**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.

1. 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 $) |
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**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, 2023 – present.

|  |  |
| --- | --- |
|  | **Recipient Income Documentation by Head of Household** |
| INCOME LEVEL | Housing:# of Individuals in Owned Unit | Housing:# of Individuals in Rental Unit | Public Facility:# ofIndividuals Served | **TOTAL by Head of Household** | # of **Single**-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 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. 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. 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: * CDBG - $11,500
* Other Federal Funding - $27,000
* United Way - $5,000
* Donations/Other - $12,800
 | Actual program revenue included: * CDBG - $10,000
* Other Federal Funding - $27,000
* United Way - $3,000
* Donations/Other - $14,300
 |
| Expected Revenue (From Grant Proposal Budget) | Actual Revenue |
|  |  |  |  |
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**F. Date received by Community Partnership Office**