

# 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):

# Placemaking

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

## Quarter 1: Progress Towards Goals and Outputs

Provide an update on the overall status of your Placemaking program. Be sure to provide a description of the brand or identity that your organization is trying to create for the neighborhood, the marketing or communication strategy being employed and also describe the impact your program has had on the target corridor.

## Quarter 1: Progress Towards Individual Projects

Type of Project: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Description of Project:

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	

Type of Project: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Description of Project:

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	

Type of Project: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Description of Project:

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	
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Has your organization produced any pieces of marketing collateral this quarter?  Yes  No

If so, please provide the details of these marketing pieces?

Name of Collateral	Type of Collateral	Number of Items Distributed

Has your organization hosted any promotional or sales events this quarter?  Yes  No

If so, please provide details of these events?

Name/Type of Event	Date of the Event	Number of People who Attended

Please describe how your activities/outputs this quarter reinforces the brand or place you committed to advancing:

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

Please describe any challenges you have encountered while working toward completion of your placemaking 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:

- Examples of promotional/marketing materials you have produced
- Photographs of events
- Any other pertinent item