

HUD Office of Healthy Homes and Lead Hazard Control Healthy Homes Initiative and Lead Technical Studies Grants Quarterly Progress Report

Grantee Information	
1. Grant Agreement Number:	
2. Grantee Organization:	
3. Project Title:	
4. Organization Contact Information (address, email, phone, fax):	
5. Report Period:	___ Jan 1 – Mar 31 ___ Jul 1 – Sep 30 Year 20___ ___ Apr 1 – Jun 30 ___ Oct 1 – Dec 31
6. Project Period of Performance: Start (mm/dd/yyyy) – Expiration Date (mm/dd/yyyy)	<input type="checkbox"/> 24 months <input type="checkbox"/> 30 months <input type="checkbox"/> 36 months
7. Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period:	0.00 <i>(value should match Part 3, Line 10c)</i>

Certification			
8. Project Manager: (Print name)			
9. Project Manager's Signature:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 40px;"></td> <td style="width: 30%; padding: 5px;">Date:</td> </tr> </table>		Date:
	Date:		

QUARTERLY PROGRESS REPORT

The Healthy Homes Initiative and Lead Technical Studies Grantee Quarterly Progress Reporting Form reflects reporting requirements that will assist both HUD and grantees in monitoring and evaluating their progress in implementing grant activities. This report, together with a well-designed work plan, provides a system to assist all parties in measuring grantee performance and fulfilling program management, monitoring, and oversight responsibilities.

Before completing the quarterly report for the first time, we recommend that Grantees confirm with their GTRs which report sections are applicable to tracking their grant's progress.

In most cases, Healthy Homes Demonstration and Outreach Grantees will need to complete:

- Part 1A thru 1C (and applicable sections of 1D)
- Part 2 (if the Grantee performs work in dwelling units)
- Part 3

In most cases, Healthy Homes Technical Studies and Lead Technical Studies Grantees will need to complete:

- Part 1A and 1D
- Part 3

PART 1

PROJECT NARRATIVE RESPONSE

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in your HUD-approved work plan. You should respond to each narrative item with a sentence or short paragraph. The narrative sections that follow address the following types of work plan tasks:

- A. Project Management**
- B. Enrollment, Assessment and Intervention Activities**
- C. Community Education, Outreach, Training, and Capacity Building**
- D. Data Collection and Analysis**

When responding to the narratives, summarize your activities for this quarter and cumulatively, if appropriate. In the discussion of these work plan tasks, highlight issues and/or activities that had a

significant impact on the program. The narrative discussion should complement the information submitted in the tables.

If your narrative response to a particular question remains unchanged from the previous quarterly report or no new information can be reported, you should reply by repeating your response from the previous report and indicating the date of the original response.

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.

NOTE: Corresponds to Section I on the Grantee Benchmark Performance Standards Worksheet.

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

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. **Written Policies and Procedures.** Discuss progress toward developing internal written policies and procedures or any changes to policies and procedures already in-place.
- A5. **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.
- A6. **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.
- A7. **Challenges.** Describe any obstacles or challenges to performance, activities, or research and measures taken to overcome those challenges.

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."

- 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.

- Assessment of hazards associated with asthma and/or other respiratory illnesses (e.g., mold and moisture controls and allergen sampling).
- Assessment of hazards associated with injury and safety hazards (e.g., poisons, falls, fire, CO).
- Assessment of lead-based paint hazards.
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Assessment of other hazards (e.g., pesticides, radon) (please specify).

- B3. **Intervention Methods.** Describe the interventions provided this quarter. Include a description of costs for units completed during 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 **Tables 2-4** 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

Assessments or Inspections	Current Quarter					Cumulative Totals
	Units Intervened for Respiratory Hazards (Mold/Moisture or Allergens, etc.)	Units Intervened for Safety Hazards (Poisons, falls, fire, CO, etc)	Units Intervened for Lead Hazards	Units Intervened for Other Hazards Please list: (Pesticides, radon, etc.)	Total for this Quarter	
Number of potential clients contacted						
Number of clients enrolled						<i>NOTE: This response corresponds to II.A.2 on the Grantee Benchmark Performance Standards Worksheet.</i>
Number of units with completed assessment						<i>NOTE: This response corresponds to II.B.2 on the Grantee Benchmark Performance Standards Worksheet.</i>
Number of units with completed interventions						<i>NOTE: This response corresponds to II.C.2 on the Grantee Benchmark Performance Standards Worksheet</i>
Number of units with interventions in-progress						<i>NOTE: This response corresponds to II.C.4 on the Grantee Benchmark Performance Standards Worksheet.</i>

Note: Shaded boxes above 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, as summing 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.

NOTE: Tables 2-4 request additional information on units completed during this quarter.

Table 2: Unit Type for Completed Units

Type of Units <i>(Based on number of interventions completed this quarter)</i>	Total Units This Quarter	Cumulative Totals
Owner-Occupied Units		
Occupied Rental Units		
Vacant Units		
TOTAL INTERVENTIONS (all types)		
<p><i>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.</i></p> <p><i>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 Interventions” row should be a sum of the interventions for all types of units.</i></p>		

Table 3: Age of Units Completed

Age of Housing <i>(Based on number of interventions completed this quarter)</i>	Total Units This Quarter	Cumulative Totals
Pre-1940		
1940-1959		
1960-1977		
Post-1978		
Unknown Age		
<p><i>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.”</i></p>		

Table 4: Occupant Information for Units Completed

Ages of Occupants in Completed Units	Total This Quarter	Cumulative Totals
Children Under Age 6		
Occupants Age 6 to 17		
Occupants Age 18 and Over		
<p><i>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.</i></p>		

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

- 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 **Tables 5 and 7**.
- C2. **Effective Outreach Formats.** Describe outreach techniques and/or particular methods, materials, and formats that have proven to be most effective. 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 or 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

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

Target Audience	Activities Conducted (please list type for each audience)	Individuals Reached This Quarter	Cumulative Totals of Individuals Reached
Health/child care providers			
Schools, parent groups, etc.			
Landlords			
Tenants and other community residents			
Other (specify)			
Other (specify)			
TOTAL FOR ALL AUDIENCES			

*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.*

Table 6: Skills Training

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

Target Audience	Type of Training Conducted (please list type for each audience)	Number Trained This Quarter	Cumulative Number Trained
Tenants or Owner-occupants			
Property Owners (non-residents)			
Remodelers and Other Contractors			
Code Enforcement Officials			
Grantee or Partner Staff			
Other (specify)			
Other (specify)			
TOTAL FOR ALL AUDIENCES			

*Responses should correspond to the narrative answers 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."*

Table 7: Publications and Other Materials Distributed

NOTE: This table corresponds to **Part III. C** on the Grantee Benchmark Performance Standards Worksheet.

Description of Outreach Materials	Method of Circulation (health fair, door-to-door, etc.)	Number Distributed This Quarter	Cumulative Number Distributed
1.			
2.			
3.			
4.			
<i>Responses should correspond to the narrative answers in C1 and C2, as well as C3 and C4, as appropriate.</i>			

D. Data Collection and Analysis
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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 **Tables 8-10**. 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 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 samples 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 formal hypotheses) or 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. **Final Report/Manuscripts.** Describe activities related to the drafting of scientific manuscripts, submission of manuscripts for publication, and/or progress in writing the final report. *(if applicable)*

Table 8: Data Collection Instruments

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

Data Collection Instruments Developed (list)	Work Plan Milestone for Completion (mm/dd/yyyy)	Date of Actual Completion (mm/dd/yyyy)
2.		
3.		
4.		

Table 9: Data Collection Activities and Milestones

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

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

Table 10: Data Analysis Activities and Milestones

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

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		
2. Data Analysis		
3. Other (specify)		
4. Other (specify) _____		

Table 11: Status of Mid-Project Quality Assurance Report – Applicable only to TS Grantees

(please check appropriate box)

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

- Not-yet-started
- In-progress
- Completed (list date submitted _____)

PART 3
FINANCIAL REPORTING
HUD HEALTHY HOMES INITIATIVE AND TECHNICAL STUDIES
GRANT FUNDS

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

Grant Agreement Number:	
Grantee Organization:	
Report Period:	___ Jan 1 – Mar 31 ___ Jul 1 – Sep 30 Year 20___ ___ Apr 1 – Jun 30 ___ Oct 1 – Dec 31

Budget Categories*	Negotiated Budget	Approved LOCCS Drawdowns This Period*	Cumulative LOCCS Drawdowns To Date*	Available Balance
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts/ Sub-Grantees				
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*			<i>This response corresponds to Section V on the Grantee Benchmark Performance Standards Worksheet.</i>	

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