

APPENDIX E

FY2023-2024 CONSOLIDATED PLAN ANNUAL PERFORMANCE REPORT

(Completed form must accompany final invoice/report)

Please call us with any questions

Organization Name: _____ **Project:** _____

Accomplishments (only report on category(ies) applicable to your project):

1) Businesses Assisted:		7) Parking Spaces Constructed:	
2) Housing Units Constructed:		8) Persons Served:	
3) Housing Units Inspected:		9) Trees Planted:	
4) Housing Units Rehabilitated or De-leaded:		10) Other Funding Sources:	
5) Jobs Created:		Other Government:	\$
		Private:	\$
6) Parks Rehabilitated:		11) Other:	

Please describe, in words, the accomplishments, both this year and for future years, your organization has achieved with the CDBG funding (use additional sheets, if necessary):

****No Final Request for Reimbursement will be processed without THIS form****

Agency Representative: _____ Date: _____