COMMUNITY DEVELOPMENT
Pasadena, Texas

JEFF WAGNER
MAYOR

6 Month Performance Report

Document is a fillable form, therefore it must be typed

ORGANIZATION NAME:			
PROGRAM/PROJECT NAME			
DATE:			
GRANT TYPE:	Select Grant Type	PROGRAM YEAR	Select Program 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 your 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 Provided	Actual Units of Service Provided	Description
		One unit of service is equal to : _____

Please provide a brief narrative explaining all successes:
Please provide a brief narrative explaining all shortfalls/challenges:

If by the 6 month point of the program year your organization <u>did not achieve</u> the projected outcomes stated in your application, please provide a full explanation of the barriers that prevented your organization from achieving your stated goals:
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:

If more space is needed please continue on another page

PREPARED BY:

PRINT NAME:	
TITLE:	
SIGNATURE:	
DATE	

AUTHORIZED BY:

PRINT NAME:	
TITLE:	
SIGNATURE:	
DATE:	

<u>Community Development Department Use ONLY</u>:

Reviewed by: _____ *Date:* _____

Approved by: _____ *Date:* _____