

Quarterly Report

Fiscal Year 2012

Please report your activities and progress towards your goals.

The sections shaded in grey were completed by your contract manager.



Name of Organization:

Quarter of Reporting:

Avenue NYC Projects:	Amount of Funding:

Numbers in the commercial district profile below should reflect only those establishments located in the commercial area defined in your organization's Avenue NYC contract.

COMMERCIAL DISTRICT PROFILE	
Total Number of Ground-Floor Establishments in District	
Sub Total: Commercial/Retail	
Sub Total: Government/Non-Profit	
Sub Total: Residential	
Sub Total: Vacant Storefronts	
Total Number of Vacant Lots	

Please provide an update on the overall status of your Avenue NYC program(s). If applicable, describe the program's impact (i.e. changes in business trends or in the appearance of the commercial district):

Multi-Neighborhood Initiatives

The questions below help track progress against the goals of your multi-neighborhood initiative. Please fill in all relevant questions pertaining to your multi-neighborhood initiative.

Quarter 1: Progress Towards Goals and Outputs

Provide an update on the overall status of your Multi-Neighborhood Initiative. Be sure to describe the program's impact on the corridor.

Please indicate the neighborhood(s) you worked in and the local CDCs, LDCs or other community development organizations (if any) you engaged with this quarter. Lastly, describe the work you accomplished this quarter in each neighborhood:

Neighborhood:	Local Organization ¹ :	Activities Undertaken or Description of Accomplishments the Quarter:

¹ If your organization is not engaging with another CDC, LDC or BID to complete work in a neighborhood, please list your group under the "organization" section.

Goals and Progress: Approach to Executing the Initiative

Goal or Output:	Target Date:	Status:	Description of Activities or Approach taken this Quarter:
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
		<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

What community stakeholders did you engage this quarter in your initiative? Describe the role they have played.

Please describe any challenges you have encountered while working toward completion of your goals. Please include your plan for addressing and/or overcoming these challenges and/or a description of how SBS can help your organization to overcome these obstacles.



Please send any other materials that have been produced to support your initiatives as attachments to this quarterly report.