



**City of Jonesboro, Arkansas
Community Development Block Grant Subrecipient**

Quarterly Progress Report

Report for Quarter Ending: September 30 December 31 March 31
 June 30 (FINAL REPORT)

Agency Name: **MID SOUTH HEALTH SYSTEMS** Contact Person: **Cary Thompson**

Project Title: _____ Project #: _____ Phone #: _____

CLIENT DATA TABLE

ETHNICITY	THIS QUARTER		YEAR TO DATE	
	PERSONS	HOUSEHOLDS	PERSONS	HOUSEHOLDS
Hispanic				
Non-Hispanic				
TOTAL				

RACE	PERSONS	HOUSEHOLDS	PERSONS	HOUSEHOLDS
White				
Black / African American				
Asian				
American Indian / Alaskan Native				
Native Hawaiian / Other Pacific Islander				
Black / African American & White				
Asian & White				
American Indian / Alaskan Native & White				
American Indian / Alaskan Native & Black / African American				
Other Multi-Racial				
TOTAL				

GENDER	THIS QUARTER		YEAR TO DATE	
	PERSONS	HOUSEHOLDS	PERSONS	HOUSEHOLDS
Male				
Female				
TOTAL				

HOUSEHOLD INCOME	PERSONS	HOUSEHOLDS	PERSONS	HOUSEHOLDS
Extremely Low Income (0-30% AMI)				
Very Low Income (31-50% AMI)				
Low and Moderate Income (51-80% AMI)				
TOTAL				

OTHER REQUIRED DATA	PERSONS	HOUSEHOLDS	PERSONS	HOUSEHOLDS
Homeless				
Female-Headed Households				
Elderly				
Migrant Farm Workers				
Mentally Disabled Adults				
Physically Disabled Adults				
Abused Children				
Battered Spouses				
Illiterate Adults				
Persons Living with AIDS				
TOTAL				

*****SUBRECIPIENT MUST ATTACH NARRATIVE AS OUTLINED ON PAGE FIVE*****

I certify that the information contained in this report (both in the client data table and in the narrative) is accurate, and the project is operating in accordance with the terms and conditions set forth in the AGREEMENT by and between the City of Jonesboro and the above-named agency which I represent.

Name of Agency Director: _____ Phone: _____

Signature of Agency Director: _____ Date: _____

INSTRUCTIONS FOR CLIENT DATA TABLE

*NOTE - For housing activity or other activity that benefits whole families, please report # of households in addition to # of persons, where applicable.

New Data Collection Requirements:

The Office of Management and Budget (OMB) significantly revised standards for Federal agencies, including HUD, that collect, maintain, or report Federal data on race and ethnicity for statistical purposes, program administrative reporting, or civil rights compliance reporting. Under the revised policy, HUD must offer respondents the option of selecting *one or more* of five racial categories. HUD must treat ethnicity as a category separate from race, and change terminology for certain racial groups and ethnic groups.

Due to what was learned from conducting the 2000 Census, OMB recommends that when collecting this data, grantees must ask respondents to identify their *ethnicity* prior to asking them to identify their race.

Listed below are income ranges for moderate, low and very low income.

CDBG INCOME LIMITS

Area: City of Jonesboro FY 2006 Median Family Income: \$ 46,250								
-----ADJUSTED INCOME LIMITS (by household size)-----								
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
30% Limits	\$9,700	\$11,100	\$12,500	\$13,900	\$15,000	\$16,100	\$17,200	\$18,350
Very Low Income (50%)	\$16,200	\$18,500	\$20,800	\$23,150	\$25,000	\$26,850	\$28,700	\$30,550
Low & Moderate Income (80%)	\$25,950	\$29,650	\$33,350	\$37,050	\$40,000	\$42,950	\$45,950	\$48,900

DEFINITIONS:

Ethnicity Choices (select only one): The ethnicity question should precede the race question.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, *Spanish origin*, can be used in addition to *Hispanic or Latino*.

OR

Not Hispanic or Latino: A person *not* of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race Choices

The five racial categories according to OMB are defined as follows:

1. American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian

A person having origins in any of the original peoples of Far East, Southeast Asia, or Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. Black or African American

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

New: All clients who are served in the First Quarter are considered new (regardless of previous participation). Only those clients that were not reported in the First Quarter report are considered new in the remaining reports.

Program-wide includes all clients in the program, regardless of funding source or residency. This includes people in other cities and/or counties, if applicable.

City: In accordance with HUD regulations, (§570.309), and City policy, the City will only reimburse organizations for clients that live in Jonesboro.

Family means all persons living in the same household who are related by birth, marriage or adoption.

Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Income.

For the purpose of determining whether a family or household is low- and moderate-income, you must use the following definition of income:

Adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

Estimate the annual income of a family or household by **projecting** the prevailing rate of income of each person **at the time assistance is provided** for the individual, family, or household (as applicable). Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income

INSTRUCTIONS FOR NARRATIVE

Please complete the narrative section of the quarterly report on separate sheets. The narrative should consist of separate sections, numbered and titled to correspond with the following items to be discussed:

1. Describe all project activities that have taken place *during this reporting period*, including all outreach activities and public participation events.
2. Describe how objectives specified for achievement by the end of this reporting period (per Subrecipient Action Plan) have been met, OR describe the obstacles that have prevented those objectives from being met, how those obstacles are being addressed, and provide a new anticipated date of completion for those objectives.
3. Provide a description and the dollar amount of CDBG funds expended to date (*not just this reporting period*) and the dollar amount of those funds that have already been reimbursed by the City.

REQUESTED REIMBURSEMENT THIS QUARTER	EXPENDITURES YEAR-TO-DATE	REIMBURSED YEAR-TO-DATE	<u>BALANCE</u> YTD EXPENDITURES MINUS YTD REIMBURSEMENT

4. Provide a description and the dollar amount equivalent of matching funds (including in-kind) expended to date (*not just this reporting period*), if applicable.
5. Describe any anticipated problems or obstacles and a plan for how those future obstacles will be addressed.
6. Discuss other issues as needed.
7. Attach photographs, newspaper/media clippings, additional reports, and other supportive information or documentation.

If this is the FINAL REPORT, you must also include the following:

8. Discuss the project's successes and weaknesses.
9. Compare projected accomplishments and objectives to actual accomplishments and goals achieved, including reasons for any discrepancies between the two.
10. Provide a dollar amount of CDBG funds and/or matching funds that were not expended and reasons why.
11. Describe any resources that were leveraged with CDBG funds, including any matching funds or donations that would not have been received without CDBG assistance.
12. Identify any future related projects that may be eligible for CDBG assistance.
13. Identify problems or concerns with the City CDBG Program and discuss suggestions for improvement.

MAIL PROGRESS REPORT (and all supporting documentation) TO:

Gayle Vickers
Community Development Grant Coordinator
City of Jonesboro
Community Development Department
P. O. Box 1845
Jonesboro, AR 72403-1845

**PROGRESS REPORT IS DUE NO LATER THAN 4:30 PM,
14 DAYS AFTER THE DATE CHECKED AT THE TOP OF PAGE 1 OF THIS FORM**