

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
OFFICE OF THE MAYOR
COUNTY OF MAUI
200 SOUTH HIGH STREET
WAILUKU, HAWAII 96793
TELEPHONE #: (808) 270-7213 FAX #: (808) 270-7159

ANNUAL PERFORMANCE REPORT

Reporting Period Ending / Year

Organization Name: _____

Project Name: _____

Project #: _____

1. PROGRAM / PROJECT STATUS SUMMARY.

Detail specific program/project accomplishments and activities that occurred during the year. Include problems encountered, proposed and actual solutions, and/or any assistance needed.

2. PROGRAM INCOME (24 CFR 570.500, 24 CFR 570.504). See Program Income Section of Standard Terms & Conditions.

If funds or income was directly generated from the use of CDBG funds or CDBG funded activities, provide the following information:

Total CDBG Funding:		
Total Funding from all other sources:		
TOTAL PROJECT COST:		
Total Program Income:		
Less Costs Incidental to the Generation of Program Income:		
NET PROGRAM INCOME:		
CDBG FUNDING PERCENTAGE: (Total CDBG Funding/Total Project Cost)		
TOTAL CDBG PROGRAM INCOME:		

Remit Total CDBG Program Income to the County of Maui with your Annual Performance Report.

If funds or income was **NOT** directly generated from the use of CDBG funds or CDBG funded activities, so indicate.

3. ADDITIONAL REQUIRED REPORTS

Attach the following additional required forms:

- Performance Indicator Status Report – Actual for last program year ended June 30
- Performance Indicator Status Report – Proposed for next program year ended June 30

PLEASE NOTE: As outlined in the Standard Terms & Conditions, please submit the organization’s audited financial statements to the County of Maui no later than thirty (30) days after the completion of the audit.

Name (Please print or type) **Date**

Signature **Title**

CDBG USE ONLY

Reviewed By: _____
 Date of Review: _____