



CDBG Quarterly Program Report

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|--|---|
| NAME OF GRANTEE (AGENCY): | QUARTER ENDING: <input type="checkbox"/> September 30, 2014 <input type="checkbox"/> December 31, 2014 <input type="checkbox"/> March 31, 2015 <input type="checkbox"/> June 30, 2015 |
| PROJECT NAME & GRANT NUMBER: | |
| NAME OF PERSON PREPARING REPORT: | FINAL REPORT: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT EXPENDITURES THROUGH END OF QUARTER: \$ | PROJECT COMPLETE: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Activities Performed During Quarter | Outcomes Met |
|-------------------------------------|--------------|
| | |

| Problems Encountered During Quarter |
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| |

| Technical Assistance Needed from Carson City CDBG Staff |
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| |

I certify this information is correct:

Signature

Date



CDBG Quarterly Project Benefits Report

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|----------------------------------|---|
| NAME OF GRANTEE (AGENCY): | QUARTER ENDING: <input type="checkbox"/> September 30, 2014 <input type="checkbox"/> December 31, 2014 <input type="checkbox"/> March 31, 2015 <input type="checkbox"/> June 30, 2015 |
| PROJECT NAME: | |
| NAME OF PERSON PREPARING REPORT: | FINAL REPORT: <input type="checkbox"/> Yes <input type="checkbox"/> 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 2014-2015, as the income levels may change from year to year.

| Persons per Family | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Moderate (M) | \$37,750 | \$43,150 | \$48,550 | \$53,900 | \$58,250 | \$62,550 | \$66,850 | \$71,150 |
| Low (L) | \$23,600 | \$27,000 | \$30,350 | \$33,700 | \$36,400 | \$39,100 | \$41,800 | \$44,500 |
| Very Low (VL) | \$14,150 | \$16,200 | \$19,790 | \$23,850 | \$27,910 | \$31,970 | \$36,030 | \$40,090 |

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