



Community Development Office Use Only:

Reviewed by: _____ Date: _____

Management Review: _____ Date: _____



COMMUNITY DEVELOPMENT
Pasadena, Texas

6 Month Performance Report

Document is a fillable form, there it must be typed

ORGANIZATION NAME:			
PROGRAM/PROJECT NAME			
DATE:			
GRANT TYPE:		PRORAM YEAR:	
CONTACT PERSON:		PHONE NUMBER:	
TITLE:		EMAIL ADDRESS:	

Please complete the section below - refer to your grant agreement (scope of service). The "Projected Units of Service" Column should match the information provided by you organization in your grant agreement. The "Actual Units of Service Provided" Column should indicate the number of units served by your agency by the 6 month point of the program year.

Projected Units of Service	Actual Units of Service Provided	Description

Please provide a brief narrative explaining all successes:

Please provide a brief narrative explaining all shortfalls/challenges:

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If by the 6 month point of the Program Year your organization did not achieve the projected outcomes stated in your application, please provide a full explanation of the barriers that prevented your organization from achieving your stated goals:

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If you are reporting lower numbers than originally projected, please detail below the steps that will be taken by the end of the program year to prevent the same shortfalls:

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If more space is needed please continue on another page

PREPARED BY:

PRINT NAME:	
TITLE:	
SIGNATURE:	
DATE	

AUTHORIZED BY:

PRINT NAME:	
TITLE:	
SIGNATURE:	
DATE:	