



2018
WEBINAR SERIES

*Grant
Reporting*

CDBG, ESG, HOME, CSBG & JAG

July 31, 2018

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Managing Director

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Deputy Director

Presented by:

Cobb County CDBG Program Office

Agenda

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- ❑ Welcome
- ❑ Grant Reporting Overview
- ❑ Reporting Requirements
- ❑ Who Submits Reports?
- ❑ CDBG Monthly Reporting
- ❑ HOME Monthly Reporting
- ❑ ESG Monthly Reporting
- ❑ CSBG Monthly Reporting
- ❑ JAG Quarterly Reporting
- ❑ Important Reminders
- ❑ Questions & Technical Assistance

Grant Reporting Overview

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What is the purpose of Grant Reporting?

- ❑ Document the number of clients served and project progress.
- ❑ Data is required by respective grant regulations.
- ❑ Included in Cobb's Consolidated Annual Performance and Evaluation Report (CAPER).

If the data is accurate, it can be useful in:

- ❑ Identifying individual subrecipients experiencing performance problems.
- ❑ Creating a database for analyzing trends among subrecipient activities.
- ❑ Planning monitoring visits.
- ❑ Having data available to show elected officials and citizens the activities and benefits of the program.

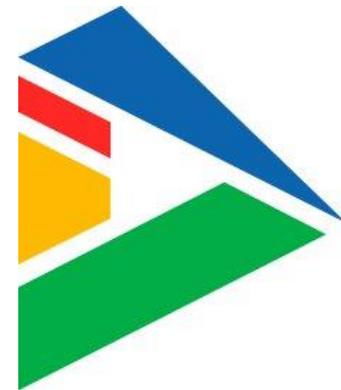


Grant Reporting Overview

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Reporting content and frequency may vary, depending on program activity and complexity.

- Data collection systems tells story of funding needs.
- When accomplishment data elements are inaccurate, the success of the program cannot be effectively measured.
- Undercounting data elements can impact future grant funding.



DATA
ELEMENTS

Quality of reporting is a non-negotiable.

Reporting Requirements

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- **CDBG** - Reporting period is January – December for each program year. Reporting must continue for 5 years after funds have been expended.
- **HOME** - Reporting is required until all funds have been expended.
- **ESG** - Reporting is required until all fund have been expended
- **CSBG** - Reporting period is October – September.
- **JAG** - Report quarterly until funds have been expended.

Who Submits Reporting?

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- CDBG
 - ▣ Subrecipients that receive funding for public service projects.
 - ▣ Subrecipients that receive funding for facility projects that are providing a direct service to individuals (Ex. Renovations to a medical clinic).
- HOME, ESG, CSBG, and JAG – All Subrecipients



Reporting: CDBG

CDBG Monthly Services Report

- ❑ Due to CDBG Program Office by the 15th of the each month by email.
- ❑ Report should list total CDBG eligible persons served in the current month & total CDBG eligible persons during the grant period.
 - The total number of CDBG-Eligible persons served during the grant period should always exceed 51% or more.
- ❑ Must submit reports for five (5) years

Monthly Reports should always reflect the number of client files maintained.

COBB COUNTY CDBG PROGRAM OFFICE
MONTHLY SERVICES REPORT



Month/Year of this Report:					
Agency Name:					
Activity Name:					
Person Submitting Report:	Date Submitted:				
<small>Note: All persons served are to be reported only during the 1st month they are served during the January - December Program Year and not reported again during that Program Year.</small>					
1. <u>New Persons Served - Listed By Income Groups - Percentages of Median Family/Household Income</u>		Total Number of Persons Served for The Month	Total Number of Person Served for The Year		
A. New persons served [Extremely Low Income - 0%-30% Median Family/Household Income]					
B. New persons served [Very Low Income - 31%-50% Median Family/Household Income]					
C. New persons served [Low Income - 51%-80% Median Family/Household Income]					
D. Total of lines A-C					
E. New persons served [Over 80% Median Family/Household Income-NON-CDBG ELIGIBLE]					
F. Total of lines D and E					
G. Calculate % of CDBG eligible persons- Line D divided by Line F					
2. Number of <u>New Persons Served - As Identified by Each Individual</u> - Listed by Race/Sex/Ethnicity					
Race by Gender		Male	Female	Total	Year To Date Total
White					
Black/African-American					
Asian					
American Indian/Alaskan Native					
Native Hawaiian/Other Pacific Islander					
American Indian/Alaskan Native & White					
Asian & White					
Black/African-American & White					
American Indian/Alaskan Native & Black/African-American					
Other Multi-Racial					
Totals					
Race by Ethnicity		Hispanic or Latino	Non-Hispanic or Non-Latino	Total	Year To Date Total
White					
Black/African-American					
Asian					
American Indian/Alaskan Native					
Native Hawaiian/Other Pacific Islander					
American Indian/Alaskan Native & White					
Asian & White					
Black/African-American & White					
American Indian/Alaskan Native & Black/African-American					
Other Multi-Racial					
Totals					
3. Number of <u>New Female-Headed Households Served This Month</u>					
4. <u>Presumed Benefit Groups Served</u> - Use <u>Only</u> the Category Used to Qualify Your Activity for CDBG funding					
Elderly - <u>Age 62 and Older</u> - Number of <u>New Persons Served</u>				Total	Year to Date Total
Adults with Disabilities - Number of <u>New Persons Served</u>					
Homeless Persons - Number of <u>New Persons Served</u>					
Abused Spouses - Number of <u>New Persons Served</u>					
Abused/Neglected Children - Number of <u>New Persons Served</u>					
Totals					

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS
FY2018 Income Limits
Effective: April 1, 2018

Family/Household Size	Extremely Low	Very Low Income 50%	Low Income 50%
1	\$15,750	\$26,200	\$41,000
2	\$18,000	\$29,950	\$47,000
3	\$20,750	\$33,700	\$53,000
4	\$25,150	\$37,450	\$59,000
5	\$29,600	\$40,400	\$64,000
6	\$33,740	\$43,400	\$69,000
7	\$38,000	\$46,400	\$74,000
8	\$42,380	\$49,400	\$79,000

SAMPLE

Reporting: CDBG

COBB COUNTY CDBG PROGRAM OFFICE
MONTHLY SERVICES REPORT-SAMPLE



Month/Year of this Report: March 2018
Agency Name: Health Agency of Williams City
Activity Name: Health Services
Person Submitting Report: Linda Smith
Date Submitted: April 15, 2018

NEW PERSONS SERVED THIS MONTH		
<i>Note: All persons served are to be reported only during the 1st month they are served during the January - December Program Year and not reported again during that Program Year.</i>		
1. New Persons Served - Listed By Income Groups - Percentages of Median Family/Household Income	Total Number of Persons Served for The Month	Total Number of Person Served for The Year
A. New persons served [Extremely Low Income - 0%-30% Median Family/Household Income]	15	25
B. New persons served [Very Low Income - 31%-50% Median Family/Household Income]	2	6
C. New persons served [Low Income - 51%-80% Median Family/Household Income]	3	3
D. Total of lines A-C	20	34
E. New persons served [Over 80% Median Family/Household Income/NON-CDBG ELIGIBLE]	10	20
F. Total of lines D and E	30	54
G. Calculate % of CDBG eligible persons- Line D divided by Line F	66%	62%

4. Presumed Benefit Groups Served – COMPLETE THIS SECTION IF ONE OF THE FOLLOWING IS SERVED		
	Total	Year to Date Total
Elderly – Age 62 and Older – Number of <u>New</u> Persons Served		
Adults with Disabilities – Number of <u>New</u> Persons Served	20	25
Homeless Persons – Number of <u>New</u> Persons Served	5	9
Abused Spouses – Number of <u>New</u> Persons Served		
Abused/Neglected Children – Number of <u>New</u> Persons Served		
Totals	25	34

Provide a description of significant events and activities during the reporting period:

- The Health Agency of Williams City conducted 2 workshops for the month of January.
- The Health Agency of Williams City participated in the Cancer Walk for America.

Reporting: HOME

HOME Monthly Service Report

- ❑ Due from **ALL** funded entities on the 15th of each month.
- ❑ For example, June Report is due July 15th
- ❑ Report should list total **HOME eligible** persons served in the current month & total **HOME eligible** persons during the grant period.

Monthly Reports should always reflect the number of client files maintained.

Cobb County HOME Program Monthly Report

Subrecipient/CHDO Name:
Report for the Period (month/year):
Name of Person Submitting Report:
Date Report Submitted:

Submit Completed Report To:
 Cobb County CDBG Program Office
 192 Anderson Street, Suite 150
 Marietta, GA 30060
 FAX: 770-528-1466

PART I: New Persons Served This Month

Note: Persons served are to be reported only during the first month they are served during the Program Year, and not reported again during the Program Year.

1. New Persons Served - By Income Group -- Percentages of Median Family/Household Income	Number of Persons Served	Year To Date Total
A. New persons served [Extremely Low Income - 0%-30% Median Family/Household Income]		
B. New persons served [Very Low Income -- 31%-49% Median Family/Household Income]		
C. New persons served [Low Income - 50%-59% Median Family/Household Income]		
D. New persons served [Low Income - 60%-79% Median Family/Household Income]		
E. New persons served [Over 80% Median Family/Household Income]		
F. Total New persons served		

2018 HOME Program Income Limits Effective June 1, 2018

^{*}Income of all persons living in the household
 Source: U. S. Department of Housing and Urban Development (HUD) www.huduser.gov

Family Size	Extremely Low 30%	Very Low Income 50%	Moderate Income 60%	Low Income 80%
1	\$15,750	\$26,200	\$31,440	\$41,900
2	\$18,000	\$29,950	\$35,940	\$47,900
3	\$20,250	\$33,700	\$40,440	\$53,900
4	\$22,450	\$37,400	\$44,880	\$59,850
5	\$24,250	\$40,400	\$48,480	\$64,650
6	\$26,050	\$43,400	\$52,080	\$69,450
7	\$27,850	\$46,400	\$55,680	\$74,250
8	\$29,650	\$49,400	\$59,280	\$79,050

2. Number of New Persons Served - By Race/Sex/Ethnicity					
A. Single Race - As Identified by Each Individual - Number of New Persons Served					
Race	Male	Female	Hispanic or Latino	Non-Hispanic or Non-Latino	Year To Date Total
White					
Black/African-American					
Asian					
American Indian/Alaskan Native					
Native Hawaiian/Other Pacific Islander					
Totals					
B. Multi-Race - As Identified By Each Individual - Number of New Persons Served					
Race	Male	Female	Hispanic or Latino	Non-Hispanic or Non-Latino	Year To Date Total
American Indian/Alaskan Native & White					
Asian & White					
Black/African-American & White					
American Indian/Alaskan Native & Black/African-American					



Reporting: HOME

Cobb County HOME Program Monthly Report

Subrecipient/CHDO Name: Pretend Group, Inc.
Report for the Period (month/year): June 2018
Name of Person Submitting Report: Imaginary Q. Person
Date Report Submitted: July 15, 2018

Submit Completed Report To:
 Cobb County CDBG Program Office
 192 Anderson Street, Suite 150
 Marietta, GA 30060
 FAX: 770-528-1466

PART I: New Persons Served This Month

Note: Persons served are to be reported only during the first month they are served during the Program Year, and not reported again during that Program Year.

1. <u>New</u> Persons Served - By Income Group – Percentages of Median Family/Household Income	Number of Persons Served	Year <u>To</u> Date Total
A. New persons served [Extremely Low Income - 0%-30% Median Family/Household Income]	2	2
B. New persons served [Very Low Income – 31%-49% Median Family/Household Income]	0	0
C. New persons served [Low Income - 50%-59% Median Family/Household Income]	3	3
D. New persons served [Low Income - 60%-79% Median Family/Household Income]	1	1
E. New persons served [Over 80% Median Family/Household Income]	0	0
F. Total New persons served	6	6

PART II: Activity Status Report

HOME Program	Project Description/Address	Brief Narrative Status Report
New Construction - Rental	12.3 Elem Street	Site clearance is underway
Rehabilitation - Rental		
Acquisition/Rehabilitation		
Tenant-Based Rent Assistance (TBRA)	Multiple Addresses	TBRA workshops held
Down Payment Assistance (DPA)		

Description of significant events/issues/activities during the reporting period (Attach additional pages, if necessary):

TBRA clients attended a budget and resume writing workshop.

SAMPLE

Reporting: ESG

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Expand Each Section Before Exporting

Monthly Enrollment Demographics pulled from ClientTrack are due on the 15th of each month.

Enrollment Demographics
3/1/2017 to 3/31/2017

Report Criteria:
Organizations: My Training Organization
Programs: My Training Org ESG - Shelter
Age Range: 0-17,18-45,46-62,63

	Unduplicated		Duplicated	
	#	%	#	%
<input checked="" type="checkbox"/> Race	29	100.000%	29	100.000%
American Indian or Alaska Native	4	13.793%	4	13.793%
Asian	2	6.897%	2	6.897%
Black or African American	4	13.793%	4	13.793%
Multi-Racial	9	31.034%	9	31.034%
White	10	34.483%	10	34.483%
<input checked="" type="checkbox"/> Ethnicity	29	100.000%	29	100.000%
<input checked="" type="checkbox"/> Gender	29	100.000%	29	100.000%
<input checked="" type="checkbox"/> Age Range	29	100.000%	29	100.000%
<input checked="" type="checkbox"/> Religion	29	100.000%	29	100.000%

ClientTrack™ Reports Page 1 of 1 3/29/2017 11:06 AM
Joan Toder

Monthly Report should always reflect the number of client files maintained.

Reporting: CSBG

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- Monthly narrative analysis of project accomplishments, to include:
 - ▣ staff activity
 - ▣ progress toward program goals
 - ▣ any other phase of Subrecipient activity that will assist the County in program evaluation
- Due on the 10th of each month.

The description should reflect progress towards achieving the agreed upon goals listed in the Agency's Scope.

The image shows a sample form for the COBB COUNTY CDBG PROGRAM OFFICE. The form includes the office's name, address (192 Anderson Street, Suite 150, Marietta, Georgia 30060), phone number (770) 528-1455, fax number (770) 528-1466, and website (www.cobbcounty.org/cdbg). It also lists Kimberly Roberts as the Managing Director. The form is titled "COMMUNITY SERVICES BLOCK GRANT PROGRAM MONTHLY PROGRAMMATIC REPORT" and includes a section for "Reporting Month & Year". Below this, there is a section for "AGENCY: Type Agency Name Here". The form contains a large red "SAMPLE" stamp. At the bottom, there are lines for "Signature and Title of Authorized Representative" and "Date Submitted".

COBB COUNTY
CDBG PROGRAM OFFICE
192 Anderson Street, Suite 150
Marietta, Georgia 30060
phone: (770) 528-1455 fax: (770) 528-1466
www.cobbcounty.org/cdbg

Kimberly Roberts
Managing Director

COMMUNITY SERVICES BLOCK GRANT PROGRAM
MONTHLY PROGRAMMATIC REPORT
Reporting Month & Year

AGENCY: Type Agency Name Here

Narrative analysis of project accomplishments, to include: staff activity, progress toward program goals, or any other phase of Subrecipient activity that will assist the County in program evaluation. The description should reflect progress towards achieving the agreed upon goals listed in the Agency's Scope. **Email reports with the monthly expenditure report to: cobbcdbgpayers@cobbcountycdbg.com**

SAMPLE

Signature and Title of Authorized Representative

Date Submitted

Reporting: JAG

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All JAG-funded subgrantees must complete a quarterly statistical report based on the Bureau of Justice Assistance's (BJA) Performance Measurement Tool (PMT).

Reporting Periods & Due Dates:

Quarter 1 – October 1st thru December 31st

Report Due January 10th

Quarter 2 – January 1st thru March 31st

Report Due April 10th

Quarter 3 – April 1st thru June 30th

Report Due July 10th

Quarter 4 – July 1st thru September 30th *Report*

Due October 10th



Reporting: JAG

BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES

GENERAL INFORMATION MODULE

The General Information Module collects information on your award status and organization in general. It should be completed by all grantees and subgrantees for each reporting period the award is active.

1. Have you completed all project activities and expended all funds during the reporting period?
 - A. Yes; a final report will be created closing out the PMT reporting requirements after this report is complete.
 - B. No; please continue.

2. Was there **grant activity** during the reporting period? *“Grant activity” includes the expenditure of any grant funds or the operation of any grant-funded program, activity, or event. By selecting “Yes,” you are indicating that during the reporting period, your program is operational, meaning you either spent JAG funds or conducted any activities or services. By selecting “No,” you are indicating that for during the reporting period, your program is nonoperational, meaning you did not spend any JAG funds or conduct any activities or services.*
 - A. Yes
 - B. No **(skip to the Goals and Objectives module)**
 - C. If No, please explain: _____

GOALS AND OBJECTIVES MODULE

This module should be completed in January and July by all grantees and subgrantees that had any activity during the reporting period or at the close of the grant, based on the previous or next 6 months.

Please answer the following questions for each goal related to your program.

1. Please identify the goal(s) you hope to achieve with your funding. If you have multiple goals, please report on each separately (one at a time) and repeat questions 1–4 for each goal. *State Administering Agencies (SAAs) and local grantees: Please provide the goals as listed in your grant application or as adjusted through a Grant Adjustment Notice (GAN). Subgrantees: Please provide the goals that best represent the use of your funding. For grantees/subgrantees purchasing equipment, please relate your goals to how the equipment will help improve your agency or community.*

2. What is the current status of this goal?
 - A. ___ Not yet started
 - B. ___ In progress
 - C. ___ Delayed
 - D. ___ Completed
 - E. ___ Goal no longer applicable

Important Reminders

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- Reports should always reflect the number of client files maintained.
- Submit reports even if services are not provided or expenses are not incurred.
- The report data should reflect activity from the first day of the month through the last day.
- Do **not** include numbers from previous year.
- Subrecipients will be required to submit missing monthly reports and correct inaccurate reports.



Questions & Technical Assistance

The Cobb County CDBG Program Office is committed to ensuring your organization's project is successful.

Please contact us with any questions you have or to set up any technical assistance needed.



CDBG Program Office Contacts

- Kimberly Roberts, Director
 - robertsk@cobbcountycdbg.com
 - 770-528-1457
- Rabihah Walker, Deputy Director
 - rwalker@cobbcountycdbg.com
 - 770-528-1464
- Vanessa Richards-Dowd, Program Administrative Specialist and JAG
 - vdowd@cobbcountycdbg.com
 - 770-528-1455
- Monique Guildford, Planning Specialist and HOME
 - mguildford@cobbcountycdbg.com
 - 770-528-1460
- Ashley Baldwin, Program Specialist, Housing Rehab
 - abaldwin@cobbcountycdbg.com
 - 770-528-7980
- Tracey Bailey, Program Specialist, ESG, EFSP, CSBG, COC
 - tbailey@cobbcountycdbg.com
 - 770-528-1459
- Caticah Wallace, Grant Accountant
 - cwallace@cobbcountycdbg.com
 - 770-528-7978

CDBG Program Office Main Phone
770-528-1455