CDBG Quarterly Program Report

NAME OF GRANTEE (AGENCY):	QUARTER ENDING: ☐ September 30, 2013 ☐ December 31, 2013 ☐ March 31, 2014 ☐ June 30, 2014
PROJECT NAME & GRANT NUMBER:	
NAME OF PERSON PREPARING REPORT:	FINAL REPORT: ☐ Yes ☐ No
PROJECT EXPENDITURES THROUGH END OF QUARTER: $	PROJECT COMPLETE: ☐ Yes ☐ No

Activities Performed During Quarter	Outcomes Met

Problems Encountered During Quarter

Technical Assistance Needed from Carson City CDBG Staff

I certify this information is correct:

Signature

Date

CDBG Quarterly Project Benefits Report

NAME OF GRANTEE (AGENCY):	QUARTER ENDING: ☐September 30, 2013 ☐ December 31, 2013 ☐March 31, 2014 ☐June 30, 2014
PROJECT NAME:	
NAME OF PERSON PREPARING REPORT:	FINAL REPORT: ☐Yes ☐No

Verification of income: **Required for all clients served with this grant. Make sure that your agency qualifies clients by using the income table below for 2012-2013, as the income levels may change from year to year.**

Persons per Family	1	2	3	4	5	6	7	8
Moderate (M)	$38,850	$44,400	$49,950	$55,450	$59,900	$64,350	$68,800	$73,200
Low (L)	$24,300	$27,750	$31,200	$34,650	$37,450	$40,200	$43,000	$45,750
Very Low (VL)	$14,600	$16,650	$18,750	$20,800	$22,500	$24,150	$25,800	$27,500

Only count the following clients:
Clients served with this grant money
Unduplicated clients

TOP ROW – Clients for this Month/Quarter *BOTTOM ROW – Year-to-Date Totals*

	Total	Mod	Low	Very Low	W	BLK	ASN	NA/ AN	NH/ PI	NA/AN & W	ASN &W	BLK &W	NA/AN &BLK	HIS only	Other	HIS &W	HIS &BLK	HIS &ASN	HIS& NA/AN	HIS& NH/PI	FHH
# Clients *(This Quarter)*																					
Year-to-Date # Clients																					

W = White; BLK = Black/African American; ASN = Asian; NA/AN = American Indian/Alaskan Native; NH/PI = Native Hawaiian/Other Pacific Islander; HIS = Hispanic; FHH = Female Head of Household