

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

① 00713
13-14

FY Period Reported: FY 2013-2014

Quarter/Month Reported: June 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 served</u> 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 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> ?
1. TOTAL	2	0	167	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	2		2	
Asian and White				
Black / African American and White				
American Indian / Alaskan Native & Black / African American			2	
Other/Multi-Racial				
2. TOTAL	2	0	167	51

Extremely Low Income (0-30% MFI)				
Low Income (>30-50% MFI)	2		167	
Moderate Income (>50-80% MFI)				
Income above 80% MFI				
3. TOTAL			167	

Homeless	2		167	
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 INCOME 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: June 1 - 30, 2014

PREPARED BY: Ivan Andujar (619) 442 - 0457

PROJECT STATUS: Pending NAME Active Complete PHONE Date: 7-10-2014

PROJECT STATUS NARRATIVE:

(1) new family assisted in June 2014

(167) men, women + children received shelter, food and case management during the 2013-14 Emergency Shelter Program. (33) short of estimated goal due to smaller family sizes assisted i.e: single parents w/(1) child.