

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

PROJECT PERFORMANCE REPORT

/
Reporting Period Ending / Year
(Semi-monthly, Monthly or Quarterly)

Organization Name: _____

Project Name: _____

Project #: _____

Project Status:

<u>Activity/Milestones</u> (based on current Project Schedule)	<u>Projected</u> <u>Completion Date</u>	<u>Actual</u> <u>Completion Date</u>	<u>Percent (%)</u> <u>Complete</u>
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<u>Quarterly Draw Down Activity</u> (based on current Project Schedule)	<u>Projected Amount</u>	<u>Actual Amount</u>
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Quarterly Draw Down Total:	_____	_____
Draw Down Total To Date:	_____	_____
Remaining Grant Balance:	_____	_____

NARRATIVE SUMMARY.

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

Name (Please print or type)

Date

Signature

Title

CDBG USE ONLY

Reviewed By: _____

Date of Review: _____