



COMMUNITY DEVELOPMENT BLOCK GRANTS
2025-2026 QUARTERLY REPORTING FORM
BRICKS & MORTAR PROJECTS

AGENCY NAME and ADDRESS:

(Please Insert Here)

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.

A. Total Amount of 2025 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. 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. 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, 2025 – present.

RECIPIENT INCOME DOCUMENTATION BY INDIVIDUAL (PUBLIC FACILITY) OR HEAD OF HOUSEHOLD (NEW HOUSING OR HOUSING REHABILITATION)

INCOME LEVEL	Housing: # of Households in Owned Unit	Housing: # of Households in Rental Unit	Public Facility: # of Individuals Served	TOTAL	# 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, 2023 - PRESENT)
TOTAL MUST MATCH NUMBER OF HOUSEHOLDS GIVEN IN PREVIOUS TABLE'S BLUE SHADED ROW

	Public Facility SERVICES		Housing: OWNER		Housing: RENTER	
RACE/ETHNICITY CATEGORY	Total # by Individual	*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. 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? Numbers below should be individuals or households, based on the type of project.

CLIENT INFORMATION – Only include 0-80% AMI Clients

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

E. **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	

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