (A) reported as Hispanic (this Quarter/Month for Each Race)?	(C) Cumulative number of <u>Persons served</u> <u>Year-To-Date</u> (July 1 to end of current report period)	(D) How many in Column (C) reported as Hispanic <u>Year-To-Date</u> ?
<b>1. TOTAL</b>	0	0	165	51

	Total # Each Race	Total # of Hispanics Each Race	Total # Each Race Year-to-Date	Total # of Hispanics Each Race Year-to-Date
White			126	51
Black / African American			33	
Asian			4	
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 & Black / African American			2	
Other/Multi-Racial				
<b>2. TOTAL</b>	0	0	165	51

Extremely Low Income (0-30% MFI)				
Low Income (>30-50% MFI)			165	
Moderate Income (>50-80% MFI)				
Income above 80% MFI				
<b>3. TOTAL</b>			165	

Homeless			165	
Female Headed Households				
Disabled/Special Needs				

**IMPORTANT—PLEASE NOTE:** 1) Hispanic is no longer considered a race, but an ethnicity and must be reported separately. A member of any race must also report as Hispanic or Non-Hispanic. "Other" is for multi-racial reports only and must be identified in the narrative report. 2) Totals for lines 1, 2, and 3 must match each other for each column. 3) List only unduplicated program participants—clients receiving continued services from previous fiscal year may be counted only once during the new contract year. 4) A narrative report must accompany this form. The narrative should include the definition of "Persons Served" (typically El Cajon residents) and should reflect all additional data collected as agreed in the contract such as Number of Families served, Number of Projects Completed, Number of Program Hours provided, Number of Bed Nights provided, or other Performance Outcome Measurements. For questions, please call the Housing Division at (619) 441-1786.

**CDBG LOW MOD CLIENTELE NATIONAL OBJECTIVE REPORT**  
**FEDERAL FISCAL YEAR 2013-14**  
**PROJECT STATUS NARRATIVE**

EXHIBIT "C-2"

The purpose of this form is to report accomplishment data for the project named below. This form must be completed for projects providing eligible CDBG/HOME activities to Low to Moderate Income residents of the City of El Cajon. This form must be completed and submitted with each monthly/quarterly Periodic Performance Report.

AGENCY NAME: East County Transitional Living Center

PROJECT NAME: 2013 - 14 Emergency Shelter Program

REPORTING PERIOD: April 1 - 30, 2014

PREPARED BY: Ivan Andujar (619) 442 - 0457

PROJECT STATUS: Pending  Active  Complete  Date: 5-9-2014

PROJECT STATUS NARRATIVE:

*Q new families assisted in April 2014*

*(2) days of assistance remain -*

East County Transitional Living Center  
1527 E. Main St.  
El Cajon, Ca. 92021

### Invoice

Date	Invoice#
5/9/14	5914

<b>Bill To:</b> City of El Cajon, Redevelopment and Housing	<b>Phone#</b> (619) 441-1786
Attn: Jamie Kavikis 200 Civic Center Way El Cajon, Ca. 92020	

Quantity	Description	Rate	Amount
April 2014	HUD/CDBG (Emergency Shelter Program) reimbursement (4/1 – 4/30/14)	n/a	<b>\$0.00</b>

**Total: \$0.00**