

OHHLHC WORK PLAN BENCHMARKS (36 MONTHS)

OMB Approval Number 2539-0015 (exp MM/DD/201Y)

* Grant Number:														Grantee Organization:														* Period of Performance:													
PERIOD														Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13															
ACTIVITY																																									
Applicant Capacity (0-90 days)																																									
Staff Hired																																									
Approved Environmental Review and Release of Funds																																									
Written Policies and Procedures																																									
Number of Paint Inspections/ Risk Assessment Proposed:														< Enter Number of Unit																											
Paint Inspections/Risk Assessments:														—————▶																											
Minimum Performance Standard														0%	2%	5%	15%	25%	35%	50%	65%	80%	95%	98%	100%																
Proposed # Assessed																																									
Actual # Assessed																																									
Actual % Assessed																																									
Units in Progress of Interventions																																									
Number of Completed & Cleared Housing Units Proposed:														< Enter Number of Units to be Completed and Cleared.																											
Units Completed and Cleared:														—————▶																											
Minimum Performance Standard														0%	1%	2%	5%	10%	25%	40%	55%	70%	85%	95%	99%	100%															
Proposed # Completed																																									
Actual # Completed																																									
Actual % Completed																																									
LOCCS DRAWDOWNS Grant Award Amount =														< Enter Requested OHHLHC Dollar amount.																											
LOCCS Drawdowns:														—————▶																											
Minimum Performance Standard														2.50%	5%	10%	15%	25%	35%	45%	55%	65%	80%	90%	99%	100%															
Drawdown Milestone																																									
Proposed Dollars Drawn																																									
Proposed Match Amount																																									
Proposed Leverage																																									
Proposed Healthy Homes Initiative Funding (if applicable)																																									
Actual Drawdown																																									
Actual Drawdown %																																									
Actual Healthy Homes Initiative Funding (if applicable)																																									
Actual Match Amount																																									
Actual Leverage Amount																																									
Community Outreach / Education/ Training																																									
Community Outreach Milestone																																									
Community Outreach Achieved																																									
Education Milestone																																									
Education Achieved																																									
Skills Training Milestone																																									
Skills Training Achieved																																									
Close-Out														—————▶																											

* Leave Grant Number and Period of Performance blank at time of application