

**CITY OF ODESSA
COMMUNITY DEVELOPMENT DEPARTMENT**

**PROGRAM YEAR 2019
SUBRECIPIENT ANNUAL PERFORMANCE AND EVALUATION
REPORT**

FAMILY PROMISE

CR-05: Goals and Outcomes

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the application for funding and explain, if applicable, why progress was not made toward meeting goals and objectives.

Goal	Grant Amount	Unit of Measure HH/P	Expected Program Year	Actual Program Year	Percent Complete
Public Services					

CR-10: Racial and Ethnic composition of families assisted

Table of assistance to racial & ethnic populations by CDBG funds

Single Race	Number
White	
Black or African American	
Asian	
American Indian or American Native	
Native Hawaiian or Other Pacific Islander	
Multi-Racial	
Total:	

Ethnicity	
Hispanic	
Not Hispanic	

Number served by income level and familial status

<u>INCOME</u>	
Extremely Low Income (0-30% AMI)	
Very Low Income (31-50% AMI)	
Low Income (51-80% AMI)	
Total:	

<u>FAMILIAL STATUS</u>	
Female Headed Households	
Homeless	
Disabled/Special Needs	

CR-15: Resources and Investments - Other Funding Sources

FAMILY PROMISE

Direct Public Grants	
Public Contributions	
Other Contributions	
Other	
Special Events	
Interest	
TOTAL:	

Explain how federal funds leveraged additional resources (private, state and local funds) to address community development needs in Odessa.

Certification

I certify the data provided in this report is correct.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____