

**CITY OF EL CAJON
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PERIODIC PERFORMANCE REPORT**

FY Period Reported: FY 2012-2013 Quarter/Month Reported: June 1-30, 2013

Agency Name: East County Transitional Living Center Reporter's Name: IVAN ANDUJAR

Program Name: Emergency Shelter Program Phone Number: (619) 442-0457

Numbers served must reflect number of Persons (P) served. Number of Households (H) served may only be reported with prior approval of the Redevelopment & Housing Division.

Please indicate (P) or (H): (P) Annual City Grant Amount: \$75,000-

	(A) Number of <u>Persons served</u> with El Cajon's CDBG funding this reporting period	(B) Of persons in Column (A), how many reported as Hispanic this reporting period (for Each Race)?	(C) Total number of <u>Persons served</u> with El Cajon CDBG funding <u>Year-To-Date</u> (July 1 to end of current report period)	(D) Total # for Each Race reported as Hispanic <u>Year-To-Date</u>
1. TOTAL	<u>220</u>	<u>51</u>	<u>220</u>	<u>51</u>

	Total # Each Race	Total # of Hispanics Each Race	Total # Each Race Year-to-Date	Total # of Hispanics Each Race Year-to-Date
White			<u>149</u>	<u>48</u>
Black / African American			<u>68</u>	<u>3</u>
Asian			<u>1</u>	
American Indian / Alaskan Native				
Native Hawaiian / Other Pacific Islander				
American Indian / Alaskan Native and White				
Asian and White			<u>2</u>	
Black / African American and White				
American Indian / Alaskan Native & Black / African American				
Other/Multi-Racial				
2. TOTAL	<u>220</u>	<u>51</u>	<u>220</u>	<u>51</u>

Extremely Low Income (0-30% MFI)			<u>3</u>	
Low Income (>30-50% MFI)			<u>217</u>	
Moderate Income (>50-80% MFI)				
Income above 80% MFI				
3. TOTAL	<u>220</u>		<u>220</u>	

Homeless	<u>220</u>		<u>220</u>	
Female Headed Households				
Disabled/Special Needs				

IMPORTANT—PLEASE NOTE: 1) Hispanic is no longer considered a race, but an ethnicity and must be reported separately. A member of any race may also report as Hispanic. "Other" is for multi-racial reports only and must be identified in the narrative report. 2) Totals for lines 1, 2, and 3 must match each other for each column. 3) List only unduplicated program participants—clients receiving continued services from previous fiscal year may be counted only once during the new contract year. 4) A narrative report must accompany this form. The narrative should include the definition of "Persons Served" (typically El Cajon residents) and should reflect all additional data collected as agreed in the contract such as Number of Families served, Number of Projects Completed, Number of Program Hours provided, Number of Bed Nights provided, or other Performance Outcome Measurements. For questions, please call Redevelopment & Housing Division at (619) 441-1786.

CDBG LOW MOD CLIENTELE NATIONAL OBJECTIVE REPORT
FEDERAL FISCAL YEAR 2012-13
PROJECT STATUS NARRATIVE

EXHIBIT "C-2"

The purpose of this form is to report accomplishment data for the project named below. This form must be completed for projects providing eligible CDBG/HOME activities to Low to Moderate Income residents of the City of El Cajon. This form must be completed and submitted with each monthly/quarterly Periodic Performance Report.

AGENCY NAME: East County Transitional Living Center, Inc.
PROJECT NAME: Emergency Shelter Program
REPORTING PERIOD: June 1-30, 2013
PREPARED BY: IVAN ANDUJAR NAME 619 4420457 PHONE
PROJECT STATUS: Pending Active Complete Date: 7-17-13

PROJECT STATUS NARRATIVE:

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2012-13 Funding depleted in May 2013.

(220) men, women + children were assisted.

59.5% (131) people	Entered Long Term Programs =	43 families
11% (25) people	Found Permanent housing =	8 families
6% (13) people	Asked to leave - rule violation =	5 families
23.5% (51) people	left w/o indicating destination =	22 families