



**COMMUNITY DEVELOPMENT BLOCK GRANTS  
2013-2014 QUARTERLY REPORTING FORM  
PUBLIC SERVICES**

**DATE OF REPORT** \_\_\_\_\_

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. 10th***

**AGENCY NAME and ADDRESS:**

**A.**    Total Amount of 2013 Grant            \$ \_\_\_\_\_  
Grant Balance                                    \$ \_\_\_\_\_

**B.    Description of Accomplished Objective**

Please use your answer from question 4 of your grant proposal.

1. What was the agency's objective(s) for this program?

2. What were the results of the objective(s)?

3. How did you document these accomplishments?

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

5. Please 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.

**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, 2013– present.

Option 1: *at least 70% of the agency's Loveland Program clients must have income at 80% of the AMI or below*

Option 2: *grant funding must be used for a specific Loveland Program that only serves a low income population*

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

How many clients did you serve with income over 80% AMI - \_\_\_\_\_

**RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH CDBG FUNDS (OCT. 1, 2013 - PRESENT)**

**TOTAL MUST MATCH NUMBER OF PERSONS GIVEN IN PREVIOUS TABLE**

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		
<b>TOTAL</b>		

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

**CLIENT INFORMATION – Include ALL Income Levels**

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

**COMPLETE THE FOLLOWING TABLE FOR THE 2013-2014 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	

**Fill out the last two questions on 4<sup>th</sup> Quarter Report only:**

**D. Agency Salary & Demographic Information** (This question should be answered in the 4<sup>th</sup> quarter report.)

Provide the following information only if City of Loveland CDBG funds were used for Salaries and Benefits.

Staff Member Name	CDBG	Other Funding	Total Salary	Does the Staff Member Live in Loveland	Does the Staff Member Work in a Loveland location
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

**E. Program Revenue** (This question should be answered in the 4<sup>th</sup> 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"><li>• CDBG - \$11,500</li><li>• Other Federal Funding - \$27,000</li><li>• United Way - \$5,000</li><li>• Donations/Other - \$12,800</li></ul>	Actual program revenue included: <ul style="list-style-type: none"><li>• CDBG - \$10,000</li><li>• Other Federal Funding - \$27,000</li><li>• United Way - \$3,000</li><li>• Donations/Other - \$14,300</li></ul>
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Expected Revenue (From Grant Proposal Budget)		Actual Revenue	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**F. 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\_\_\_\_\_