**ATTACHMENT 3**

**General Fund - Financial Report**

**A.**  **Agency/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Program Revenues:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Approved**  **Budget** | **Current**  **Period** | **Cumulative to-date** | **Available Balance** |
| 1. City of Gainesville/CDBG Funds | $ | $ | $ | $ |
| 2. Sub-recipient/Matching Funds | $ | $ | $ | $ |
| 3. Program Income | $ | $ | $ | $ |
| **Total Revenues:** | **$** | **$** | **$** | **$** |

**D. Program Expenditures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Approved**  **Budget** | **Current**  **Period** | **Cumulative to-date** | **Available Balance** |
| 1. | $ | $ | $ | $ |
| 2. | $ | $ | $ | $ |
| 3. | $ | $ | $ | $ |
| 4. | $ | $ | $ | $ |
| 5. Other (Specify) | $ | $ | $ | $ |
| **Total Expenditures:** | **$** | **$** | **$** | **$** |

**E. CDBG program income at the end of this reporting period: $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**F. Leverage amount for this period: $ \_\_\_\_\_\_\_\_\_\_**

**Source(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G. CDBG funds now requested: $\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that, to the best of my knowledge, the date reported herein is correct.**

Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACHMENT 4**

**General Fund - Beneficiary Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency/Organization:** | | | | | | **Reporting Period:** | | | | | | | |
| **Reporting: Individuals** | | | | | |  | | | | | | | |
| **ACTIVITY STATUS** | | | | | | | | | | | | | |
| 1. Activity Name/Description: | | | | | | | | | | | | | |
| 1. Location of Activity: | | | | | | | | | | | | | |
| 3. Total Number of All Persons Assisted This Reporting Period: \_\_\_\_\_\_ | | | | | | | | 4. Total Number of All Persons Assisted Year-to-Date: \_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | | | | |
| 1. Total number of **Hispanic or Latino Individuals** assisted this reporting period: \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **\*Hispanic or Latino is a nationality-Race of individual must be indicated below:** | | | | | | | | | | | | | |
| **Hispanic or Latino Individuals** | | | | | | | | | | | | | |
| **B.** Income Level: Indicate the number for each | | | | |  | | **C.** Racial Categories: Indicate the number for each | | | | | | |
| Moderate Income | Non-Low or Non-Moderate Income | Extremely Low | Very Low | Low Income |  | | American Indian or Alaska Native | | Asian | Black  or African American | Native Hawaiian or other Pacific Islander | White | Other Multi-Racial |
|  |  |  |  |  |  | |  | |  |  |  |  |  |
|  |  | | | | | | | | | | | | |
| 1. Total number of **Non-Hispanic or Non-Latino Individuals** assisted this reporting period: \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Non-Hispanic or Non-Latino Individuals** | | | | | | | | | | | | | |
| **B**. Income Level: Indicate the number for each | | | | |  | | **C**. Racial Categories: Indicate the number for each | | | | | | |
| Moderate Income | Non-Low or Non-Moderate Income | Extremely Low | Very Low | Low Income |  | | American Indian or Alaska Native | | Asian | Black  or African American | Native Hawaiian or other Pacific Islander | White | Other Multi-Racial |
|  |  |  |  |  |  | |  | |  |  |  |  |  |

1. Please complete sections 1 thru 4

2. Please complete sections A thru C for both Hispanic, Non-Hispanic, and Latino, Non-Latino Clients

***\*Please note: Each individual is counted only once per contract year***

**ATTACHMENT 4.2**

**General Fund - Activity Status Report**

**Agency/Organization**:

**Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report as appropriate-Activity Status/Accomplishment Narrative**

**ATTACHMENT 4.3**

**General Fund - Beneficiary List**

**Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s Last Name or Case Number | New Client | Previously Assisted | Race | Income Level | | | Address | Date Assisted | Eligibility Documentation |
|  |  |  |  | **EL** | **VL** | **L** |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |  |  |  |
| 31. |  |  |  |  |  |  |  |  |  |
| 32. |  |  |  |  |  |  |  |  |  |
| 33. |  |  |  |  |  |  |  |  |  |
| 34. |  |  |  |  |  |  |  |  |  |
| 35. |  |  |  |  |  |  |  |  |  |
| 36. |  |  |  |  |  |  |  |  |  |
| 37. |  |  |  |  |  |  |  |  |  |
| 38. |  |  |  |  |  |  |  |  |  |
| 39. |  |  |  |  |  |  |  |  |  |
| 40. |  |  |  |  |  |  |  |  |  |

\*Copy as many pages as needed

**\*\* Count each client only once during the contract year \*\***

**ATTACHMENT 5**

**General Fund - Program Income Report**

INCLUDE WITH REQUIRED REPORTS BUT **DO NOT CHANGE NUMERIC INFORMATION ON THIS FORM**

**Agency/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Balance of funds (Program Income) at beginning of period: | $\_\_\_\_\_\_\_\_\_\_0.00\_\_\_\_\_\_\_ |
|  |  |
| Additions: Program Income Received |  |
|  |  |
| **Source(s) (specify):** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ 0.00\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_0.00\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_0.00\_\_\_\_\_\_\_\_ |
| Program Income disbursements for prior reporting period activity: | $\_\_\_\_\_\_\_\_\_\_0.00\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
|  |  |
| Balance of funds (Program Income) at end of reporting period: | $\_\_\_\_\_\_\_\_\_\_0.00\_\_\_\_\_\_\_\_ |
|  |  |

**ATTACHMENT 6**

**General Fund - Program Agency Checklist**

|  |  |
| --- | --- |
| *The following are required for each reimbursement request* | |
|  | **Cover Letter** – document requires an original signature by authorized representative |
|  | **(Each report to include requested reimbursement amount and a unique invoice number)** |
|  | **Financial Report** – document requires original signature by authorized representative |
|  |  |
|  | **Beneficiary Report** – A break-out of all clients by race |
|  |  |
|  | **Activity Status Report** - A narrative of accomplishments for the reporting period |
|  |  |
|  | **Beneficiary List** - A list of clients served with race, gender, and income level data |
|  |  |
|  | **Program Income Report** |
|  |  |
| \_\_\_\_\_\_\_\_ | **CDBG Agency Report Check List** - original signature by authorized representative (Attachment 6) |
| **Required Documentation** *(Check all that apply)* | |
|  | Resident Income Certification (only for Housing Programs) |
|  | Agenda/Attendance Log |
|  | Itemized Invoices and Receipts |
|  | \*\*Payroll Journal/Ledger |
|  | \*\*Bank Statements or Paystubs or cancelled checks |
|  | \*\*Signed Time-Sheets - must identify hours charged to CDBG |
|  |  |
|  | \*\*Salary Summary – A list of each employee, dates, wages, and benefits |
|  |  |
|  | **Other Documentation** |
|  | Self-Certification of Annual Income by Beneficiary - Remains in Agency client files |

**\*\* Mandatory documentation if requesting reimbursement for salaries**

**I certify that, to the best of my knowledge, this report is complete with all required attachments and documentation**.

Authorized Signature/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_