Community Development Block Grant Program

**CDBG Quarterly Monitoring Report**

**Community Development**

**888 Washington Blvd, Stamford CT 06901**

**PY 48 (2022-2023)**

**Current quarter**: (**CIRCLE ONE)** July/Sept. Oct./Dec. Jan./March Apr./June

Will be returned to sub-recipient if the appropriate quarter is not identified.

Agency Name:

Program/Project Name:

Contact Person:

Change in Address (if any):

Telephone Number:

Fax Number:

Email Address:

Please list the annual amounts and types (if any) of Non-CDBG funding leveraged for this project.

Other federal funds:       State/local funds:

Private funds:       Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this CDBG-funded project earn program income:  YES  NO

If YES, please list the amount for the current year: $

Executive Summary of Project (150 words or less):

Please provide us with the budget for your project listing the expenditures that you have made so far this year.

**Budget Summary Table:**

|  |  |  |
| --- | --- | --- |
| **CATEOGRY** | **AMOUNT AWARDED** | **AMOUNT EXPENDED** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

## CLIENT DATA:

## Race/Ethnicity

**RACE QTR 1 QTR 2 QTR 3 QTR 4 TOTAL**

White/Non-Hispanic

White/Hispanic

African American/

Non-Hispanic

African American/

Hispanic

Asian

Other

# INCOME LEVEL: These totals must equal the totals listed for Race/Ethnicity.

## INCOME LEVEL QTR 1 QTR 2 QTR 3 QTR 4 TOTAL

**Extremely Low**                

**(30% Income Limits)**

**Very Low (50% Income Limits)**           

**Low/Moderate Income**

**(80% Income Limits)**                

**FOR THOSE AGENCIES PROVIDING SERVICES TO LOW/MOD INCOME PROPERTY OWNERS/RENTERS:**

How many low/moderate income property owners have you served?

**QTR 1 QTR 2 QTR 3 QTR 4 TOTAL**

Property Owners                

Renters                

How many property owners

Are female head of households                

How many renters are

Female head of households                

**NARRATIVE QUESTIONS: Answer if they are applicable to your program**

1. Please list in order the original goals and intended outcomes of the grant (as contained in your organization’s workplan. Describe progress to date in attaining each goal/outcome.

1. In what ways, if any, has the actual project varied from your initial plans? Describe how and why? Do you anticipate further variance before the end of the grant period? If yes, explain.

1. What difference has the grant made to your organization, in the community and for the population you are serving?

1. Describe any unanticipated benefits or challenges encountered with this project?

1. If possible, provide a “human interest story” that illustrates a success of the project.

1. If applicable, please attach any materials that have been produced as it relates to the funded project: marketing materials, press releases and/or newspaper articles, etc.