

31% - 50% AMI

## **COMMUNITY DEVELOPMENT BLOCK GRANTS** 2021-2022 QUARTERLY REPORTING FORM **BRICKS & MORTAR PROJECTS**

DATE	Submitted							
Please indicate which quarter this report covers.								
	_ October 1– Dece	ember 31 <i>d</i>	ue Jan 15th	Janu	ary 1– March 31 due April	15th		
	April 1 – June 30	due July 1	5th _	July	1 – September 30 <i>due Oct</i>	ober 15th		
		All repor	ts must be submitted	l on or prior t	o the due date.			
	CY NAME and ADI	ORESS:						
A.	Total Amount of	2021 Grant	\$		_			
	Grant Balance		\$		<u> </u>			
В.	<ol> <li>Description of Work Accomplished</li> <li>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.</li> <li>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</li> </ol>							
	Income Level	# Units	Income Level	# Units				
	0% - 30% AMI		51% - 80% AMI					
	240/ 500/ 4841		Namber Deta		TOTAL # constructed or			

Market Rate

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. If the total cost of the project was \$5,000 or less, just complete the address column. 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. <u>Recipient Documentation</u>

Provide the following data about clients served with CDBG funds using current HUD income guidelines. Please provide this information cumulatively beginning October 1, 2021 – present.

## RECIPIENT INCOME DOCUMENTATION BY HEAD OF HOUSEHOLD

RECITIENT INCOME DOCOMENTATION BY THEAD OF THOUSEHOLD					
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)	.1		1 0 VEC NO		0
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

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

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

D. <u>NEW QUESTION</u>: What data do you have to compare your program recipients with the demographics of the City of Loveland? What categories do you measure (i.e., race, ethnicity, others)? How do the demographics of your customers compare? What could you do to ensure that underserved populations are aware of your services?

**CLIENT INFORMATION – Only include 0-80% AMI Clients** 

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

- **E.** <u>Project Expenditures</u> (This question should be answered with the 4<sup>th</sup> 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. <u>Date received by Community Partnership Office</u>