

**City of Providence CDBG/ESG/HOPWA**  
**Program Year July 1, 2011 – June 30, 2012**  
**Mid-Year Outcomes Status Report**

**Grantee Information**

**AGENCY/ORGANIZATION**

**CONTACT PERSON**

**TITLE**

**EMAIL ADDRESS**

**Project Information**

**PROJECT/PROGRAM TITLE**

**PROJECT LOCATION (STREET ADDRESS)**

**Project/Program Outcomes**

Please complete the following table – for additional rows, use the Table tool or use additional forms as attachments.

Please refer to the **Final Scope & Outcome** document in your contract for completing this grid. The **Mid-Year Outcomes Status Report** is intended to be an update on the status of the information in the **Final Scope & Outcome** document. Program/Service names and data in this report should match those in the **Final Scope & Outcome**.

The Projected Number Served should match those provided by your organization in the **Final Scope & Outcome**. The ACTUAL Number Served column should indicate the actual number of individuals served by the mid-year point, 12/31/11.

The Projected Outcomes should match those provided by your organization in the **Final Scope & Outcome**. The ACTUAL outcomes achieved – expressed as a number or a % -- should indicate the outcomes achieved by the mid-year point, 12/31/11.

Please provide a brief description of your projected outcome/result. In the final column in the grid below provide a brief explanation/description of the progress to date realizing your originally projected outcomes.

### Action Plan For Balance of Program Year

Please provide a brief description of the activities you will undertake in second half of the Program Year.

If you are reporting lower numbers in the Project/Program Outcomes grid than originally projected, please detail below the steps that will be taken to correct this/these shortfall(s).

**Please Complete This Form and Return Via E-Mail to**  
**[cdbqapplication@providenceri.com](mailto:cdbqapplication@providenceri.com)**  
***By Wednesday, January 11, 2012***