OHHLHC WORK PLAN BENCHMARKS (36 MONTHS)

* Grant Number:	Grantee Organization:					* Period of Performance:						
PERIOD / **ACTIVITY**	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
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 Units to be Assesssed											
Paint Inspections/Risk Assessments:													
Minimum Performance Standard	0%	5%	10%	15%	25%	35%	45%	55%	65%	75%	85%	95%	98%
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%	5%	10%	20%	30%	40%	50%	60%	70%	80%	90%	95%
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%	20%	30%	40%	50%	60%	70%	80%	85%	90%
Drawdown Milestone													
Proposed Dollars Drawn													
Proposed Match Amount													
Proposed Leverage													
Actual Drawdown													
Actual Drawdown %													
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