



**COMMUNITY DEVELOPMENT BLOCK GRANTS
QUARTERLY REPORTING FORM
PUBLIC SERVICES**

DATE OF REPORT _____ **Grant Year:** _____

Please indicate which quarter this report covers.

_____ October 1 – December 31 - *due on Jan. 15th*

_____ January 1– March 31 - *due on Apr. 15th*

_____ April 1 – June 30 - *due on Jul. 15th*

_____ July 1 – Sept. 30 - *due on Oct. 15th*

AGENCY NAME and ADDRESS:

A. Total Amount of 2020 Grant \$ _____

Grant Balance \$ _____

B. Description of Accomplished Objective

Use the objectives from question 6 of your grant proposal. Then, answer 1 - 2 for the results of your objectives.

Note: The objectives must match your answer to question 6 on the Human Services Grant proposal.

What were the agency's objective for this program?

Objective 1:

Objective 2:

Objective 3:

How did you document these accomplishments?

Objective 1:

Objective 2:

Objective 3:

1. What were the results of the objective?

Result 1:

Result 2:

Result 3:

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

C. Recipient Documentation

Provide the following data regarding clients served utilizing CDBG funds. Please use current HUD income guidelines available at <http://www.cityofloveland.org/grantforms>. Please provide this information cumulatively beginning October 1, 2017 – present.

TABLE I

RECIPIENT INCOME DOCUMENTATION				
# 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)	TOTAL Loveland Clients <i>Total of 3 previous boxes</i>	# of female-headed households
By Person	By Person	By Person	By Person	By Household

* Numbers include children receiving services as well as adults.

Number of clients served with income over 80% AMI - _____

Number of clients that declined to answer - _____

CLIENT INFORMATION - Include ALL Income Levels

# of Persons with Disabilities	# of Homeless	# of Seniors	# of Veterans

RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH CDBG FUNDS (OCTOBER 1ST - PRESENT)

TOTAL MUST MATCH NUMBER OF PERSONS GIVEN IN TABLE I

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		
TOTAL		

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

COMPLETE THE FOLLOWING TABLE FOR THE 2017-2018 GRANT YEAR

A) Total clients seen by agency, include all locations and all services provided by agency	
B) Number of clients that gave income information	
C) Number from 'B' that were 80% AMI or lower	

D. How do race/ethnicity, age, gender, 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? (This question should be answered in the 4th quarter report.)

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 2015 AMERICAN COMMUNITY SURVEY data to get the most recent 5-year data.

- For AGE, GENDER and SENIOR data, click AGE on the left-hand side.
- 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.

F. Program Revenue (This question should be answered in the 4th quarter report.)

Provide an update of the Revenue the program received compared to the amounts submitted with the grant proposal.

For example

Expected program revenue included: <ul style="list-style-type: none"> • CDBG - \$11,500 • Other Federal Funding - \$27,000 • United Way - \$5,000 • Donations/Other - \$12,800 	Actual program revenue included: <ul style="list-style-type: none"> • CDBG - \$10,000 • Other Federal Funding - \$27,000 • United Way - \$3,000 • Donations/Other - \$14,300
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Expected Revenue (From Grant Proposal Budget)	Actual Revenue

G. 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 met.

Electronic Signature _____

Date _____