

# **OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL**

## **Quarterly Progress Report**

Grant Program:		
1. Grant Agreement Number:		
2. Grantee Organization:		
3. Type of Organization		
4. Special Source:		
5. DUNS Number		
6. Project Title		
7. Organization Address:		
8. Report Period:	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30    Year 20____ <input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31	
9. Project Period of Performance: (Start - Expiration Date)	9a. Original	9b. Current
10. Total Grant Amount:	10a. Original	10b. Current
11. Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period:	11a. Dollar Amount	11b. Percentage of Total
12. Number of Projected Units per HUD Grant Agreement (HUD 1044):		
13. Cumulative Number of Units Completed Through End Date of Report Period:	13a. Units Completed	13b. Percentage of Total
14. Program Manager:		
15. CFDA Program Number		
16. Federal Award Identifier Number		
17. Principal Place of Performance State/ FIPS Code	State	FIPS Code
18 Principal Place of Performance (County/FIPS Code)	County	FIPS Code
19. Principal Place of Performance (City/FIPS Code)	City	FIPS Code
20. Principal Place of Performance Zip+4		
20. Recipient FIPS Code	City	County
21. Recipient State FIPS Code/ ZIP+4	State FIPS Code	Zip+4
22. Match	Current:	Cumulative:

# **OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL**

## **Quarterly Progress Report**

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**If any items in this report require explanation or clarification, please address them in the PROGRAM NARRATIVE RESPONSE portion of the quarterly report.**

OMB Control No. 2539-0008. This information is designed to provide timely information to HUD regarding the progress of the grantees in carrying out the Lead-Based Paint Hazard Control, Lead Hazard Reduction Demonstration, Lead Outreach, Lead Technical Studies, Healthy Homes Technical Studies, Green and Healthy Homes Technical Studies, Operation Lead Elimination Action Program, Lead Hazard Control Capacity Building, and Healthy Homes Demonstration grant programs, and to provide the Congress with status reports on the lead grants as required by Title X of the Housing and Community Development Act of 1992 (P.L. 102-550). Public reporting burden for this collection of information is estimated to be 10 hours per response. This collection does not require the retention of confidential or sensitive material. Response to this request for information is required in order to receive the benefits to be derived. This information is also designed to provide timely information under the Federal Financial Accountability and Transparency Act of 2006 (P.L. 109-282), and the American Recovery and Reinvestment Act of 2009 (ARRA; P.L. 111-5). This agency may not collect this information, and you are not required to complete this form packet, unless it displays a currently valid OMB control number.

# **OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL**

## **Quarterly Progress Report**

### **I. Lead Hazard Control**

#### **PART 1**

#### **PROGRAM NARRATIVE RESPONSE**

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in your HUD-approved work plan. You should respond to each narrative item with a short paragraph. Work plan tasks that must be covered in this report include:

- A. Program Management and Capacity Building
- B. Community Education, Outreach and Training
- C. Lead Hazard Control Activities (including relocation)

Summarize your activities for this report quarter, and cumulatively if appropriate. In the discussion of these work plan tasks, highlight issues and/or activities that had a significant impact on the program. The narrative discussion is to complement the data submitted on these OMB-approved report forms.

#### **A. Program Management and Capacity Building**

Note: If your narrative response to a particular question (such as A4.) remains unchanged from the previous quarterly report or no new information can be reported (i.e., changes to key personnel), you should reply by repeating your response from the previous report and indicating the date of the original response (i.e. Jan 1 - Mar 31, 2003).

Within the context of the current work plan and grant agreement, summarize your progress in the overall grant program.

- A1. Describe any obstacles to performance and measures taken to overcome these obstacles.
- A2. Describe efforts to enhance the coordination and integration of lead hazard control work with other housing, health, and environmental programs (i.e., childhood lead poisoning prevention programs, health and housing code enforcement, housing rehabilitation, weatherization, etc.). Describe other services to be provided such as blood lead screening and community education and outreach; intra- and interagency partnerships, and public and private partnerships.
- A3. Describe the availability of lead-based paint contractors in your area. Describe activities you have taken to increase the number of contractors available to provide lead hazard control work as part of your grant.
- A4. Describe any changes in key personnel in the program, and among sub-grantees or other entities directly involved in your grant program and its impact. Provide information on any new program participants, including resumes of key individuals. (Include letters of commitments, MOUs, or other arrangements with community-based organizations and other partners.) Describe any significant changes to the work plan or budget that have occurred. Describe methods used to collect program data and what criteria were used to evaluate the performance of your grant program. Describe the effectiveness of the financing mechanisms used in enrolling property owners, including owners of rental properties, in the program. Describe any efforts undertaken to develop and utilize a lead-safe housing registry. (Include information on the number of units included, the public availability of the system, and examples of how the registry has been used.) Describe any proposed or actual changes in State or local laws, regulations, or policies that may affect your grant program.
- A5. Job Creation and Retention  
Enter the numbers of jobs created and retained by you, the Grantee, and your first tier contractors and subgrantees. Provide narrative explanation as necessary.

# OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

## Quarterly Progress Report

Activity- number of jobs funded under the grant	Jobs – this Quarter	Jobs – Cumulative	Green Jobs – this Quarter	Green Jobs – Cumulative
Created in your agency	a. 0	e. 2	i. 0	m. 2
Created by subcontractors	b. 0	f. 2	j. 0	n. 2
Retained in your agency	c. 0		k. 0	
Retained by subcontractors	d. 0		l. 0	

Employment Baseline. Enter the number of jobs that existed at the signing of the grant agreement. Also provide a narrative description of the job categories and numbers of employees.

Baseline employment	Jobs -At beginning of award	Green Jobs – At beginning of award
Grantee	q.	s.
Sub Grantees	r.	t.

### B. Community Education, Outreach and Training

- B1. Describe education and outreach activities and events completed this quarter. Discuss the expected results of your efforts. Describe your outreach efforts at reaching specific groups you have targeted (door-to-door, presentations, training, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlords, parent groups, child-care providers). These activities should be included in Item B5 below.
- B2. Describe outreach techniques and/or particular methods, materials, and formats that have proved to be most effective (attach copies of any media coverage and materials, including press clippings, to this report).
- B3. Describe training efforts completed this quarter. Discuss the types of training provided and any certifications received. These efforts should correspond to Item B4 below.

#### B4. Skills Training and Economic Opportunities

Skills Training Conducted (For Report Quarter)	Number of Individuals Trained	Number of Individuals Employed as a Result of Training	Cumulative Total
Low-Income Individuals	B4a.	B4b.	B4i.
Property Owners / Tenants / Remodelers / Renovators / Maintenance Workers	B4c.		B4j.
Lead-Based Paint Contractors	B4d.		B4k.
Grant Program & Partnering Entities Staff	B4e.		B4l.
Lead-Safe Work Practices (1012-1013)	B4f.		B4m.
Other (specify)	B4g.		B4n.
Total Trained This Quarter	B4h.		B4o.

# OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

## Quarterly Progress Report

### Community Education and Outreach Activities

Target Audiences	Activities Conducted (For Report Quarter)	Number of Events	Number of Individuals Reached	Cumulativ e Number of Events	Cumulativ e Individuals Reached
Health & Child Care Providers	B5a.	B5m.	B5b.	B5v.	
Schools, Parent groups, Places of Worship	B5c.	B5n.	B5d.	B5w.	
Landlords / Landlord Groups, Tenants / Tenant Groups, Housing Corporations	B5e.	B5o.	B5f.	B5x.	
Community or Target Area Wide	B5g.	B5p.	B5h.	B5y.	
Real Estate Professionals	B5i.	B5q.	B5j.	B5z.	
Other (specify)	B5k.	B5r.	B5l.	B5aa.	
<b>Total</b>		<b>B5s.</b>	<b>B5t.</b>	<b>B5u.</b>	

### C. Lead Hazard Control Activities

- C1. Describe the extent to which lead hazard control activities were conducted in conjunction with other work (i.e., rehabilitation, code correction, weatherization, etc.).
- C2. Describe the lead hazard control methods or combination of methods used. To the extent possible, describe the number of housing units completed and cleared for the methods used (e.g., low-level interventions, interim controls, hazard abatement). Discuss the lead hazard control and rehabilitation costs for units completed this quarter.
- C3. Describe any post-hazard control maintenance plans for units where lead hazard control grant work has been completed.
- C4. Lead Hazard Evaluations and Units in Progress

Activity	Number Completed This Quarter	Number Completed Cumulatively
Number of Units Receiving Lead Hazard Evaluations	C4a.	C4d.
Number of Units with Lead Hazards Identified	C4b.	C4e.
Number of Units Enrolled	C4c.	C4f.
Number of Units in Progress or Under Contract	C4g.	C4h.

# OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

## Quarterly Progress Report

### C5. Lead Hazard Control – Unit Production

Number of Units Completed and Cleared	Number Completed and Cleared*	Number of Units With Other Rehab, Code work	Number of Units Where Occupants Were Relocated
Occupied Rental Units	C5a.	C5b.	C5c.
Vacant Units	C5d.	C5e.	
Owner-Occupied Units	C5f.	C5g.	C5h.
Quarter Total	C5i.	C5j.	C5k.
Cumulative Total (Since the Inception of the Grant)	C5l.	C5m.	C5n.

A Listing of Units Completed and Cleared during the Quarter by street address is to be attached to the Quarterly Report (see PART 2 – LISTING OF UNITS COMPLETED AND CLEARED)

### C6. Age of Units Completed and Cleared

Age of Housing (based on number of units completed and cleared)	Pre-1940	1940 - 1959	1960 - 1977	Unknown
Quarter Total	C6a.	C6b.	C6c.	C6d.
Cumulative Units	C6e.	C6f.	C6g.	C6h.

### C7. Occupant Information of Units Completed

Number of Occupants Residing in Units when Lead Hazard Control Work was Initiated	Children under 6 Years of Age	Children under 6 Years of Age Receiving Medicaid	Occupants over 6 years of age (including adults)
Quarter Total	C7a.	C7b.	C7c.
Cumulative Units	C7d.	C7e.	C7f.

### Blood Lead Values of Children

Blood Lead Values of Children Under 6 of Age Residing in Units when Lead Hazard Control Work was Initiated	BLL under 10 µg/dL	BLL between 10-19 µg/dL	BLL ≥20 µg/dL	Not Tested or results not available
Quarter Total	C8a.	C8b.	C8c.	C8d.
Cumulative Units	C8e.	C8f.	C8g.	C8h.

In addition to the quarterly report, the HUD Office of Healthy Homes and Lead Hazard Control is always interested in the accomplishments of our Lead Hazard Control grantees and in sharing these with lead poisoning prevention advocates. If you have a particular "success story" which may reflect innovative approaches in implementing your program, or if you have overcome any obstacles that would be of interest or benefit to others, please submit the information as an email attachment to [grantee\\_quarterly@hud.gov](mailto:grantee_quarterly@hud.gov).

## OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL Quarterly Progress Report

### PART 2 LISTING OF UNITS COMPLETED AND CLEARED

Grant Agreement Number:			
Grantee Organization:			
Report Period:	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30                      Year 20____	<input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31	

Please submit the following information for units that have undergone lead hazard control activities and subsequently cleared:

#### Lead Hazard Control – Unit Production Using HUD OHHLHC Grant Funds

Housing Unit Counter	Housing unit information							Costs					Where			What										
	Street Address	Apt #	City	State	ZIP +4 Code	Housing Unit Area (sq ft)	Total Number of Rooms	Lead Hazard Control Intervention	Relocation	Rehab or other Work	Applicant match and Leverage \$	Total Project Cost	Interior	Exterior	Soil	No. Rooms Treated	Dust cleaning	Stabilize paint	Replace component	Abatement	Other	Income <50% AMI	50-% AMI < Income	> 80% Income		

# OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

## Quarterly Progress Report

### PART 3

### FINANCIAL REPORTING

### HUD Lead Hazard Control Grant Funds

If applicable, please also attach "HUD Form 269, Financial Status Report" or its successor to this quarterly report.

<b>Grant Agreement Number:</b>	
<b>Grantee Organization:</b>	
<b>Report Period:</b>	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30    Year 20 ____ <input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31

BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts / Sub-Grantees /				
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
7g.				
7h.				
7i.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*				
	Negotiated	This Period	Cumulative	
Match/Leverage				

\* Administrative costs included in totals expended **are not** to exceed 10-percent.



# **OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL**

## **Quarterly Progress Report**

### **II. Healthy Homes Initiative and Lead Technical Studies Grants**

The Healthy Homes Initiative and Lead Technical Studies Grantee Quarterly Progress Reporting Form reflects reporting requirements that will assist both HUD and grantees in monitoring and evaluating their progress in implementing grant activities. This report, together with a well-designed work plan, provides a system to assist all parties in measuring grantee performance and fulfilling program management, monitoring, and oversight responsibilities.

Before completing the quarterly report for the first time, we recommend that Grantees confirm with their GTRs which report sections are applicable to tracking their grant's progress.

In most cases, Healthy Homes Demonstration and Outreach Grantees will need to complete:

- Part 1A thru 1C (and applicable sections of 1D)
- Part 2 (if the Grantee performs work in dwelling units)
- Part 3

In most cases, Healthy Homes Technical Studies and Lead Technical Studies Grantees will need to complete:

- Part 1A and 1D
- Part 3

#### **PART 1 PROGRAM NARRATIVE RESPONSE**

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in your HUD-approved work plan. You should respond to each narrative item with a short paragraph. The narrative sections that follow address the following types of work plan tasks:

- A.** Program Management and Capacity Building
- B.** Assessment and Intervention Activities
- C.** Community Education, Outreach, Training, and Capacity Building
- D.** Data Collection and Analysis

When responding to the narratives, summarize your activities for this quarter and cumulatively, if appropriate. In the discussion of these work plan tasks, highlight issues and/or activities that had a significant impact on the program. The narrative discussion should complement the information submitted in the tables.

Note: If your narrative response to a particular question remains unchanged from the previous quarterly report or no new information can be reported (i.e., changes to key personnel), you should reply by repeating your response from the previous report and indicating the date of the original response (i.e. Jan 1 - Mar 31, 2003).

# **OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL**

## **Quarterly Progress Report**

### A. Program Management and Capacity Building

Within the context of the current work plan and grant agreement, summarize your overall progress in completing your project/study. As part of your summary, please address the topics listed below, as applicable.

**A1.** Start-up Activities. Please indicate the status of the following start-up activities by clicking on the appropriate box below. Comments on your progress can be addressed in the narratives that follow.

Activity	Status (select one category for each activity)		
	Not-yet-started	In-progress	Date Completed
Quality Assurance Plan Submitted and Accepted (if applicable)			
Staff Hired			
Approval for Environmental Review Received (if applicable)			
Internal Policies and Procedures Established			
Process for Invoicing HUD through LOCCS Established with Grantee's Finance Staff			
Subcontracts and Sub-grants In-place			
IRB Approval Received (if applicable)			
Necessary Supplies and Materials Procured			

NOTE: Corresponds to **Section I** on the Grantee Benchmark Performance Standards Worksheet.

**A2.** Personnel Changes. Describe any changes in key personnel in the project/study and among sub-grantees or other entities directly involved in your grant project/study and its impact. Please identify any staff hired and address how current staffing levels compare to your work plan. Provide information on any new project/study participants, including resumes of key individuals or letters of commitment, Memoranda of Understanding (MOUs) or other arrangements with community-based organizations and other partners.

**A3.** Work Plan or Budget Changes. Describe any significant changes to the work plan or budget that have occurred during this time period.

**A4.** Financial Partnerships. Describe existing or prospective partnerships with financial institutions.

**A5.** Job Creation and Retention

Enter the numbers of jobs created and retained by you, the Grantee, and your first tier contractors and subgrantees. Provide narrative explanation as necessary.

Activity- number of jobs funded under the grant	Jobs – this Quarter	Jobs – Cumulative	Green Jobs – this Quarter	Green Jobs – Cumulative
<b>Created in your agency</b>	a. 0	e. 2	i. 0	m. 2
<b>Created by subcontractors</b>	b. 0	f. 2	j. 0	n. 2
<b>Retained in your agency</b>	c. 0	g. 2	k. 0	o. 2
<b>Retained by subcontractors</b>	d. 0	h. 2	l. 0	p. 2

Employment Baseline. Enter the number of jobs that existed at the signing of the grant agreement. Also provide a narrative description of the job categories and numbers of employees.

Baseline employment	Jobs -At beginning of award	Green Jobs – At beginning of award
Grantee	q.	s.
Sub Grantees	r.	t.

# **OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL**

## **Quarterly Progress Report**

- A6.** Written Policies and Procedures. Discuss progress toward developing internal written policies and procedures or any changes to policies and procedures already in-place.
- A7.** Coordination with Existing Programs (if applicable). Describe efforts to enhance the coordination and integration of work performed under your current grant with other existing housing, health, and environmental programs. For Healthy Homes grantees, include other projects and activities that also address Healthy Homes issues.
- A8.** Environmental Review and IRB Approval (if applicable). Describe status of Environmental Review and Institutional Review Board (IRB) approval. If original or revised IRB approval has been obtained, please list the date(s); if the most recent approval has been obtained this quarter, please attach the approval to this quarterly report.
- A9.** Challenges. Describe any obstacles or challenges to performance, activities, or research and measures taken to overcome those challenges.

# OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

## Quarterly Progress Report

### B. Assessment and Intervention Activities

This section focuses on the assessment and intervention activities implemented through your project, particularly environmental interventions in participants' homes. An intervention occurs when activities (e.g., repair, renovation, provision of supplies, installation of safety equipment, or education of residents) have been performed in a residence to reduce environmental health and safety hazards or to inform residents about Healthy Homes or Lead Hazard Control issues.

**Note:** If the family has not been "enrolled" for the activity and no data have been collected (e.g., the activity consists of distributing materials door-to-door, with no record of recipient information and no individual follow-up), then the activity is characterized as a community education and outreach activity and should instead be addressed in Part 1, Section C.

**Note:** If your project does not perform unit assessments and interventions, check with your GTR to verify whether you need to complete this section.

Because of the wide range of activities, interventions, and measures involved in Healthy Homes and Lead Technical Studies projects, not all questions may be applicable to your grant. If an item asks about a type of activity that is not relevant to your project, please respond "Not Applicable" or "N/A."

- B1.** Enrollment. Describe the types of recruitment/enrollment activities completed this quarter and complete the corresponding cells in B6. Also describe the effectiveness of financing mechanisms or incentives used in enrolling participants in the project and encouraging their continued participation during this time period.
- B2.** Assessment and Intervention Activities. Describe the types of assessments and/or interventions that took place this quarter in the following categories:
  - B2a.** Assessment and mitigation of hazards associated with asthma and/or other respiratory illnesses (including mold and moisture controls).
  - B2b.** Assessment and mitigation of hazards associated with injury and safety hazards.
  - B2c.** Assessment and mitigation of lead-based paint hazards.
  - B2d.** Assessment and mitigation of other hazards (please specify).
- B3.** Intervention Methods. Describe the methods or combination of methods used to perform the activities listed in question B2 above. Include a description of costs for units completed during this quarter. (These costs will also be reported in Part 2.)
- B4.** Follow-up Activities. Describe any post-intervention follow-up or assessment activities for units in which work was completed this quarter. A unit can be considered completed if a follow-up assessment remains to be performed (for example, a six-month follow-up environmental assessment), as long as the actual physical work or other intervention activity has been completed.
- B5.** Findings. For units in which assessments, interventions, and analysis have been completed, briefly discuss the findings.

## OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL Quarterly Progress Report

B6. Summary of Unit Assessments and Interventions

Assessments or Inspections	Current Quarter					Cumulative Totals
	Units Assessed / Intervened for Respiratory Hazards (Mold/Moisture or Allergens, etc.)	Units Assessed / Intervened for Safety Hazards	Units Assessed / Intervened for Lead Hazards	Units Assessed / Intervened for Other Hazards Please list: _____ _____ (CO, pesticides, radon, etc.)	Total for this Quarter	
Number of potential clients contacted	a.	f.	k.	p.	u.	
Number of clients enrolled	b.	g.	l.	q.	v.	NOTE: This response corresponds to II.A.2 on the Grantee Benchmark Performance Standards Worksheet.
Number of units with completed assessment	c.	h.	m.	r.	x.	NOTE: This response corresponds to II.B.2 on the Grantee Benchmark Performance Standards Worksheet.
Number of units with completed interventions	d.	i.	n.	s.	x.	NOTE: This response corresponds to II.C.2 on the Grantee Benchmark Performance Standards Worksheet.
Number of units with interventions in progress	e.	j.	o.	t.	y.	NOTE: This response corresponds to II.C.4 on the Grantee Benchmark Performance Standards Worksheet.

Note: Shaded boxes above do NOT need to be filled in.

Current Quarter Information: The responses to all items located under the "Current Quarter" heading should indicate the number of enrollments, assessments, and interventions conducted during this reporting period. These figures may include assessments that occurred either prior to participant enrollment or in homes that were not enrolled in the program. If a single unit was inspected for more than one assessment category it should be counted once in both columns (for example, if an apartment is assessed for both lead hazards and mold and moisture, it would be counted in both Asthma/Other Respiratory Illnesses and Lead Hazard Control). The same rule applies to hazards identified, units enrolled, and interventions underway. The "Total for this Quarter" and "Cumulative Totals" columns should reflect the net number of housing units in the classification for each row. It is not the sum of the safety, lead, and other hazard categories, as summing these columns would result in double-counting some units.

Cumulative Totals: The cumulative total units column should reflect the total number of enrollments, units assessed, and interventions since the grant program was initiated. It is a cumulative measure of the units counted under the "Total for this Quarter" column and the "Cumulative Totals" figure from the previous reports.

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### B7. Unit Type for Completed Units

Type of Units (Based on number of interventions completed this quarter)	Total Units This Quarter	Cumulative Totals
Owner-Occupied Units	a.	e.
Occupied Rental Units	b.	f.
Vacant Units	c.	g.
<b>TOTAL INTERVENTIONS (all types)</b>	d.	h.

The responses in this table should reflect only the units in which interventions have been completed and cleared (if necessary) during this quarter. A unit can be considered completed if follow-up evaluation remains to be performed (for example, a six-month follow-up environmental assessment), as long as the actual physical work or other intervention activity has been completed.

As with B6, the "Total Units this Quarter" and "Cumulative Totals" columns should be a net count of units across all hazard categories, ensuring that each unit is counted **only once**. The "Total Interventions" row should be a sum of the interventions for **all types** of units.

### B8. Age of Units Completed

Age of Housing (Based on number of interventions completed this quarter)	Total Units This Quarter	Cumulative Totals
Pre-1940	a.	f.
1940-1959	b.	g.
1960-1977	c.	h.
Post-1977	d.	i.
Unknown Age	e.	j.

If the age of the unit is not known precisely, use the most reasonable age category based on available information. If the age of the unit cannot be reasonably estimated, it should be counted under "Unknown Age."

### B9. Occupant Information for Units Completed

Ages of Occupants in Completed Units	Total This Quarter	Cumulative Totals
Children Under Age 6	a.	d.
Occupants Age 6 to 17	b.	e.
Occupants Age 18 and Over	c.	f.

Responses should reflect the total number of occupants residing in the unit at the time the intervention was completed. Even if a unit receives more than one intervention, count each unit's occupants only once.

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### C. Community Education, Outreach, Training, and Capacity Building

This section focuses on the educational, outreach, and training activities implemented through your project. These activities involve a broad dissemination of Healthy Homes and/or Lead Hazard Control information to health care providers and community members through workshops, health fairs, radio broadcasts, distribution of brochures, and other venues. **Note:** If the grantee has “enrolled” the participant and collected any personal information (family names, health status, etc.) and housing data (e.g., address), then the activity is considered a **unit intervention** and should instead be addressed in Part 1, Section B.

Note: If your project does **not** perform education, training, outreach, or capacity-building activities, check with your GTR to verify whether you need to complete this section.

- C1. Describe Activities Completed. Describe education and outreach activities completed this quarter, including the expected results of your efforts. Describe your outreach methods (door-to-door, presentation, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlord groups, etc.). These activities should also be accounted for in C6 and C8.
- C2. Effective Outreach Formats. Describe outreach techniques and/or particular methods, materials, and formats that have proven to be most effective. If any media coverage or educational brochures are available, please attach to this report.
- C3. Training and Education. Describe the types of training and education efforts completed this quarter and any certification received. Please specify the types of staff training conducted, as well as training activities for community workers. These efforts should correspond to C7.
- C4. Training and Education Evaluation. If training or education activities have been evaluated during this quarter, briefly describe the evaluation methods used and discuss the findings. Please attach copies of blank evaluation form(s) (e.g., pre- and post-test forms) in an appendix to this report.
- C5. Capacity Building. Describe activities completed that either build the capacity of grantee and partner staff or build the capacity of other organizations and institutions in the community (activities may include staff training and/or training activities for community workers described in question C3). Please differentiate between internal (“grantee”) and external (“project recipient”) capacity-building efforts.

# OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

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### C6. Community Education and Outreach Activities

Target Audience	Activities Conducted (please list type for each audience)	Individuals Reached This Quarter	Cumulative Totals of Individuals Reached
Health/child care providers	a.	h.	o.
Schools, parent groups, etc.	b.	i.	p.
Landlords	c.	j.	q.
Tenants and other community residents	d.	k.	r.
Other (specify) _____	e.	l.	s.
Other (specify) _____	f.	m.	t.
<b>TOTAL FOR ALL AUDIENCES</b>	<b>g.</b>	<b>n.</b>	<b>u.</b>

Responses should correspond to the narrative answers in C1 and C2. List all activities undertaken to reach each target audience during the quarter (e.g. meetings, presentations, mailings, health fairs, etc.). The number of individuals reached is the total number of individuals reached through all of the types of activities conducted. If an audience reached by your activities is not listed here, please list the audience under "Other."

**NOTE: This table corresponds to Part III.A on the Grantee Benchmark Performance Standards Worksheet.**

### C7. Skills Training

Target Audience	Type of Training Conducted (please list type for each audience)	Number Trained This Quarter	Cumulative Number Trained
Tenants or Owner-occupants	a.	g.	m.
Property Owners (non-residents)	b.	h.	n.
Remodelers and Other Contractors	c.	i.	o.
Grant Project (or Partner) Staff	d.	j.	p.
Other (specify) _____	e.	k.	q.
Other (specify) _____	f.	l.	r.

Responses should correspond to the narrative answers in C3. The number of individuals trained should reflect the total number of individuals in each category trained for all types of training. If an audience reached by your training is not listed here, please list the audience under "Other."

**NOTE: This table corresponds to Part III. B on the Grantee Benchmark Performance Standards Worksheet.**



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### C8. Publications and Other Materials Distributed

Description of Outreach Materials	Method of Circulation (health fair, door-to-door, etc.)	Number Distributed This Quarter	Cumulative Number Distributed
1.	a.	e.	j.
2.	b.	f.	k.
3.	c.	g.	l.
4.	d.	i.	m.

Responses should correspond to the narrative answers in C1 and C2, as well as C3 and C4, as appropriate.

**NOTE: This table corresponds to Part III. C on the Grantee Benchmark Performance Standards Worksheet.**

### D. Data Collection and Analysis

This section focuses on data collection activities performed as part of your grant. **Note:** Any activities involving collection of family and unit data through home visits may also be defined by HUD as **interventions** and should also be addressed in Part 1, Section B.

- D1. Data Collection and Analysis Activities. Summarize activities performed during this reporting period and complete D7 through D9. As appropriate, indicate progress in the following areas:
- D1a. Development of data collection instruments. Describe progress in developing hazard assessment tools, surveys, etc. (you are encouraged to use or adapt instruments that have already been validated, when possible). Also include the development of new sampling and analytical methods.
  - D1b. Data collection. Summarize progress in data collection with respect to work plan milestones.
  - D1c. Data validation and analysis. Describe progress in completing final data validation and analysis.
- D2. Quality Assurance and Quality Control Activities. Describe QA/QC activities for the quarter (e.g., observation of field data collection, summary of QC sample analyses) and indicate whether any corrective actions were taken. Also, include progress made toward completion of the mid-project Quality Assurance Report.
- D3. Study Methods and Data Collection Instruments. Describe the methods or combination of methods used to perform the activities listed in D1. Include a discussion of the instruments used to collect your data. Please attach sample forms, etc. as an appendix to this report.
- D4. Changes in Study/Evaluation Design. Describe any changes in the study design or evaluation of the project during this time period. Explain why changes were made and their potential impact on the project.
- D5. Preliminary Results. Discuss results of preliminary data analysis in the context of what was anticipated (i.e., your hypotheses) at the start of the project. Specify how these preliminary results might affect the remainder of your study.
- D6. Capturing Health Outcomes and Environmental Outputs. As applicable, describe the expected and realized health outcomes that you expect to achieve or have achieved (e.g., number of children with reduced asthmatic episodes, respiratory symptoms, lead poisoning/blood lead levels, allergy symptoms, or improvements in home safety, reduction of school absenteeism, reduced emergency room visits, etc.). Similarly, describe the expected and realized environmental outcomes or outputs that you expect to achieve, or have achieved (e.g., reductions in allergen levels (from mold, pests and/or pets), injury hazards, lead in dust, pesticides, carbon monoxide, radon, etc.). The method of capturing this data should be included in this discussion (e.g., survey, questionnaire, spirometry, diaries, pre- and post-environmental sampling and analysis, pre-and post interviews, pest counting, etc.).

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### D6. Outcomes and Methods Captured

Health Outcomes and Method of Capture (list all)	Work Plan Goal (e.g., #'s of children in units receiving interventions for asthma)	Number of Children with a Reduction in Asthmatic Episodes	Number of Children With Improvement in Health Outcome other than Asthmatic Episodes)
1. Example: Reduced Asthma / Asthmatic Episodes; spirometry	a.	f.	k.
2.	b.	g.	l.
3.	c.	h.	m.
4.	d.	i.	n.
5.	e.	j.	o.
Environmental Outputs/Outcomes and Method of Capture (list all, particularly reductions in allergens, including mold and allergens from pests and/or pets)	Work Plan Goal (#'s of units)	Number of Units with a Reduction in Allergen Levels (mold, allergens from pests and/or pets) Realized	Number of Units with a Reduction in Environmental Hazards other than Allergen Levels)
1. Example: Reduction in cockroach allergen, environmental sampling and analysis	a.	f.	k.
2.	b.	g.	l.
3.	c.	h.	m.
4.	d.	i.	n.
5.	e.	j.	o.

### D7. Data Collection Instruments

Data Collection Instruments Developed (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
1.	a.	e.
2.	b.	f.
3.	c.	g.
4.	d.	h.
<b>NOTE: This table corresponds to Part IV. A on the Grantee Benchmark Performance Standards Worksheet.</b>		

### D8. Data Collection Activities and Milestones

Data Collection Activities in Work Plan (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
1.	a.	e.

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2.	b.	f.
3.	c.	g.
4.	d.	h.

**NOTE: This table corresponds to Part IV. B on the Grantee Benchmark Performance Standards Worksheet.**

**D9. Data Analysis Activities and Milestones**

Data Analysis Activities in Work Plan (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
1. Data Validation	a.	e.
2. Data Analysis	b.	f.
3. Other (specify) _____	c.	g.
4. Other (specify) _____	d.	h.

**NOTE: This table corresponds to Part IV.D on the Grantee Benchmark Performance Standards Worksheet.**

D10. Status of Mid-Project Quality Assurance Report (Please check appropriate box) NOTE: This should be a concise report that describes the status of Quality Assurance/Quality Control (QA/QC) activities and findings during the first half of the project period-of-performance. The major elements of the grantee's Quality Assurance Plan should be used as a guide with respect to the report's contents. The report should describe any QA/QC-related problems that were encountered, efforts to address the problems, and the outcome of such efforts. The report should also include the results of QC sample analyses (e.g., field blank and field spike samples) if used in the grantee's project.

- Not-yet-started
- In-progress
- Completed (list date submitted \_\_\_\_\_)

NOTE: Corresponds to Part IV.C on the Grantee Benchmark Performance Standards Worksheet.

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### Part 2 LISTING OF UNITS COMPLETED

This part of the report provides additional information about units in which interventions were completed during the current reporting period. Indicate the unit address, city, state, and zip code for each unit listed. Also identify the types of interventions performed (e.g., control of asthma and other respiratory illnesses, injury prevention, or lead hazard control) and the total cost of the interventions. Please include a description of these costs in the narrative response to Part 1, Section B.

**Note: If your program does not involve unit assessments and interventions, check with your GTR to verify that you do not need to complete this part.**

<b>Grant Agreement Number:</b>			
<b>Grantee Organization:</b>			
<b>Report Period:</b>	<input type="checkbox"/> Jan 1 – Mar 31	<input type="checkbox"/> Jul 1 – Sep 30	Year 20 ____
	<input type="checkbox"/> Apr 1 – Jun 30	<input type="checkbox"/> Oct 1 – Dec 31	

Housing Unit Counter	Housing unit information							Costs				Where				What											
	Street Address	Apt #	City	State	ZIP Code	Housing Unit Area (sq ft)	Total Number of Rooms	Healthy Homes Intervention	Relocation	Rehab or other Work Applicant leveraged funds	Total	Crawl Space	Basement	Ground Floor	Upper Level(s)	Top Level/Attic	No. Rooms Treated	Radon	Carbon Monoxide	Mold	Other Allergens	Pesticides	Other Toxic Substances	Home Safety	Income A50% AMI	50-% AMI < Income	Income > 80%

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## Quarterly Progress Report

### PART 3

#### Financial Reporting

#### HUD Healthy Homes Initiative AND TECHNICAL STUDIES Grant Funds

If applicable, please also attach "HUD Form 269, Financial Status Report" or its successor to this quarterly report.

<b>Grant Agreement Number:</b>	
<b>Grantee Organization:</b>	
<b>Report Period:</b>	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30    Year 20 ____ <input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31

BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts / Sub-Grantees /				
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
7g.				
7h.				
7i.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*				
	Negotiated	This Period	Cumulative	
Leverage				

\* Administrative costs included in totals expended **are not** to exceed 10 percent.

### III Lead Outreach Grantee Quarterly Progress Report

The Lead Outreach Grantee Quarterly Progress Reporting Form reflects reporting requirements that will assist both HUD and grantees in monitoring and evaluating their progress in implementing grant activities. This report, together with a well-designed work plan, provides a system to assist all parties in measuring grantee performance and fulfilling program management, monitoring, and oversight responsibilities. This format requires current quarter information as well as cumulative numbers for some items.

The importance of tracking costs and activities: Because Lead Outreach Grantees and Lead Hazard Control Grantees perform somewhat similar activities in the areas of outreach and training, the costs and source of funds associated with outreach activities must be tracked. This format is to be used only for reporting outreach activities conducted with funds from the Lead Outreach Grant. Outreach activities conducted using funds from a Lead Hazard Control Grant should be reported in the quarterly report format for the Lead Hazard Control Grant Program.

#### **PART 1 PROGRAM NARRATIVE RESPONSE**

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in the HUD-approved work plan for your Lead Outreach Grant. You should respond to each narrative item with a short paragraph. Work plan tasks that must be covered in this report include:

- A. Program Management and Capacity Building
- B. Housing Assessment/Inspection,
- C. Community Outreach Activities
- D. Training and Education Activities

Summarize your activities for this report quarter, and cumulatively, as requested. In the discussion of these work plan tasks, highlight issues and/or activities that had a significant impact on the program. The narrative discussion should complement the information submitted in the tables.

Note: If your narrative response to a particular question (such as A4.) remains unchanged from the previous quarterly report or no new information can be reported (i.e., changes to key personnel), you should reply by repeating your response from the previous report and indicating the date of the original response (i.e. Jan 1 - Mar 31, 2003).

#### **A. Program Management and Capacity Building**

Within the context of the current work plan and grant agreement, summarize your progress in the overall grant program. As part of your summary, please address the topics listed below.

- A1. Challenges: Describe any obstacles or challenges to performance or activities, and measures taken to overcome those challenges.
- A2. Coordination with Existing Programs: Describe efforts to enhance the coordination and integration of lead outreach work with other existing housing, health, and environmental programs. Include other grant applications in process that will address lead-based paint or outreach issues.
- A3. Personnel Changes: Describe any changes in key personnel in the program and among sub-grantees or other entities directly involved in your grant program and its impact. Provide information on any new program participants, including resumes of key individuals or letters of commitments, Memoranda of Understanding, or other arrangements with community-based organizations and other partners.
- A4. Work Plan or Budget Changes: Describe any significant changes to the work plan or budget that have

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occurred during this quarter.

- A5. Design or Evaluation Changes: Describe any changes in the design or evaluation of the program during this quarter. Explain why changes were made and their potential impact on the program.
- A6. Effectiveness of Incentives: For this quarter, generally describe the effectiveness of the financing mechanisms or incentives used in reaching members of your target audience and encouraging enrollment of their unit into a lead hazard treatment program.
- A7. Program Data Collection: Describe the methods you used this quarter to collect data regarding outreach activities and the criteria employed to evaluate the performance of the overall grant program.
- A8. Financial Partnerships: Describe the effectiveness of partnerships with financial institutions, corporations or non-profit organizations for this reporting period.

### B. Housing Assessment/Inspection, Community Outreach, and Training Activities

This section focuses on assessments, including home visits (e.g., resident questionnaires, environmental or visual assessments) performed.

Note: Because of the wide range of activities involved in the Lead Outreach grant program, not all questions or possible responses will be applicable to your particular grant. If an item asks about a type of activity that is not relevant to your program, please respond "Not Applicable."

- B1. Describe the lead-based paint housing assessments or unit inspections that took place this quarter under the Lead Outreach grant. These efforts should correspond to B2 below.

#### B2. Summary of Housing Assessments/Inspections Performed

	Current Quarter	Cumulative for All Quarters
<b>Number of units contacted:</b>	a.	e.
<b>Number of units assessed or inspected:</b>	b.	f.
<b>Check type of assessment performed: (Check all that apply)</b>	<input type="checkbox"/> Visual Assessment <input type="checkbox"/> Code Inspection <input type="checkbox"/> LBP Inspection <input type="checkbox"/> LBP Risk Assessment <input type="checkbox"/> Other	<input type="checkbox"/> Visual Assessment <input type="checkbox"/> Code Inspection <input type="checkbox"/> LBP Inspection <input type="checkbox"/> LBP Risk Assessment <input type="checkbox"/> Other
<b>Number of units with hazards:</b>	c.	g.
<b>Number of units with hazards referred for treatment:</b>	d.	h.
Note: HUD recognizes that grantees normally contact <u>people</u> and not <u>units</u> . However, this table is designed to compare the number of units that were contacted in order to generate the stated number of units assessed.		

### C. Community Outreach Events, Effective Publications and Collateral Materials

- C1. Describe your target audience (tenants, landlord groups, etc.) for each type of outreach activity (see box below) conducted this quarter. Discuss the expected outcomes of your efforts. For this quarter, describe

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how you measured your activities' effectiveness in reaching your target audience. Include new evidence: 1) for why you believe a specific strategy is effective, and 2) which raises questions about a strategy's effectiveness. If applicable, describe how you altered activities to improve their effectiveness. All outreach activities described in the narrative should be accounted for in C2 below.

For this report, outreach activities/events are categorized into four major types:

1. "Community outreach" includes participation in community events, small group presentations, meetings, mailings, health fairs, etc. Include blood-lead screenings arranged or conducted by your program as community outreach activities. Community outreach activities may include use of "collateral materials" such as publications, documents or props, giveaways, cleaning kits or tee-shirts, etc.
2. "Earned media" are public service announcements and media stories on television, radio or in print that are provided at no cost to your program. Please estimate the number of people reached.
3. "Advertising" means paid advertisements on billboards, buses or other locations. Please estimate the number of people reached.
4. "Infrastructure and Support" includes development and maintenance of telephone hotlines and websites. These represent major communication elements for many lead outreach grantees.



C2. Quarterly Community Outreach Activities by Target Audience (Numerical responses should correspond to the narrative answers provided in response to the questions above.)

Target Audience	Number of Activities Conducted this Quarter	Type of Activity/Activities (Check all that apply) Community Outreach (CO), Earned Media (M), Paid Advertising (A) Infrastructure (I) Other (O)	Documented Number of Individuals Reached (Estimate for M and A)	Main Purpose of Activities Increase Awareness of Lead Poisoning and need for screening (A) Enroll Units (E) Other (O)	Type of organization having Primary Responsibility Grantee (G) Subgrantee (S) Contractor (C) Volunteer (V) Other partner (P)	Were any activities of this type evaluated? (Y/N)	Did you meet your quarterly benchmark(s) for this target audience? Yes (Y) No (N) Partially (P)	Cumulative number of events held
Health/child care providers								
Schools, parent groups, etc.								
Landlords/tenants and groups								
Community- or target area-wide								
Other (specify)								
Other (specify)								
Other (specify)								
Other (specify)								
<b>Total</b>								

C3. Effectiveness Publications and Collateral Materials. Describe the publications, collateral materials, and/or formats that proved effective for your program this quarter. Identify why and how you developed new printed materials or purchased new items for use. State how costs were tracked and linked to outreach activities. Please attach one copy of your documents and materials used to perform outreach activities to this report if they have not been previously provided as an attachment to a quarterly report. Please mail one copy of your collateral materials to your GTR. Do not attach copies of Federal government publications. These materials should correspond to Item C4 below

C4. Tools and Collateral Materials used for Outreach Activities. Provide information on all publications used during the quarter, (e.g., pamphlets, program information sheets, etc.). Include other items used such as visual presentations, videos, giveaways, mascots, cleaning kits, calendars, coloring books, and other props, etc.

Publication/Item (provide exact titles of publications)	Number Used this Quarter	Source of Publication or Item (Federal, State or Local Gov't, Purchased Commercially, Original Item)	Costs for this Publication/It em This Quarter	New Publications or Items Developed or Purchased This Quarter	Copy Attached or Mailed (l)	Cumulative Number Used	Cumulative Costs for Publication/ Item
Your Program Information Sheet							
Building Code Information Sheet							
Protect Your Family from Lead in Your Home					N/A		
Lead Paint Safety Field Guide					N/A		
Lead in Your Home: A Parent's Reference Guide					N/A		
Reducing Lead Hazards When Remodeling Your Home					N/A		
Lead Disclosure Rule Information					N/A		
Hotline Calls/Website "Hits"					Please submit screen captures and/or hotline information		
Other (specify)							
Other (specify)							
Other (specify)							
Other (specify)							
<b>Total</b>							

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C5. Costs of Outreach Events and Collateral Materials. Describe your method for tracking costs and linking costs to outreach activities for this quarter. Is this method effective? Is the benefit equal to or greater than the costs for the event or publication? Explain any unexpected or unusual costs this quarter. These efforts should correspond to Item C6 below.

C6. Costs and Benefits of Materials (Supplies) by Event Type this Quarter (Do not include labor costs for grantee staff)

Note: If units are enrolled in a lead hazard control grant program, the lead grantee may not also take credit for applicants or enrollment of units reported here.

Activity Type	Number Held this Quarter	Number of People Reached at Activity Type this Quarter	Approximate Supply Costs for all Activities of this Type this Quarter	Approximate Cost Per Person Reached	Number of Applications for Lead Hazard Control Programs Resulting from Activity Type (Select primary activity type)	Number of Units Enrolled from Activity Type for Quarter (Select primary activity type)	Approximate Materials/Supply Costs for one Enrolled Unit from this Activity Type for Quarter	Cumulative Number of Units Enrolled from this Activity Type	Cumulative Supply Costs for one Enrolled Unit from this Activity Type
Community Events									
Small Group Meetings									
Door-to-Door campaigns									
Advertising									
Other (specify)									
Other (specify)									
Other (specify)									
Other (specify)									

C7. Reaching People of Limited English Proficiency. In your narrative covering this quarter, provide information you consider to be interesting or different related to your activities to reach individuals whose native language is not English. Include any new evidence that these activities were or were not effective. Describe how you altered any activities to improve their effectiveness. These efforts should correspond to Item C8 and C9.

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C8. Reaching Persons of Limited English Proficiency (LEP)- Languages Used During Outreach Events (not training).

<b>Activity Type</b>	<b>Primary Native Language of Majority of Audience English (E) Spanish (S) Asian (A) Other (O) Mixed (M)</b>	<b>Primary Language(s) Used by Speakers/ Representatives Select all that apply English (E) Spanish (S) Asian (A) Other (O) Mixed (M)</b>	<b>Interpreter (s) Used?</b>	<b>Translation/ Interpreter Costs for Quarter</b>
<b>Community Events</b>				
<b>Small Group Meetings</b>				
<b>Door-to-Door campaigns</b>				
<b>Advertising</b>				
<b>Intake/Enrollment for Lead Hazard Control Program</b>				
<b>Other (specify)</b>				
<b>Other (specify)</b>				

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**C9. Publications for People of Limited English Proficiency**

<b>Publications and Materials</b>	<b>Primary Native Language of Majority of Audience</b> English (E) Spanish (S) Asian (A) Other (O) Mixed (M)	<b>Language(s) of Publication or Item</b> Select all that were used English (E) Spanish (S) Asian (A) Other (O) Mixed (M)	<b>Who translated it?</b> Outreach Grantee (G) LHC Grantee (LG) Outreach Subgrantee (S) Contractor (C) Volunteer (V) Other partner (P)	<b>Translation Costs for Quarter</b>	<b>We need Federal document(s) in the following language(s)</b>
Grant Program Information Sheet					N/A
Protect Your Family from Lead in Your Home					Please specify language(s) needed
Lead Paint Safety Field Guide					Please specify language(s) needed
Lead in Your Home: A Parent's Reference Guide					Please specify language(s) needed
Reducing Lead Hazards When Remodeling Your Home					Please specify language(s) needed
Lead Disclosure Rule Information					Please specify language(s) needed
Collateral Documents					
Other (specify)					

**D. Training/Education Activities and Evaluation**

D1. Training/Education: Describe training and education activities your outreach grant supported or provided for your target area this quarter. Discuss the types of training or education provided and the expected outcome of the training in your targeted area. These efforts should correspond to D2 below. If grantee staff attended/completed training this quarter, please discuss it in the narrative, but do not include it in the table.

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D2. Community Training and Education Activities. List all types of training conducted for each category. The number of individuals trained should reflect the total number of individuals in each category trained for all types of training. If an audience reached by your training is not listed here, please include under "Others" and briefly describe the audience. Do not include training received by grantee staff.

	Type of Training Conducted	Number of People Trained this Quarter	Cumulative Number of People Trained	Language(s) Used English (E) Spanish (S) Asian (A) Other (O)	Name of Curriculum Used	Language of Curriculum English (E) Spanish (S) Asian (A) Other (O)
	Tenants or Homeowners					
	Property Owners (non-residents)					
	Remodelers and Other Contractors					
	Grant Program (or Partners') Staff					
	Day care providers					
	Teachers					
	Students					
	Others (specify)					

D3. Evaluation of Training or Education (Narrative only): If training or education activities have been evaluated during this quarter, briefly describe the evaluation methods used and discuss the findings.

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**PART 3  
FINANCIAL REPORTING  
HUD Lead Hazard Control Grant Funds**

If applicable, please also attach "HUD Form 269, Financial Status Report" or its successor to this quarterly report.

<b>Grant Agreement Number:</b>	
<b>Grantee Organization:</b>	
<b>Report Period:</b>	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30    Year 20 ____ <input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31

BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts / Sub-Grantees /				
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
7g.				
7h.				
7i.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*				
	Negotiated	This Period	Cumulative	
Leverage				

\* Administrative costs included in totals expended **are not** to exceed 10-percent.

## IV. Operation Lead Elimination Action Program

### PART 1 PROGRAM NARRATIVE RESPONSE

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in your HUD-approved work plan. You should respond to each narrative item with a short paragraph. Work plan tasks that must be covered in this report include:

- A. Program Management and Capacity Building
- B. Community Outreach Events and Training
- C. Lead Hazard Control Activities
- D. Leveraging Resources

Summarize your activities for this report quarter, and cumulatively if appropriate. In the discussion of these work plan tasks, highlight issues and/or activities that had a significant impact on the program. The narrative discussion is to complement the data submitted on these OMB-approved report forms.

Program Management and Capacity Building

#### A. Program Management and Capacity Building

Note: If your narrative response to a particular question (such as A4.) remains unchanged from the previous quarterly report or no new information can be reported (i.e., changes to key personnel), you should reply by repeating your response from the previous report and indicating the date of the original response (i.e. Jan 1 - Mar 31, 2003).

Within the context of the current work plan and grant agreement, summarize your overall progress in completing your project/study. As part of your summary, please address the topics listed below, as applicable.

A1. Start-up Activities. Please indicate the status of the following start-up activities by clicking on the appropriate box below. Comments on your progress can be addressed in the narratives that follow.

Activity	Status (select one category for each activity)		
	Not-yet-started	In-progress	Completed (list mm/dd/yyyy for date completed)
Staff Hired			
Internal Policies and Procedures Established			
Process for Invoicing HUD through LOCCS Established with Grantee's Finance Staff			
Subcontracts and Sub-grants In-place			
NOTE: Corresponds to <b>Section I</b> on the Grantee Benchmark Performance Standards Worksheet.			



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- A2. Challenges. Describe any obstacles or challenges to performance, activities, or research and measures taken to overcome those challenges.
- A3. Personnel Changes. Describe any changes in key personnel in the project/study and among sub-grantees or other entities directly involved in your grant project/study and its impact. Please identify any staff hired and address how current staffing levels compare to your work plan. Provide information on any new project/study participants, including resumes of key individuals or letters of commitment, Memoranda of Understanding (MOUs) or other arrangements with community-based organizations and other partners.
- A4. Work Plan or Budget Changes. Describe any significant changes to the work plan or budget that have occurred during this time period.
- A5. Job Creation and Retention  
Enter the numbers of jobs created and retained by you, the Grantee, and your first tier contractors and subgrantees. Provide narrative explanation as necessary.

Activity- number of jobs funded under the grant	Jobs – this Quarter	Jobs – Cumulative	Green Jobs – this Quarter	Green Jobs – Cumulative
<b>Created in your agency</b>	a. 0	e. 2	i. 0	m. 2
<b>Created by subcontractors</b>	b. 0	f. 2	j. 0	n. 2
<b>Retained in your agency</b>	c. 0	g. 2	k. 0	o. 2
<b>Retained by subcontractors</b>	d. 0	h. 2	l. 0	p. 2

Employment Baseline. Enter the number of jobs that existed at the signing of the grant agreement. Also provide a narrative description of the job categories and numbers of employees.

Baseline employment	Jobs -At beginning of award	Green Jobs – At beginning of award
<b>Grantee</b>	q.	s.
<b>Sub Grantees</b>	r.	t.

- A6. Financial Partnerships. Describe existing or prospective partnerships with financial institutions.
- A7. Coordination with Existing Programs (if applicable). Describe efforts to enhance the coordination and integration of work performed under your current grant with other existing housing, health, and environmental programs.

### B. Community Education, Outreach and Training

- B1. Describe education and outreach activities and events completed this quarter. Discuss the expected results of your efforts. Describe your outreach efforts at reaching specific groups you have targeted (door-to-door, presentations, training, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlords, parent groups, child-care providers). These activities should be included in Item B4 below.

For this report, outreach activities/events are categorized into four major types:

1. "Community outreach" includes participation in community events, small group presentations, meetings, mailings, health fairs, etc. Include blood-lead screenings arranged or conducted by your program as community outreach activities. Community outreach activities may include use of "collateral materials" such as publications, documents or props, giveaways, cleaning kits or tee-shirts, etc.
2. "Earned media" are public service announcements and media stories on television, radio or in print that are provided at no cost to your program. Please estimate the number of people reached.
3. "Advertising" means paid advertisements on billboards, buses or other locations. Please estimate the number of people reached.
4. "Infrastructure and Support" includes development and maintenance of telephone hotlines and websites. These represent major communication elements for many lead outreach grantees.

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- B2. Describe outreach techniques and/or particular methods, materials, and formats that have proved to be most effective (attach copies of any media coverage and materials, including press clippings, to this report).
- B3. Describe your target audience (tenants, landlord groups, etc.) for each type of outreach activity (see box below) conducted this quarter. Discuss the expected outcomes of your efforts. For this quarter, describe how you measured your activities' effectiveness in reaching your target audience. Include new evidence: 1) for why you believe a specific strategy is effective, and 2) which raises questions about a strategy's effectiveness. If applicable, describe how you altered activities to improve their effectiveness. All outreach activities described in the narrative should be accounted for in B4 below.

B4. Quarterly Community Outreach Activities by Target Audience (Numerical responses should correspond to the narrative answers provided in response to the questions above.)

Target Audience	Number of Activities Conducted this Quarter	Type of Activity/Activities (Check all that apply) Community Outreach (CO), Earned Media (M), Paid Advertising (A) Infrastructure (I) Other (O)	Documented Number of Individuals Reached (Estimate for M and A)	Main Purpose of Activities Increase Awareness of Lead Poisoning and need for screening (A) Enroll Units (E) Other (O)	Type of organization having Primary Responsibility Grantee (G) Subgrantee (S) Contractor (C) Volunteer (V) Other partner (P)	Were any activities of this type evaluated? (Y/N)	Did you meet your quarterly benchmark(s) for this target audience? Yes (Y) No (N) Partially (P)	Cumulative number of events held
Health/child care providers								
Schools, parent groups, etc.								
Landlords/tenants and groups								
Community- or target area-wide								
Other (specify)								
Other (specify)								
Other (specify)								
Other (specify)								
<b>Total</b>								

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B5. Effectiveness Publications and Collateral Materials. Describe the publications, collateral materials, and/or formats that proved effective for your program this quarter. Identify why and how you developed new printed materials or purchased new items for use. State how costs were tracked and linked to outreach activities. Please attach one copy of your documents and materials used to perform outreach activities to this report if they have not been previously provided as an attachment to a quarterly report. Please mail one copy of your collateral materials to your GTR. Do not attach copies of Federal government publications. These materials should correspond to Item B6 below

B6. Tools and Collateral Materials used for Outreach Activities. Provide information on all publications used during the quarter, (e.g., pamphlets, program information sheets, etc.). Include other items used such as visual presentations, videos, giveaways, mascots, cleaning kits, calendars, coloring books, and other props, etc.

Publication/Item (provide exact titles of publications)	Number Used this Quarter	Source of Publication or Item (Federal, State or Local Gov't, Purchased Commercially, Original Item)	Costs for this Publication/Item This Quarter	New Publications or Items Developed or Purchased This Quarter	Copy Attached or Mailed (0)	Cumulative Number Used	Cumulative Costs for Publication/Item
<b>Hotline Calls/Website "Hits"</b>					<b>Please submit screen captures and/or hotline information</b>		
<b>Other (specify)</b>							
<b>Other (specify)</b>							
<b>Other (specify)</b>							
<b>Other (specify)</b>							
<b>Total</b>							

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B7. Costs of Outreach Events and Collateral Materials. Describe your method for tracking costs and linking costs to outreach activities for this quarter. Is this method effective? Is the benefit equal to or greater than the costs for the event or publication? Explain any unexpected or unusual costs this quarter. These efforts should correspond to Item B8 below.

B8. Costs and Benefits of Materials (Supplies) by Event Type this Quarter (Do not include labor costs for grantee staff)

Activity Type	Number Held this Quarter	Number of People Reached at Activity Type this Quarter	Approximate Supply Costs for all Activities of this Type this Quarter	Approximate Cost Per Person Reached	Number of Applications for Lead Hazard Control Programs Resulting from Activity Type (Select primary activity type)	Number of Units Enrolled from Activity Type for Quarter (Select primary activity type)	Approximate Materials/Supply Costs for one Enrolled Unit from this Activity Type for Quarter	Cumulative Number of Units Enrolled from this Activity Type	Cumulative Supply Costs for one Enrolled Unit from this Activity Type
Community Events									
Small Group Meetings									
Door-to-Door campaigns									
Advertising									
Other (specify)									
Other (specify)									
Other (specify)									
Other (specify)									

Note: If units are enrolled in a lead hazard control grant program, the lead grantee may not also take credit for applicants or enrollment of units reported here.

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B9. Describe training efforts completed this quarter. Discuss the types of training provided and any certifications received. These efforts should correspond to Item B13 below.

B10. Evaluation of Training or Education (Narrative only): If training or education activities have been evaluated during this quarter, briefly describe the evaluation methods used and discuss the findings.

B11. Skills Training and Economic Opportunities

<b>Skills Training Conducted (For Report Quarter)</b>	<b>Number of Individuals Trained</b>	<b>Number of Individuals Employed as a Result of Training</b>	<b>Cumulative Total</b>
<b>Low-Income Individuals</b>	<b>B4a.</b>	<b>B4b.</b>	<b>B4i.</b>
<b>Property Owners / Tenants / Remodelers / Renovators / Maintenance Workers</b>	<b>B4c.</b>		<b>B4j.</b>
<b>Lead-Based Paint Contractors</b>	<b>B4d.</b>		<b>B4k.</b>
<b>Grant Program &amp; Partnering Entities Staff</b>	<b>B4e.</b>		<b>B4l.</b>
<b>Lead-Safe Work Practices (1012-1013)</b>	<b>B4f.</b>		<b>B4m.</b>
<b>Other (specify)</b>	<b>B4g.</b>		<b>B4n.</b>
<b>Total Trained This Quarter</b>	<b>B4h.</b>		<b>B4o.</b>

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**C. Lead Hazard Control Activities**

- C1. Describe the extent to which lead hazard control activities were conducted in conjunction with other work (i.e., rehabilitation, code correction, weatherization, etc.).
- C2. Describe the lead hazard control methods or combination of methods used. To the extent possible, describe the number of housing units completed and cleared for the methods used (e.g., low-level interventions, interim controls, hazard abatement). Discuss the lead hazard control and rehabilitation costs for units completed this quarter.
- C3. Describe any post-hazard control maintenance plans for units where lead hazard control grant work has been completed.

**C4. Lead Hazard Evaluations and Units in Progress**

<b>Activity</b>	<b>Number Completed This Quarter</b>	<b>Number Completed Cumulatively</b>
<b>Number of Units Receiving Lead Hazard Evaluations</b>	C4a.	C4d.
<b>Number of Units with Lead Hazards Identified</b>	C4b.	C4e.
<b>Number of Units Enrolled</b>	C4c.	C4f.
<b>Number of Units in Progress or Under Contract</b>	C4g.	C4h.

**C5. Lead Hazard Control – Unit Production**

<b>Number of Units Completed and Cleared</b>	<b>Number Completed and Cleared*</b>	<b>Number of Units With Other Rehab, Code work</b>	<b>Number of Units Where Occupants Were Relocated</b>
<b>Occupied Rental Units</b>	C5a.	C5b.	C5c.
<b>Vacant Units</b>	C5d.	C5e.	
<b>Owner-Occupied Units</b>	C5f.	C5g.	C5h.
<b>Quarter Total</b>	C5i.	C5j.	C5k.
<b>Cumulative Total (Since the Inception of the Grant)</b>	C5l.	C5m.	C5n.

**A Listing of Units Completed and Cleared during the Quarter by street address is to be attached to the Quarterly Report (see PART 2 – LISTING OF UNITS COMPLETED AND CLEARED)**

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**C6. Age of Units Completed and Cleared**

<b>Age of Housing (based on number of units completed and cleared)</b>	<b>Pre-1940</b>	<b>1940 - 1959</b>	<b>1960 - 1977</b>	<b>Unknown</b>
<b>Quarter Total</b>	<b>C6a.</b>	<b>C6b.</b>	<b>C6c.</b>	<b>C6d.</b>
<b>Cumulative Units</b>	<b>C6e.</b>	<b>C6f.</b>	<b>C6g.</b>	<b>C6h.</b>

**C7. Occupant Information of Units Completed**

<b>Number of Occupants Residing in Units when Lead Hazard Control Work was Initiated</b>	<b>Children under 6 Years of Age</b>	<b>Children under 6 Years of Age Receiving Medicaid</b>	<b>Occupants over 6 years of age (including adults)</b>
<b>Quarter Total</b>	<b>C7a.</b>	<b>C7b.</b>	<b>C7c.</b>
<b>Cumulative Units</b>	<b>C7d.</b>	<b>C7e.</b>	<b>C7f.</b>



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**D. Leveraging Resources**

- D1. Describe your efforts to engage new private sector partners.
- D2. Describe your work with continuing partners.
- D3. Describe how you are mobilizing resources and coordinating efforts.
- D4. How are you employing innovative and/or creative strategies to engage these partners?

**D5. Resources Leveraged**

<b>Partner</b>	<b>Organization Type (financial, foundation, manufacturer, retail, etc.)</b>	<b>Resources Contributed (\$)</b>	<b>Number of Activities Conducted this Quarter</b>	<b>Description of Activity and Results</b>
<b>Cumulative Totals</b>				

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**PART 2  
 LISTING OF UNITS COMPLETED AND CLEARED**

<b>Grant Agreement Number:</b>	
<b>Grantee Organization:</b>	
<b>Report Period:</b>	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30    Year 20____ <input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31

Please submit the following information for units that have undergone lead hazard control activities and subsequently cleared:

**Lead Hazard Control – Unit Production Using HUD OHHLHC Grant Funds**

Housing Unit Counter	Housing unit information							Costs					Where			What									
	Street Address	Apt #	City	State	ZIP +4 Code	Housing Unit Area (sq ft)	Total Number of Rooms	Lead Hazard Control Intervention	Relocation	Rehab or other Work	Applicant match and Leverage \$	Total Project Cost	Interior	Exterior	Soil	No. Rooms Treated	Dust cleaning	Stabilize paint	Replace component	Abatement	Other	Income < 50% AMI	50-% AMI < Income	> 80% AMI	

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**PART 3**

**FINANCIAL REPORTING**

**HUD Lead Hazard Control Grant Funds**

If applicable, please also attach "HUD Form 269, Financial Status Report" or its successor to this quarterly report.

<b>Grant Agreement Number:</b>	
<b>Grantee Organization:</b>	
<b>Report Period:</b>	<input type="checkbox"/> Jan 1 – Mar 31 <input type="checkbox"/> Jul 1 – Sep 30    Year 20____ <input type="checkbox"/> Apr 1 – Jun 30 <input type="checkbox"/> Oct 1 – Dec 31

BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts / Sub-Grantees /				
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
7g.				
7h.				
7i.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*				
	Negotiated	This Period	Cumulative	
Leverage				

\* Administrative costs included in totals expended **are not** to exceed 10 percent.

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Lead Hazard Control Capacity Building will use I. I. Lead Hazard Control, except part 2.

Green Healthy Homes Technical Studies will use II. Healthy Homes Initiative and Lead Technical Studies Grants .