



**City of Albany
Community Development Block Grant Program
Annual Closeout Report
FY 2020-2021 (7.1.20-6.30.21)**

Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
anne.catlin@cityofalbanynet.net
www.cityofalbanynet.net/cdbg

Subrecipient Name: _____ Date: _____

Project Name: _____

Lead Staff (Name, Title): _____

Lead Staff Email: _____ Phone: _____

I. Provide a brief narrative on the accomplishments of your activity. *Response should address progress to date towards reaching goals identified for your activity and whether the performance measures specified in the contract been met? If not, please explain. Use additional sheets or space as necessary.*

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low-and moderate-income and/or special needs residents.

III. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project? If no, what is the remaining balance and when do you expect to complete spending on the activity?

IV. Please list all funds and sources of funds used by your organization to fund the activity and including any volunteer time/hours calculated at the current minimum wage, as applicable.

Agency Funds	\$
Federal Funds (Sources: _____)	\$
State Funds	\$
Private Foundation Funds	\$
Other Grants (United Way, etc.) Donations/ Gifts	\$
Volunteer Hours (___ Hours x \$ 12.75)	\$
<hr/>	
Total	

V. Please provide any additional comments or feedback you may have about the CDBG program or funding.

VI. PROGRAM BENEFICIARY REPORT

Please report the HUD-required demographic data on the TOTAL NUMBER of unduplicated beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries (residents or households): _____

Income Status (% of Median Family Income “MFI”)

	No.
Total Persons Assisted (0 – 30% MFI)	
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	
Total Number of Unduplicated Residents Assisted	

Race / Ethnicity of Residents (or head of Household for housing assistance)

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native*		
American Indian/Alaska Native* and White		
American Indian/Alaska Native* and Black/African American		
Black or African American		
Black or African American and White		
Asian		
Asian and White		
Native Hawaiian/Other Pacific Islander		
White		
OTHER:		
Total Number of Persons Assisted		

*NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are “American Indian or Alaska Native.”

Characteristics of Residents Assisted

	No.
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (62+)	

VII. **CERTIFICATION OF GRANTEE.** By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [expenditures](#), disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the [Federal award](#). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false [claims](#) or otherwise. ([U.S. Code Title 18, Section 1001](#) and Title 31, Sections 3729-3730 and 3801-3812).

Preparer’s Name (Written) _____ Title _____

Preparer’s Signature: _____ Date _____

Executive Director’s Signature: _____