

CDBG Quarterly Activity Report:

Loudoun County Department of Family Services

102 Heritage Way, NE, Suite 103, P.O. Box 7400, Leesburg, VA 20177

Housing Development Administrator: Brenda Morton 703-737-8755 Program Assistant: Sandra Berrios 703-771-5731

Organization: _____

Contact: _____

Project Title: _____

Phone: _____

Date: _____

Email: _____

Reporting Period: _____

2019 HUD Income Limits for the DC-VA-MD HUD Metro FMR Area¹

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low (0-30%)	\$25,500	\$29,150	\$32,800	\$36,400	\$39,350	\$42,250	\$45,150	\$48,050
Low (31-50%)	\$42,500	\$48,550	\$54,600	\$60,650	\$65,550	\$70,400	\$75,250	\$80,100
Moderate (51-80%)	\$67,950	\$77,650	\$87,350	\$97,050	\$104,850	\$112,600	\$120,350	\$128,150

¹Area Median Income \$121,300. HUD effective April 24, 2019.

Income-Level Data-Report Housing Activities By Households & Services Activities by Persons

Income-Levels (use head of household)	*Total # served this quarter	*Total # served year to date
Extremely Low Income (< 30% of median income)		
Low Income (30% - 50% of median income)		
Moderate Income (50% - 80% of median income)		
Non-LMI (> 80% of median income)		
TOTALS:	0	0
Female Heads of Household		

**Totals should match the Racial/Ethnic Data Table totals*

Only report unduplicated # of clients served.

Racial/Ethnic Data-Report Housing Activities By Households & Services Activities by Persons

Race (use head of household)	Non-Hispanic (NH)	Hispanic (H)	Total # quarter	Total # to date	Total to date of (NH)	Total to date of (H)
White			0			
Black/African American			0			
Asian			0			
American Indian/Alaskan Native			0			
Native Hawaiian/Other Pacific Islander			0			
American Indian/Alaskan Native & White			0			
Asian & White			0			
Black/African American & White			0			
American Indian/Alaskan Native & Black/African American			0			
Other Multi-Racial			0			
*TOTALS:	0	0	0	0		

Only report unduplicated # of clients served.

**Totals should match the Income Data Table Totals Above*

Public Service Data

Of the total persons served, number of:	*Total # served this quarter	*Total # served year to date
Elderly (62 y.o or older)		
Disabled		
Veteran		
Criminal Background		
Homeless / Precariously housed		
Domestic Abused		
Other (provide description under Accomplishment section)		

****Only report unduplicated # of clients served.***

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Program Funding Sources Expended

Source	Total amount this quarter	Total amount year to date
Community Development Block Grant (CDBG)		
Other Federal Funds		
State and/or Local Funds		
Private Funds		
Other Funds		
TOTALS:	\$	\$

Specific Indicators for Rental- Report Housing Activities By Households

Unit Characteristics	Total this quarter	Total year to date
Total Number of Units*		
Number affordable		
Number accessible		
Number qualified as Energy Star		
Number converted from nonresidential to residential		
Number taken from substandard to standard condition (HQS)		
Number brought into compliance with lead safe housing rule		
Affordable Rental Unit Characteristics	Total this quarter	Total year to date
Number occupied by elderly		
Number subsidized with project-based rental assistance		
Number of years of affordability		
Number designated for persons with disabilities		
Number designated for persons with HIV/AIDS		
Number of units for transitional housing for homeless		
Number of permanent units for homeless persons/families		
Number of units for chronically homeless		

**Totals should match the Racial/Ethnic Data Table AND Income Data Table totals*

Accomplishments Narrative

Describe current status of project and significant accomplishments associated with the activity this quarter; this can include news articles, case studies or other relevant information. Duplicate client data can be added here.

Problem Narrative

Please describe any obstacles to project completion or concerns that may exist at this time related to your CDBG activity:

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Implementation Narrative

Please state if project is following implementation schedule contained in Contract Agreement. If not, explain and attach revised implementation schedule.

Proposed Change to Project/Budget Narrative

Please state proposed changes to project description or budget, if any. Attach additional page if necessary.
NOTE: Proposed project and/or budget changes require approval of the CDBG Program Manager.

I certify the information contained in this report is accurate and the program is operating according to the terms, guidelines and requirements set forth in the Subrecipient Contract Agreement.

Type Name and Title of Authorized Representative (Agency Director or Board President)

Signature

Date

Last Updated May 1, 2020

Complete *Quarterly Activity Report Supplement* (see second tab in Excel version) for Acquisition, Rehabilitation or Repairs Activities.