

# 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):

# Façade Improvement Management

The questions below help track progress against the goals of your façade improvement management program. Please fill in all relevant questions pertaining to your façade improvement management program.

## Quarter 1: Goals and Progress

Provide an update on the overall status of your Façade Improvement Management program. Be sure to describe the program's impact on the corridor.

## Progress: Administration of Façade Improvement Program

Target number of new participants your organization will recruit this fiscal year:	
Number of new participants recruited this quarter:	
Number of new participants recruited to date:	

Target number of storefronts to be renovated this fiscal year:	
Number of storefronts renovated this quarter:	
Number of storefronts renovated to date:	

Total number of storefront projects currently in progress: \_\_\_\_\_

Please list the details of the facades that are currently in progress or complete:

Business Information		Current Level
Business Name:		
Business Type:		Target Date of Completion
Business Address:		
City:      Zip:		Capital Investment to date

Business Information		Current Level
Business Name:		
Business Type:		Target Date of Completion
Business Address:		
City: Zip:		Capital Investment to date

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Business Name:		
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Business Name:		
Business Type:		Target Date of Completion
Business Address:		
City: Zip:		Capital Investment to date

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Business Name:		
Business Type:		Target Date of Completion
Business Address:		
City: Zip:		Capital Investment to date

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Business Information		Current Level
Business Name:		
Business Type:		Target Date of Completion
Business Address:		
City: Zip:		Capital Investment to date

## Goals and Progress: Approach to Implementing Façade Improvements

Goal or Output:	Target Date:	Status:	Description of Activities or Approach:
		<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	

Please describe any challenges you have encountered while working toward completion of your façade improvement 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 to following attachments with your quarterly report:

- “Before” and “After” pictures of the storefronts that have been improved as a part of your façade improvement management program in the previous quarter. Pictures should be submitted in jpeg format.