



## HUMAN SERVICES GRANT PROGRAM 2020-2021 FINAL REPORT FORM

Report due August 1, 2021

### A. Agency & Program Name and Address:

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Total Amount of 2020 Grant                      \$ \_\_\_\_\_

### B. Description of Accomplished Objective

Please copy your goals from question 2 of your grant proposal. Then, answer this question to show the results of your goals:

**Objective 1:**

**Objective 2:**

**Objective 3:**

1. What were the results of the goals?

**Result 1:**

**Result 2:**

**Result 3:**

2. Please share a success story the program has seen during this grant year.

3. Describe how you worked to accommodate client/clients who required assistance outside of your “normal” mode of operation, e.g., outside business hours, transportation issues, meeting with him or her at a location convenient for the client, etc.

4. Were any grievances received from clients or recipients over the past grant year? If so, please provide a report of the nature of the grievance, timeline of the grievance response actions and resolution. DO NOT include names of clients involved.

### C. Recipient Documentation

Provide the following data regarding **Loveland** clients served by the program for the full grant year July 1, 2020 – June 30, 2021.

**C1. LOVELAND RECIPIENT INCOME INFORMATION- Include ALL Loveland Recipients**

# served with extremely low income (30% AMI or less, per HUD income guidelines)	# served with very low income (31-50% AMI, per HUD income guidelines)	# served with low/moderate income (51-80% AMI, per HUD income guidelines)	# served with income over 80% AMI	# served with NO income information provided	<b>TOTAL Loveland Clients</b> <i>Total of 5 previous boxes.</i>
By Person	By Person	By Person	By Person	By Person	By Person

Estimated number served from question 3 on the proposal: \_\_\_\_\_

**C2. CLIENT INFORMATION - Include ALL Loveland Recipients**

# of Persons with Disabilities	# of Homeless	# of Seniors	# of Veterans	# of female-headed households

**C3. RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH HSG FUNDS (JULY 1, 2020 – JUNE 30, 2021)**  
TOTAL MUST MATCH NUMBER OF PERSONS GIVEN IN **QUESTION C1 Total** ABOVE.

Race/Ethnicity Category	Total # by persons	*Of this total, #Hispanic persons
White		
Black/African American		
Asian		
American Indian / Native Alaskan		
Native Hawaiian / Other Pacific Islander		
American Indian / Native Alaskan & White		
Asian & White		
Black/African American & White		
American Indian / Native Alaskan & Black/African American		
Other Multi-Racial		
No Race Information Provided		
<b>TOTAL</b>		

\*According to HUD, Hispanic is not a separate race but is categorized with another race, e.g. White/Hispanic.

**The total number of all persons must match C1 total above**

C4.

<b>TOTAL NUMBER OF CLIENTS SEEN BY AGENCY.</b>	
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Include all locations and all services provided by agency

**C5. How do race/ethnicity, language status and number of veterans of Loveland compare with your clientele? Please compare all of these categories. What could you do to ensure that underserved populations are aware of your services?**

To find current demographic information for the City of Loveland, type American Fact Finder into your browser. Type Loveland Colorado in the box under Community Facts. Use 2016 AMERICAN COMMUNITY SURVEY data to get the most recent 5-year data.

- For LANGUAGE SPOKEN AT HOME and DISABILITY data, click ORIGINS and LANGUAGE.
- For RACE and ETHNICITY, click RACE AND HISPANIC ORIGIN.
- For VETERAN data, click VETERANS.

**D. Certification**

I hereby certify that all of the above information is true, that all City of Loveland grant funds were expended for the project as defined in the Recipient Contract with the City of Loveland, and that all income guidelines have been properly reported.

Electronic Signature \_\_\_\_\_

**F. Date received by Community Partnership Office** \_\_\_\_\_

Human Services Commissioners will be notified of late reports and could affect future grant proposal scores.