

**KAUAI COUNTY HOUSING AGENCY (KCHA)
CDBG QUARTERLY STATUS REPORT**

____/____
Quarter Ending/Year

Project Name: _____

Contract #: _____

Period Covered: _____

CDBG Grant Amount: _____

Activity/Milestones	Projected Completion	Actual Completion Date	Percent Complete
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Program Status: (Attach additional pages if needed)

1. Progress and accomplishments of activities outlined in the Subrecipient Agreement.

2. Problems encountered, proposed changes and/or assistance needed.

Prepared By: _____ Title: _____

Signature: _____ Date: _____

KCHA USE ONLY

HUD Prog. Sched. Date: _____ Reviewed By: _____

Status Report Recd on: _____ Date of Review: _____

Follow up: _____