OHHLHC WORK PLAN BENCHMARKS (36 MONTHS)

	OMB Approval Number 2539-0015 (exp MM/DD/201Y)														
* Grant Number:	Grantee O	rantee Organization:							* Period of Performance:						
ACTIVITY	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13		
Applicant Capacity (0-90 days)				<u>'</u>	<u>'</u>	<u>'</u>	'	<u>'</u>	<u>'</u>	<u>'</u>	'	'	<u>'</u>		
Staff Hired															
Approved Environmental Review and Release of Funds		•													
Written Policies and Procedures															
Number of Paint Inspections/ Risk Assessment Proposed:		< Enter Nu	mber of Uni	t											
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 Re	quested OHI	HLHC 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