OHHLHC WORK PLAN BENCHMARKS (36 MONTHS)

OMB Approval Number 2539-0015 (exp MM/DD/201Y)

*** Grant Number: TNLHB0565-13** **Grantee Organization:** **Shelby County Dept. of Housing** *** Period of Performance:** **August 1, 2013 - July 31, 2016**

PERIOD / ACTIVITY	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Start Up Activities (0-60 days)													
Staff Hired													
Approved Environmental Review and Release of Funds													
Written Policies and Procedures													
Number of Paint Inspections/ Risk Assessment Proposed:		**< Enter Number of Units to be Assesssed**											
Paint Inspections/Risk Assessments:													
Minimum Performance Standard	0%	2%	5%	15%	25%	35%	50%	65%	80%	95%	98%	100%	
Proposed # Assessed	0	4	10	30	50	70	100	130	160	190	196	200	
Actual # Assessed													
Actual % Assessed													
Units in Progress of Interventions													
Number of Completed & Cleared Housing Units Proposed:		**< Enter Number of Units to be Completed and Cleared.**											
Units Completed and Cleared:													
Minimum Performance Standard	0%	1%	2%	5%	10%	25%	40%	55%	70%	85%	95%	99%	100%
Proposed # Completed	0	2	6	8	16	39	62	86	109	133	148	154	156
Actual # Completed													
Actual % Completed													
LOCCS DRAWDOWNS Grant Award Amount =			**< Enter Requested OHHLHC Dollar amount.**										
LOCCS Drawdowns:													
Minimum Performance Standard	2.50%	5%	10%	15%	25%	35%	45%	55%	65%	80%	90%	99%	100%
Drawdown Milestone	$46,000	$115,000	$230,000	$345,000	$575,000	$805,000	$1,035,000	$1,265,000	$1,495,000	$184,000	$207,000	$2,277,000	$2,300,000
Proposed Dollars Drawn													
Proposed Match Amount	$15,244	$30,488	$60,977	$94,465	$152,442	$213,418	$274,395	$335,372	$396,349	$487,814	$548,790	$603,669	$609,767
Proposed Healthy Homes Initiative Funding (if applicable)	$57,500	$11,500	$23,000	$34,500	$57,500	$80,500	$103,500	$126,500	$149,500	$18,400	$207,000	$227,700	$230,000
Actual Drawdown													
Actual Drawdown %													
Actual Healthy Homes Initiative Funding (If applicable)													
Actual Match Amount													
Community Outreach / Education/ Training													
Community Outreach Milestone	30	60	90	120	150	180	210	240	270	300	330	360	
Community Outreach Achieved													
Education Milestone	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
Education Achieved	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
Skills Training Milestone	0	0	0	0	5	5	5	10	10	10	15		
Skills Training Achieved													
Close-Out													

* Leave Grant Number and Period of Performance blank at time of application