APPENDIX E

FY2026-2027 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 CDBG funding *(use additional sheets, if necessary):*

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

Agency Representative: _____ Date: _____