



HUMAN SERVICES GRANT– HOMELESS SOLUTIONS 2022-2023 FINAL REPORT FORM

The Homeless Solutions report is due AUGUST 1, 2023, unless Community Development Block Grant (CDBG) funding is received. If CDBG is received, a different report will be used. Agencies that submit a report after the deadline will not be able to apply for a Homeless Solutions Award the following year.

IF YOUR PROGRAM IS AWARDED CDBG FUNDING, THE DATES BELOW WILL CHANGE.

A. Agency & Program Name and Address:

Total Amount of 2022 Grant \$ _____

B. Description of Accomplished Objective

1. Describe the accomplishments of the Homeless Solutions work during the year.
2. Share a success story from the Homeless Solutions Grant program.
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 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, 2022 – June 30, 2023.

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	TOTAL Loveland Clients <i>Total of 5 previous boxes.</i>
By Person	By Person	By Person	By Person	By Person	By Person

Estimated number of clients to be served from Question 2 on the proposal: _____

C2. CLIENT INFORMATION - Include ALL Loveland Recipients

# of Persons with Disabilities	# of Homeless	# of Seniors (62+)	# of Veterans	# of Female-headed households

C3. RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH HSG FUNDS (JULY 1, 2022 – JUNE 30, 2023)
TOTAL MUST MATCH NUMBER OF PERSONS SERVED 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		
TOTAL		

*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.

TOTAL NUMBER OF CLIENTS SEEN BY AGENCY. Include all locations and all services provided by agency	
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C5. 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?

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 _____