TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
OCTOBER 31, 2017- DECEMBER 31, 2017
JANUARY 1, 2018 TO MARCH 30, 2018
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Housing Corporation of Arlington	Project Name: Downing Square Broadway Initiative & Capital Improvements
Contact: Pamela Hallett	Title: Executive Director
Mailing Address: 252 Massachusetts Ave Arlington, MA 02474	Project Location: Arlington MA. 19 R Park Ave , Downing Square, 117 Broadway and multiple locations in portfolio
Email: phallett@housingcorparlington.org	Phone/Fax: 781 859-5211
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved? Under Capital Improvements: The two units at 16 Bow street have been deleaded and each unit has passed section 8 certificate inspections.
2. Plans and contractor bids have been received for work on an additional four units of capital Improvements.
3. For the Initiative Program, $500,000 in Community Preservation Act funds has been requested.
4. Further testing, drilling and soil samples have been collected and analyzed to allow create a refined brownfields environmental cleanup plan which was submitted to the EPA in January 2018.
5. The Conservation Commission Order of Conditions was approved December 2017.
6. Letters from Investors and lenders have been received and HCA was invited to submit a full ONE STOP application to the Commonwealth's DHCD for full funding of the full 48 units development encompassing 117 Broadway and the 19R Park Ave sites. This application was submitted February 15th 2018. We expect to hear about approval or denial in July or August.
7. Homeowners of some of the surrounding homes to 19R Park Ave submitted a Public Information Petition(PIP) which HCA and GEI, our environmental consultants, have responded to. To date two meetings with the petitioners have been held. A full Public Information is being developed Plan for submittal to the Mass DEP as required by the PIP process. That plan will be submitted after one more meeting with the community to review the proposed plan.
8. Have you documented client eligibility? If so, how? If not, how to do you plan to? Yes the tenant eligibility has been documented. Tenant income has been documented at the time of lease signing and then again at annual recertification. One tenant at 16 Bow Street is a domestic violence victim who graduated from a DV program supported by the Town of Arlington. She and her son are doing well in HCA's unit. The additional tenant household moving into the 2nd unit at 16 Bow on November 1, 2017 has a disabled child and is low income. She and her son have been living on a one-bedroom unit in another HCA building. This new unit has two bedrooms and is easily accessible to her disabled son.

9. Have you met the timetable for delivery of services outlined in your application?

- Yes, to date 2 units have had capital improvements completed, 4 more to begin next quarter.
- The Initiative has: submitted the ONE STOP application to the State; the Concom Order of Conditions has been approved and recorded; Civil Engineering Design and Drawings are at 100% completion of the schematic design and 20% completion of the Design Development Stage, Mechanical and plumbing drawings are at 50% completion; Architectural drawings are at 100 % Schematic Design and 40% Design completion phase.
- The Plan for Environmental Cleanup has been created and submitted to the EPA.
- The PIP Plan is in process.
- All tenants in the new buildings will have incomes at or below 60% of Area Median Income. 14 out of 48 units will be set aside for households with income at or below 30% of area median income. 5 out of 48 units will be for homeless households with wrap around social services provided by the Somerville Homeless Coalition.

10. Additional Comments

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	2
Black/African American	2
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	
Total	

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	4
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington Boys & Girls Club	Project Name: Scholarship Program
Contact: Derek Curran	Title: Executive Director
Mailing Address: 60 Pond Lane	Project Location: Arlington Boys & Girls Club-
Email: dcurran@abgclub.org	Phone/Fax: 781-648-1617 / 781-648-5064
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? Through the funds received we were able to reach our goal and provide financial assistance for 53 children. Children were provided a safe place to have fun and enjoy a wide range of activities outside of school time while being surrounded by children their own age and a caring staff. Children took part in activities that focused on leadership, character development, education, health and life skills, and sports/fitness and recreation.	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? Document eligibility has been documented. All signed applications and income verification documents have been filed and are in a secure location at our facility.	
3. Have you met the timetable for delivery of services outlined in your application? Yes, the timetable for delivery of services has been met.	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	22
Black/African American	4
Asian	14
American Indian/Alaskan Native	1
Native Hawaiian/Other Pacific Islander	2
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	5
American Indian/Alaskan Native & Black /African American	
Multi-Racial	5 (2 Hispanic)
Total	53
Ethnicity	
Hispanic	2
Total	2

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	29
31%-50% (low) of Median Income	17
51%-80% (moderate) of Median Income	7

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	53
Households Assisted	26	Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington Boys & Girls Club	Project Name: Jobs Jobs Jobs Program
Contact: Derek Curran	Title: Executive Director
Mailing Address: 60 Pond Lane	Project Location: Arlington Boys & Girls Club-
Email: dcurran@abgclub.org	Phone/Fax: 781-648-1617 / 781-648-5064
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? Through the funds received, we were able to achieve our goal of employing 8 teenagers this summer and provide them with necessary skills to be successful in the workforce and in the community. All participants attended workshops that focused on job readiness skills such; creating a resume, preparing for a job interview, and building a network using technology.	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? Document eligibility has been documented. All signed applications and income verification documents have been filed and are in a secure location at our facility.	
3. Have you met the timetable for delivery of services outlined in your application? Yes, the timetable for delivery of services has been met.	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	4
Black/African American	1
Asian	1
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	2 (hispanic)
Total	6
Ethnicity	
Hispanic	2
Total	2

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	7
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	1

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	8
Households Assisted	7	Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington High School	Project Name: Athletic Scholarships
Contact: Melissa Dlugolecki	Title: Athletic Director
Mailing Address: 869 Massachusetts Ave, Arlington MA 02472	Project Location: Arlington High School
Email: mdlugolecki@arlington.k12.ma.us	Phone/Fax: 781-316-3551
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?

We have been able to offer student-athletes playing opportunities in the fall season. Students would not otherwsie be able to afford participation.

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

Yes- the Business Office collects and stores all applications. Additionally, they confirm eligibility and communicate this to the athletic department and the family who applied.

3. Have you met the timetable for delivery of services outlined in your application?

Yes.

4. Additional Comments

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	14
Black/African American	8
Asian	1
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	4 (all White/Hispanic)
Total	
Ethnicity	
Hispanic	
Total	23

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	16
31%-50% (low) of Median Income	7
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs *Please indicate the number of outputs achieved with this funding*

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington Housing Authority	Project Name: Operation Success Learning Center
Contact: Janet Maguire	Title: Co-Founder/Supervisor
Mailing Address: 45 Fremont Court Menotomy Manor Arlington, MA 02474	Project Location: 45 Fremont Court Menotomy Manor Arlington, MA 02474
Email: Jmaguire924@hotmail.com	Phone/Fax: 781-710-5309
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? The program opened up October 2, 2017. To prepare for the academic school year, we had a open house for parent and student where they could visit the center, meet the staff, and register for the program.	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? John Griffin , Executive Director, of Arlington Housing sends a documented list of resident's age and family income. All residents of Menotomy Manor are either very low income or low income. All students of the program are between 11-18	
3. Have you met the timetable for delivery of services outlined in your application? Yes, we have met our beginning time-table of opening of Operation Success.	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	4
Black/African American	7
Asian	3
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	6 (2 Hispanic)
Total	
Ethnicity	
Hispanic	2
Total	

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	20
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER TWO REPORT
OCTOBER 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington Housing Authority	Project Name: Operation Success Learning Center
Contact: Janet Maguire	Title: Co-founder
Mailing Address: 87R summer Street Arlington, MA	Project Location: 45 Fremont Court, Menotomy Manor
Email: jmaguire924@hotmail.com	Phone/Fax: 781-710-5309

If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us

January-February, 2017

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?

- Providing a safe learning environment Monday-Thursday evenings 7:00-8:30
- Academic support offered to 20 residents of Menotomy Manor

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

The participants of Operation Success are residents of Menotomy Manor whose parents/guardians follow the income guidelines of the Arlington Housing Authority.

3. Have you met the timetable for delivery of services outlined in your application?

Yes, services are provided throughout the academic school calendar

4. Additional Comments

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	4
Black/African American	7
Asian	3
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	4
Total	
Ethnicity	
Hispanic	2
Total	20
Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	20
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER TWO REPORT
OCTOBER 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: **Arlington Youth Counseling Center**	Project Name: **Free and reduced-fee mental health services for youth and families**
Contact: **Colleen Leger**	Title: **Executive Director**
Mailing Address: **670R Massachusetts Avenue, Arlington, MA 02476**	Project Location: **670R Massachusetts Avenue**
Email: cleger@town.arlington.ma.us	Phone/Fax: **781-316-3259/781-316-3261**

If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us

We will submit an invoice by February 8, 2018

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?

With support from the CDBG grant, four community members have accessed mental health services at AYCC from July 1st through December 31st. These clients, who range in age from 6 to 39, have participated in a total of 40 counseling sessions, and 8 medication evaluation/treatment visits. 11 of these counseling sessions occurred in a school-based setting, while the rest were provided outpatient at AYCC. According to annual treatment plans, each client is making progress on their treatment goals and objectives, and remains engaged in therapy.

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

Client eligibility is documented using the client beneficiary form, along with supporting legal documentation including tax filings, pay stubs, and court documents.

3. Have you met the timetable for delivery of services outlined in your application?

Yes; the delivery of services is ongoing throughout the year. As outlined in the application, AYCC will not turn anyone away due to an inability to pay. Clients who cannot afford the cost of care are encouraged to apply for financial assistance, and for those who are deemed eligible, CDBG funding is applied against their outstanding balance.

4. Additional Comments

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	3
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	1
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	0
Total	

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	1
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	3

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	4
Households Assisted	4	Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington COA	Project Name: Adult Day Health
Contact: Susan Carp, MS	Title: Executive Director
Mailing Address: 27 Maple Street, Arlington, MA	Project Location: Cooperative Elder Services
Email: scarp@town.arlington.ma.us	Phone/Fax: P: 781-316-3400 Fax: 781-316-3409
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?

Secured 8 participants to receive scholarships

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

CDBG Beneficiary Form

3. Have you met the timetable for delivery of services outlined in your application?

On going

4. Additional Comments

None

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories	
Race	
White	7
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	1
Total	
Ethnicity	
Hispanic	
Total	8

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	3
31%-50% (low) of Median Income	5
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted	8	Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER TWO REPORT
OCTOBER 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington COA	Project Name: Adult Day Health
Contact: Susan Carp, MS	Title: Executive Director
Mailing Address: 27 Maple Street, Arlington, MA	Project Location: Cooperative Elder Services
Email: scarp@town.arlington.ma.us	Phone/Fax: P: 781-316-3400 Fax: 781-316-3409
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?

Secured 8 additional participants to receive scholarships

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

CDBG Beneficiary Form

3. Have you met the timetable for delivery of services outlined in your application?

On going

4. Additional Comments

As of Q2 Report, all funds are now exhausted. Total served between Q1 & Q2 are 16.

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	7
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	1
Total	
Ethnicity	
Hispanic	
Total	8

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	3
31%-50% (low) of Median Income	5
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	8
Households Assisted	8	Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington COA	Project Name: Transportation Enterprise Fund
Contact: Susan Carp, MS	Title: Executive Director
Mailing Address: 27 Maple Street, Arlington, MA	Project Location: same
Email: scarp@town.arlington.ma.us	Phone/Fax: P: 781-316-3400 Fax: 781-316-3409
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? Maintain operations to provide a low cost senior transportation program for Arlington seniors. For this first 4 months of the FY, the COA has provided 1,363 rides. The categories are Senior Center rides (998), In town Medical rides (42), and Dial a Ride Taxi rides (323).	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? CDBG Client Beneficiary form	
3. Have you met the timetable for delivery of services outlined in your application? On going. This service operates Monday-Thursday from 8-3:30pm	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	
Total	n/a

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER TWO REPORT
OCTOBER 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington COA	Project Name: Volunteer Coordinator
Contact: Susan Carp, MS	Title: Executive Director
Mailing Address: 27 Maple Street, Arlington, MA	Project Location: same
Email: scarp@town.arlington.ma.us	Phone/Fax: P: 781-316-3400 Fax: 781-316-3409
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? Salary for William "Bill" Murphy	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? n/a	
3. Have you met the timetable for delivery of services outlined in your application? n/a	
4. Additional Comments These funds are solely for salary	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	
Total	n/a

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE & TWO REPORT
JULY 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Fidelity House	Project Name: Jobs, Jobs, Jobs Program
Contact: Lisa Urben	Title: Youth Program Director
Mailing Address: 25 Medford Street, Arlington, MA 02474	Project Location: Fidelity House, Fidelity House Day Camp
Email: fidelityhouseordir@hotmail.com	Phone/Fax: 781-648-2005
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
Will be sending in end January.	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? We hired 4 staff that really became an important part of our staff.	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? The application process includes documentation of the family income.	
3. Have you met the timetable for delivery of services outlined in your application? Yes	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	2
Black/African American	2
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	4
Ethnicity	**Nationally Reportable Outputs** *Please indicate the number of outputs achieved with this funding*
Hispanic	
Total	

Businesses Assisted		Persons Served	4
Households Assisted		Jobs Created	

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	1
31%-50% (low) of Median Income	2
51%-80% (moderate) of Median Income	1

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE & TWO REPORT
JULY 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Fidelity House	Project Name: Menotomy Manor Outreach Program
Contact: Lisa Urben	Title: Youth Program Director
Mailing Address: 25 Medford Street, Arlington, MA 02474	Project Location: Fidelity House, Fidelity House Day Camp & Menotomy Manor
Email: fidelityhouseordir@hotmail.com	Phone/Fax: 781-648-2005
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
Will be requesting the funds in January, 2018	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved? We were able to increase the number of individuals who have used this program this year by 15% and the number of programs that the youth participate in .

2. Have you documented client eligibility? If so, how? If not, how to do you plan to? Parents are asked to fill out a beneficiary form with the HUD family guidelines and also attach a copy of their income (tax return/proof of income).

3. Have you met the timetable for delivery of services outlined in your application? Yes- Summer Camp is first, June thru August, followed by our school year programming September thru May.

4. Additional Comments

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	42
Black/African American	41
Asian	23
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	1
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	4
Total	

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	111
Households Assisted		Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Food Link, Inc.	Project Name: Healthy Food Delivery to Arlington Housing Authority Locations
Contact: DeAnne Dupont	Title: President and Co-Founder
Mailing Address: 32 Oldham Road Arlington, MA 02474	Project Location: 117 Broadway Arlington, MA 02474
Email: DDupont@FoodLinkMA.org	Phone/Fax: 781-819-4225
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?

Food Link made on average over 9 deliveries of nutritious food each week to the four Arlington Housing Authority (AHA) properties, averaging over 200 pounds per delivery of food. While making the deliveries Food Link volunteers check in with the resident contact or Janet Doyle to ascertain if there are changes in the needs.

Food Link sent its annual partner survey to staff at each of the AHA properties in order to gauge its success and clients' satisfaction with the program. Food Link is awaiting the completion of the survey by each of the properties before it records and tallies the results and then possibly make changes to its services.

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

All residents of Arlington Housing Authority locations are able to receive food that Food Link delivers. To be residents, they must meet income eligibility.

3. Have you met the timetable for delivery of services outlined in your application?

Food Link is over 25% of its way to delivering 70,000 pounds of food over twelve months to the four Arlington Housing Authority properties. Currently, the organization makes over 9 deliveries each week among the four locations, averaging over 200 pounds of nutritious food per delivery. Additionally, Food Link currently serves 968 low-income residents who live at Arlington Housing Authority properties through this program out of its goal of 1000 residents.

4. Additional Comments

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	641
Black/African American	106
Asian	211
American Indian/Alaskan Native	10
Native Hawaiian/Other Pacific Islander	0
American Indian/Alaskan Native & White	0
Asian & White	0
Black/African American & White	0
American Indian/Alaskan Native & Black /African American	0
Multi-Racial	0
Total	968
Ethnicity	
Hispanic	78
Total	78

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	358 households
31%-50% (low) of Median Income	139 households
51%-80% (moderate) of Median Income	55 households

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted	0	Persons Served	968
Households Assisted	552	Jobs Created	0

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER TWO REPORT
OCTOBER 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Arlington Recreation	Project Name: Scholarship
Contact: Jon Marshall	Title: Director of Recreation
Mailing Address: 422 Summer St., Arlington, MA 02474	Project Location: 422 Summer St.
Email: jrmarshall@town.arlington.ma.us	Phone/Fax: 781-316-3880
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? We were able to provide 17 children with scholarships to participate in our travel basketball, futsal, and skating programs.	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to? Yes	
3. Have you met the timetable for delivery of services outlined in your application? Yes	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	9
Black/African American	2
Asian	1
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	1
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	4
Total	17
Ethnicity	
Hispanic	3
Total	3

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	14
31%-50% (low) of Median Income	3
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	17
Households Assisted	14	Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER ONE REPORT
JULY 1, 2017-SEPTEMBER 30, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Town of Arlington	Project Name :Construction of Wheelchair Ramps and Sidewalks. #17-22
Contact: Vincent Kilcommons	Title: Civil Engineer
Mailing Address:51 Grove Street Arlington, Ma. 02476	Project Location: Various Streets
Email: VPKILCOMMONS@TOWN.ARLINGTON.MA.US	Phone/Fax: 781-316-3324 (W) 781-589-7874 (C)
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	
II. Accomplishments	
1. What short-term goals and objectives outlined under Service Need in your application have you achieved? No work performed between July 1,2017 - September 30,2017. Work is projected to start the week of November 6 ,2017.	
2. Have you documented client eligibility? If so, how? If not, how to do you plan to?	
3. Have you met the timetable for delivery of services outlined in your application?	
4. Additional Comments	

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories	
Race	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	
Total	

Please provide the number of persons in the applicable income categories	
0-30% (very low) of Median Income	
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
QUARTER TWO REPORT
OCTOBER 1, 2017-DECEMBER 31, 2017
FISCAL YEAR 2017-2018

I. Contact Information	
Agency/Organization: Town of Arlington; Department of Public Works	Project Name: Curb Ramp & Sidewalk Improvements
Contact: Wayne Chouinard	Title: Town Engineer
Mailing Address: 51 Grove Street, Arlington MA 02476	Project Location: various locations
Email: wchouinard@town.arlington.ma.us	Phone/Fax: Office 781-316-3320 Fax 781-316-3281
If you have yet to request funds, please indicate when you plan to do so. Final funding requests must be received by April 3, 2018. Please send a cover letter and invoice with a number to jwayman@town.arlington.ma.us	

II. Accomplishments

1. What short-term goals and objectives outlined under Service Need in your application have you achieved?
   In the Fall of 2017 a total of twelve (12) handicap ramps were installed:
   - Egerton (4)
   - Warren (4)
   - Gardner (4)

2. Have you documented client eligibility? If so, how? If not, how to do you plan to?

3. Have you met the timetable for delivery of services outlined in your application?

   Contract work is in progress. Anticipate meeting contract schedule by end of June 2018.

4. Additional Comments

   None

Please indicate the number of people assisted with CDBG funds in each of the following racial and ethnic categories.	
Race	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black /African American	
Multi-Racial	
Total	
Ethnicity	
Hispanic	
Total	

Please provide the number of persons for the applicable income categories	
0-30% (very low) of Median Income	
31%-50% (low) of Median Income	
51%-80% (moderate) of Median Income	

Nationally Reportable Outputs

Please indicate the number of outputs achieved with this funding

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	