



City of Albany
Community Development Block Grant Program
Annual Closeout Report

Community Development Dept.
P.O. Box 490
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anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

Agency Name:	Project Name and Grant Year:	
Agency Address	Telephone	Fax
Contact Person (Name/Title)	E-mail Address	

I. Have the performance measures specified in the contract been met? If not, please explain.

Residents Assisted:

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

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time, and volunteers, as applicable.

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

V. Is there a remaining balance of CDBG funds allocated to the project?

VI. Are there any outstanding issues or documents requested from a monitoring visit?

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

VIII. PROGRAM BENEFICIARY REPORT

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

Total number of unduplicated beneficiaries served this grant period: _____

Characteristics of Residents Assisted

	No.
Female Head of Household	
Homeless Individuals (including children, youth)	
Elderly persons (65+)	

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	
Percent of Residents Earning 80% MFI or less	

Race / Ethnicity of Residents Assisted

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

IX. CERTIFICATION OF GRANTEE. It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

 Date Preparer's Name Typed

Preparer's Signature: _____
 Title

Executive Director Signature: _____