

**OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL
GRANTEE QUARTERLY PROGRESS REPORT**

Grant Program:	Healthy Homes Demonstration	
1. Grant Agreement Number:	OHLHH0131-04	
2. Grantee Organization:	Columbus Health Department	
3. Type of Organization	Local Government	
4. Project Title:		
5. Organization Address	240 Parsons Avenue Columbus OH 43215 614-645-7243 614-645-7155	
6. Report Period:	Jul 1 - Sep 30	Year 2008
7. Project Period of Performance: Start - Expiration Date)	7a. Original 10/01/2004 - 09/30/2007	7b. Current
8. Total Grant Amount:	8a. Original	8b. Current \$999,968.00
9. Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period:	9a. Dollar Amount \$0.00	9b. Percentage of Total 0% (Negotiated Budget Needs to be Entered By HUD on Part 3)
10. Number of Projected Units per HUD Grant Agreement (HUD 1044)	238	
11. Cumulative Number of Units Completed Through End of Report Period:	11a. Units Completed 0	11b. Percentage of Total 0.00%
13. Project Manager:	Ann Tomlinson 614-645-7243 annt@columbus.gov	

Quarterly Report Narrative Overview

[General Instructions](#)

Part 1

A. Project Management

Within the context of the current work plan and grant agreement, summarize your overall progress in completing your project/study. As part of your summary, please address the topics listed below, as applicable.

A1. Start-up Activities. Please indicate the status of the following start-up activities by clicking on the appropriate box below. Comments on your progress can be addressed in the narratives that follow.

Activity	Status (select one category for each activity)	Completed Date (list mm/dd/yyyy for date completed)
Quality Assurance Plan Submitted and Accepted (if applicable)	Not-yet-started	
Staff Hired	Not-yet-started	
Approval for Environmental Review Received (if applicable)	Not-yet-started	
Internal Policies and Procedures Established	Not-yet-started	
Process for Invoicing HUD through LOCCS Established with Grantee's Finance Staff	Not-yet-started	
Subcontracts and Sub-grants In-place	Not-yet-started	
IRB Approval Received (if applicable) Workplan Milestone Date:	Not-yet-started	
Necessary Supplies and Materials Procured Workplan Milestone Date:	Not-yet-started	

A2. Personnel Changes. Describe any changes in key personnel in the project/study and among sub-grantees or other entities directly involved in your grant project/study and its impact. Please identify any staff hired and address how current staffing levels compare to your work plan. Provide information on any new project/study participants, including resumes of key individuals or letters of commitment, Memoranda of Understanding (MOUs) or other arrangements with community-based organizations and other partners.

A3. Work Plan or Budget Changes. Describe any significant changes to the work plan or budget that have occurred during this time period.

A4. Financial Partnerships. Describe existing or prospective partnerships with financial institutions.

A5. Written Policies and Procedures. Discuss progress toward developing internal written policies and procedures or any changes to policies and procedures already in-place.

A6. Coordination with Existing Programs (if applicable). Describe efforts to enhance the coordination and integration of work performed under your current grant with other existing housing, health and environmental programs. For Healthy Homes grantees, include other projects and activities that also address Healthy Homes issues.

A7. Environmental Review and IRB Approval (if applicable). Describe status of Environmental Review and Institutional Review Board (IRB) approval. If original or revised IRB approval has been obtained, please list the date(s); if the most recent approval has been obtained this quarter, please attach the approval to this quarterly report.

A8. Challenges. Describe any obstacles or challenges to performance, activities, or research and measures taken to overcome those challenges.

Quarterly Report Narrative Overview

B. Enrollment, Assessment and Intervention Activities

This section focuses on the enrollment, assessment and intervention activities implemented through your project, particularly environmental interventions in participants' homes. An intervention occurs when activities (e.g., repair, renovation, provision of supplies, installation of safety equipment, or education of residents) have been performed in a residence to reduce environmental health and safety hazards or to inform residents about Healthy Homes or Lead Hazard Control issues.

Note: If the family has **not** been "enrolled" for the activity and no data have been collected (e.g., the activity consists of distributing materials door-to-door, with no record of recipient information and no individual follow-up), then the activity is characterized as a **community education and outreach activity** and should instead be addressed in Part 1, Section C.

*Note: If your project does **not** perform unit assessments and interventions, check with your GTR to verify whether you need to complete this section.*

Because of the wide range of activities, interventions, and measures involved in Healthy Homes and Lead Technical Studies projects, not all questions may be applicable to your grant. If an item asks about a type of activity that is not relevant to your project, please respond "Not Applicable" or "N/A."

This section does not apply. Please continue with the next section.

B1. Enrollment. Describe the types of recruitment/enrollment activities completed this quarter and complete the corresponding cells in [Table 1](#). Also describe the effectiveness of financing mechanisms or incentives used in enrolling participants in the project and encouraging their continued participation during this time period. Discuss any problems encountered with enrollment.

B2. Assessment Activities. Indicate the types of assessments that were performed this quarter. If each unit does not receive the same type of assessment, please explain. In [Table 1](#) indicate the total number of units assessed for the quarter.

B2a.

B2b.

B2c.

B2d.

Other:

B3. Intervention Methods. Describe the interventions provided this quarter. (These costs will also be reported in Part 2.) In [Table 1](#) indicate the number of units receiving interventions under each category of hazard. Complete [Table 2](#), [Table 3](#) and [Table 4](#) for units completed during the quarter.

B4. Follow-up Activities. Describe any post-intervention follow-up or assessment activities for units in which work was completed this quarter. A unit can be considered completed if a follow-up assessment remains to be performed (for example, a six-month follow-up environmental assessment), as long as the actual physical work or other intervention activity has been completed.

B5. Findings. For units in which assessments, interventions, and analysis have been completed, briefly discuss the findings.

Table 1: Summary of Unit Enrollment, Assessment and Interventions

	Current Quarter	

Assessments or Inspections	Interventions for Respiratory Hazards (Mold / Moisture or Allergens, etc.)	Interventions for Safety Hazards (Poisons, falls, fire, CO, etc)	Interventions for Lead Hazards	Interventions for Other Hazards Please list: (Pesticides, radon, etc.)	Total for this Quarter	Cumulative Totals
Number of potential clients contacted					a. 0	0
Number of clients enrolled					b. 0	0
Number of units with completed assessments					c. 0	0
Number of units with completed interventions	d. 0	e. 0	f. 0	g. 0	h. 0	0
Number of units with interventions in progress	i. 0	j. 0	k. 0	l. 0	m. 0	0

Note: Shaded boxes do NOT need to be filled in.

Current Quarter Information: The responses to all items located under the “Current Quarter” heading should indicate the number of enrollments and interventions conducted during this reporting period. If interventions in a single unit were completed for more than one category it should be counted once in both columns (for example, if an apartment received both lead hazards and mold and moisture interventions, it would be counted in both Asthma/Other Respiratory Illnesses and Lead Hazard Control). The same rule applies to interventions underway. The “Total for this Quarter” and “Cumulative Totals” columns should reflect the total number of units that received any type of intervention (do not double-count). It is not the sum of the safety, lead, and other hazard categories, assuming these columns would result in double-counting some units.

Cumulative Totals: The cumulative total units column should reflect the total number of enrollments and interventions since the grant program was initiated. It is a cumulative measure of the units counted under the “Total for this Quarter” column and the “Cumulative Totals” figure from the previous reports.

Table 2: Unit Type for Completed Units

Type of Units (Based on number of units with completed interventions this quarter)	Total Units This Quarter	Cumulative Totals
Owner-Occupied Units	a. 0	0
Occupied Rental Units	b. 0	0
Vacant Units	c. 0	0
TOTAL UNITS (all types)	d. 0	0

The responses in this table should reflect only the units in which interventions have been completed and

cleared (if necessary) during this quarter. A unit can be considered completed if follow-up evaluation remains to be performed (for example, a six-month follow-up environmental assessment), as long as the actual physical work or other intervention activity has been completed.

*As with Table 1, the "Total Units this Quarter" and "Cumulative Totals" columns should be a net count of units across all hazard categories, ensuring that each unit is counted **only once**. The "Total Units" row should be a sum of **all types** of units with completed interventions.*

Table 3: Age of Units Completed

Age of Housing (Based on number of units with completed interventions this quarter)	Total Units This Quarter	Cumulative Totals
Pre-1940	a. 0	0
1940-1959	b. 0	0
1960-1977	c. 0	0
Post-1978	d. 0	0
Unknown Age	e. 0	0

If the age of the unit is not known precisely, use the most reasonable age category based on available information. If the age of the unit cannot be reasonably estimated, it should be counted under "Unknown Age."

Table 4: Occupant Information for Units Completed

Ages of Occupants in Completed Units	Total This Quarter	Cumulative Totals
Children Under Age 6	a. 0	0
Occupants Age 6 to 17	b. 0	0
Occupants Age 18 and Over	c. 0	0

Responses should reflect the total number of occupants residing in the unit at the time the intervention was completed. Even if a unit receives more than one intervention, count each unit's occupants only once.

Quarterly Report Narrative Overview

C. Community Education, Outreach, Training, and Capacity Building

This section focuses on the educational, outreach, and training activities implemented through your project.

These activities involve a broad dissemination of Healthy Homes and/or Lead Hazard Control information to health care providers and community members through workshops, health fairs, radio broadcasts, distribution of brochures, and other venues. **Note:** If the grantee has "enrolled" the participant and collected any personal information (family names, health status, etc.) and housing data (e.g., address), then the activity is considered a **unit intervention** and should instead be addressed in Part 1, Section B.

*Note: If your project does **not** perform education, training, outreach, or capacity-building activities, check with your GTR to verify whether you need to complete this section.*

This section does not apply. Please continue with the next section.

C1. Describe Activities Completed. Describe education and outreach activities completed this quarter, including the expected results of your efforts. Describe your outreach methods (door-to-door, presentation, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlord groups, etc.).

These activities should also be accounted for in [Table 5](#) and [Table 7](#).

C2. Effective Outreach Formats. Describe outreach techniques and/or particular methods, materials, and formats that have proven to be most effective this quarter. If any media coverage or educational brochures are available, please attach to this report.

C3. Training and Education. Describe the types of training and education efforts completed this quarter and any certification received. Please specify the types of staff training conducted, as well as training activities for community workers. These efforts should correspond to [Table 6](#).

C4. Training and Education Evaluation. If training and education activities have been evaluated during this quarter, briefly describe the evaluation methods used and discuss the findings. Please attach copies of blank evaluation form(s) (e.g., pre- and post-test forms) in an appendix to this report.

C5. Capacity Building. Describe activities completed that either build the capacity of grantee and partner staff or build the capacity of other organizations and institutions in the community (activities may include staff training and/or training activities for community workers described in question C3). Please differentiate between internal ("grantee") and external ("community recipient") capacity-building efforts.

Table 5: Community Education and Outreach Activities

Target Audience	Activities Conducted (please list type for each audience)	Individuals Reached This Quarter	Cumulative Totals of Individuals Reached
Health/child care providers	a.	b. 0	0
Schools, parent groups, etc.	c.	d. 0	0
Landlords	e.	f. 0	0
Tenants and other community residents	g.	h. 0	0
Other (specify) i.	j.	k. 0	0
Other (specify) l.	m.	n. 0	0
Other (specify) o.	p.	q. 0	0
Other (specify)	s.	t. 0	0

r.			
Other (specify) u.	v.	w. 0	0
TOTAL FOR ALL AUDIENCES		0	0
<p><i>Responses should correspond to the narrative answers in C1 and C2. List all activities undertaken to reach each target audience during the quarter (e.g. meetings, presentations, mailings, health fairs, etc.). The number of individuals reached is the total number of individuals reached through all of the types of activities conducted. If an audience reached by your activities is not listed here, please list the audience under "Other" and specify the nature of the audience.</i></p>			

Table 6: Skills Training

Target Audience	Type of Training Conducted (please list type for each audience)	Individuals Trained This Quarter	Cumulative Totals of Individuals Trained
Tenants or Owner-occupants	a.	b. 0	0
Property Owners (non-residents)	c.	d. 0	0
Remodelers and Other Contractors	e.	f. 0	0
Code Enforcement Officials	g.	h. 0	0
Grantee or Partner Staff	i.	j. 0	0
Other (specify) k.	l.	m. 0	0
Other (specify) n.	o.	p. 0	0
TOTAL FOR ALL AUDIENCES		0	0
<p><i>Responses should correspond to the narrative answer in C3. The number of individuals trained should reflect the total number of individuals in each category trained for all types of training. If an audience reached by your training is not listed here, please list the audience under "Other."</i></p>			

Table 7: Publications and Other Materials Distributed

1.			
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Quarterly Report Narrative Overview

D. Data Collection and Analysis

This section focuses on data collection activities performed as part of your grant. **Note:** Any activities involving collection of family and unit data through home visits may also be defined by HUD as **interventions** and should also be addressed in Part 1, Section B.

D1. Data Collection and Analysis Activities. Summarize activities performed during this reporting period

and complete D7 through D9. As appropriate, indicate progress in the following areas:

- D1a. Development of data collection instruments. Describe progress in developing assessment tools (environmental, visual, or questionnaire), surveys, etc. (you are encouraged to use or adapt instruments that have already been validated, when possible). Also include the development of new sampling and analytical methods.
- D1b. Data collection. Summarize progress in data collection with respect to work plan milestones.
- D1c. Data validation and analysis. Describe progress in completing final data validation and analysis.

D2. Quality Assurance and Quality Control Activities. Describe QA/QC activities for the quarter (e.g., observation of field data collection, description of QC sample and results of analysis) and indicate whether any corrective actions were taken. Also, include progress made toward completion of the mid-project Quality Assurance Report.

D3. Study Methods and Data Collection Instruments. Describe the methods or combination of methods used to perform the activities listed in D1. Include a discussion of the instruments used to collect your data. Please attach sample forms, etc. as an appendix to this report.

D4. Changes in Study/Evaluation Design. Describe any changes in the study design or evaluation of the project during this time period. Explain why changes were made and their potential impact on the project.

D5. Preliminary Results. Discuss results of preliminary data analysis with respect to your hypotheses (if you have a formal hypotheses) in the context of what was anticipated at the start of the project. Specify how these preliminary results might affect the remainder of your study.

D6. Capturing Health Outcomes and Environmental Outputs. As applicable, describe the expected and realized health outcomes that you expect to achieve or have achieved (e.g., number of children with reduced asthmatic episodes, respiratory symptoms, lead poisoning/blood lead levels, allergy symptoms, or improvements in home safety, reduction of school absenteeism, reduced emergency room visits, etc.). Similarly, describe the expected and realized environmental outcomes or outputs that you expect to achieve, or have achieved (e.g., reductions in allergen levels (from mold, pests and/or pets), injury hazards, lead in dust, pesticides, carbon monoxide, radon, etc.). The method of capturing this data should be included in this discussion (e.g., survey, questionnaire, spirometry, diaries, pre- and post-environmental sampling and analysis, pre- and post interviews, pest counting, etc.).

D6. Outcomes and Methods Captured

Health Outcomes and Method of Capture (list all)	Work Plan Goal (e.g., #'s of children in units receiving interventions for asthma)	Number of Children with a Reduction in Asthmatic Episodes	Number of Children With Improvement in Health Outcome other than Asthmatic Episodes
1. Example: Reduced Asthma/ Asthmatic Episodes; spirometry	0	0	0
2.	0	0	0
3.	0	0	0

4.	0	0	0
5.	0	0	0
Environmental Outputs/Outcomes and Method of Capture (list all, particularly reductions in allergens, including mold and allergens from pests and/or pets)	Work Plan Goal (#'s of units)	Number of Units with a Reduction in Allergen Levels (mold, allergens from pests and/or pets) Realized	Number of Units with a Reduction in Environmental Hazards other than Allergen Levels)
1. Example: Reduction in cockroach allergen, environmental sampling and analysis	0	0	0
2.	0	0	0
3.	0	0	0
4.	0	0	0
5.	0	0	0

D7: Data Collection Instruments

Data Collection Instruments Developed (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
1.		a.
2.		b.
3.		c.
4.		d.
5.		e.
6.		f.

NOTE: This table corresponds to Part IV. A on the Grantee Benchmark Performance Standards Worksheet.

D8: Data Collection Activities and Milestones

Data Collection Activities in Work Plan (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
1.		
2.		
3.		
4.		
5.		

NOTE: This table corresponds to Part IV. B on the Grantee Benchmark Performance Standards Worksheet.

D9: Data Analysis Activities and Milestones

Data Analysis Activities in Work Plan (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
1. Data Validation		a.
2. Data Analysis		b.
NOTE: This table corresponds to Part IV. D on the Grantee Benchmark Performance Standards Worksheet.		

D10: Status of Mid-Project Quality Assurance Report (Please check appropriate box) NOTE: This should be a concise report that describes the status of Quality Assurance/Quality Control (QA/QC) activities and findings during the first half of the project period-of-performance. The major elements of the grantee's Quality Assurance Plan should be used as a guide with respect to the report's contents. The report should describe any QA/QC-related problems that were encountered, efforts to address the problems, and the outcome of such efforts. The report should also include the results of QC sample analyses (e.g., field blank and field spike samples) if used in the grantee's project.

Date Submitted:

NOTE: Corresponds to Part IV.c on the Grantee Benchmark Performance Standards Worksheet

**Part 2
Listing of Units Completed and Cleared**

This part of the report provides additional information about units in which interventions were completed during the current reporting period. Indicated the unit address, city, state, and zip code for each unit listed. Also identify the types of interventions performed (e.g., control of asthma and other respiratory illnesses, injury prevention, or lead hazard control) and the total cost of the interventions. *Please include a description of these costs in the narrative response to Part 1, Section B.*

Note: If your program does not involve unit assessments and interventions, check with your GTR to verify that you do not need to complete this section.

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Grant Organization:	Columbus Health Department
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Housing Unit Counter	Housing unit information						Costs				Where				W
	Address		City/State/Zip		Housing Unit Area	Other	Rehab or other	Other	Crawl	Ground	Other	Other	Other		

	Street Address	Apt #	City	State	Zip Code	Total Number of Rooms (sq ft)	Healthy Homes Intervention	Relocation	work	Total Project Cost	Space	Basement	Upper Level(s) Floor	Top Level/Attic	No. Rooms Treated	Radon	Carbon Monoxide	Mold/Moisture	Allergens	
1	4 Healthy Homes Blvd	5	Columbus	OH	43215	2200	6	1,100	0	400	1,500	✓	✓	✓	3			✓	✓	
Totals								1,100	0	400	1,500									

"Non-grant Funds" are funds from grants other than Healthy Homes Initiative and Technical Studies Grants

PART 3

FINANCIAL REPORTING

HUD Lead Hazard Control Grant Funds

If applicable, please also attach "HUD Form 269, Financial Status Report" to this quarterly report.

Grant Agreement Number:	OHLHH0131-04
Grant Organization:	Columbus Health Department
Report Period:	Jul 1 - Sep 30 Year 2008

BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)	0	0.00	0.00	0.00
2. Fringe Benefits	0	0.00	0.00	0.00
3. Travel	0	0.00	0.00	0.00
4. Equipment	0	0.00	0.00	0.00
5. Supplies and Materials	0	0.00	0.00	0.00
6. Consultants	0	0.00	0.00	0.00
7. Contracts / Sub-Grantees /				
7a.	0	0.00	0.00	0.00
7b.	0	0.00	0.00	0.00
7c.	0	0.00	0.00	0.00
7d.	0	0.00	0.00	0.00
7e.	0	0.00	0.00	0.00
7f.	0	0.00	0.00	0.00
7g.	0	0.00	0.00	0.00
7h.	0	0.00	0.00	0.00
7i.	0	0.00	0.00	0.00
Subtotal Item 7	0	0.00	0.00	0.00
8. Other Direct Costs	0	0.00	0.00	0.00

9. Indirect Costs	0	0.00	0.00	0.00
10. TOTALS*	0	0.00	0.00	0.00

* Administrative costs included in totals expended **are not** to exceed 10-percent.