DATE Submitted_____

Please indicate which quarter this report covers.

_____ October 1– December 31 *due Jan 15th*   _____ January 1– March 31 *due April 15th*

_____ April 1 – June 30 *due July 15th*   _____ July 1 – September 30 *due October 15th*

All reports must be submitted on or prior to the due date.

AGENCY NAME and ADDRESS:
(Please Insert Here)

A. Total Amount of 2020 Grant $_____

Grant Balance $_____

B. **Description of Work Accomplished**

1. Describe the work that has been accomplished during this reporting period. If no work has taken place, please indicate a target starting date. Describe any challenges prohibiting the start of the project.

2. How many housing units have been **constructed or rehabilitated** for each income level during this reporting period? *Skip if report is for a Public Facility*

Income Level	# Units	Income Level	# Units	
0% - 30% AMI		51% - 80% AMI		
31% - 50% AMI		Market Rate		TOTAL # constructed or rehabilitated

If the housing project included rehabilitation and the total project cost was $5,000 or more (all funding, not just CDBG), please complete the table below. <u>If the total cost of the project was $5,000 or less, just complete the address column</u>. *Skip if report is for a Public Facility or Land Acquisition*

Address of rehabilitated property	Year Built	Ages of Occupants Head of Household only (Seniors and persons with disabilities excluded)	Total cost of rehab project (not just CDBG $)

C.   **Recipient Documentation**

Provide the following data about clients served with CDBG funds using current HUD income guidelines. Please provide this information cumulatively beginning October 1, 2020 – present.

RECIPIENT INCOME DOCUMENTATION BY HEAD OF HOUSEHOLD

INCOME LEVEL	Housing: # of Individuals in Owned Unit	Housing: # of Individuals in Rental Unit	Public Facility: # of Individuals Served	TOTAL by Head of Household	# of female-headed households
Extremely low income (30% AMI or less, per HUD income guidelines)					
Low income (31-50% AMI, per HUD income guidelines)					
Moderate income (51-80% AMI, per HUD income guidelines)					
TOTAL of 0% - 80% AMI Clients				C1	
Non-low/mod income (81% or Higher AMI, per HUD income guidelines)					

Did any clients decline to provide income information? YES NO   If so, how many?____

DO NOT INCLUDE NON-LOW 81-100% AMI CLIENTS IN THIS TABLE. TOTAL MUST EQUAL BOX C1 ABOVE
RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH CDBG FUNDS (OCT. 1, 2019 - PRESENT)
TOTAL MUST MATCH NUMBER OF HOUSEHOLDS GIVEN IN PREVIOUS TABLE'S BLUE SHADED ROW

RACE/ETHNICITY CATEGORY	Public Facility SERVICES		Housing: OWNER		Housing: RENTER	
	Total # by Head of Household	*Of this total, # Hispanic	Total # by Head of Household	*Of this total, # Hispanic	Total # by Head of Household	*Of this total, # Hispanic
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.

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?

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.

CLIENT INFORMATION – Only include 0-80% AMI Clients

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

E.   Project Expenditures (This question should be answered with the 4th quarter or Final report you will submit.)
Provide an update of project expenses compared to the budget submitted with the grant proposal.
Compare to your original budget.

F.   Date received by Community Partnership Office