

HOUSING AND URBAN DEVELOPMENT GRANTEE FUNDING SUMMARY REPORT

The completion and submission of this document is a requirement of your HUD contract award. Funding will not be disbursed until this document has been submitted and approved. Additionally, the information provided in this report will be used to evaluate grantee performance and future funding allocations.

| | | |
|--|--------------------------|--------------------------|
| A. Funding Year | | |
| B. Name of Organization | | |
| C. Address | | |
| D. Grant Amount Approved FY 2011-2012 | | |
| E. Name of the Funding Source | | |
| F. Key Contact Person for Program Information | | |
| a. Title | | |
| b. E-mail | | |
| c. Telephone | | |
| G. Key Contact Person for Financial Information | | |
| a. Title | | |
| b. E-mail | | |
| c. Telephone | | |
| H. Total Estimated Program Cost (All Sources) | | |
| I. Did the program receive HUD funding in FY 2009-2010 and/or have unexpended funds been rolled over from previous FYs into FY 2010-2011 | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please indicate: | | |
| Amount awarded FY 10-11 | | |
| Amount of carryover | | |
| Amount remaining as of 6/30/2011 | | |

Please provide a brief explanation for the remaining balance. Also indicate the year(s) and amount(s) in the description.

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- J. Please provide specific obtainable goals to achieve the approved program activity. In addition, provide quarterly obtainable benchmarks which can be measured to determine performance. For example:
- Human service grants should be measureable goals based on the amount of people served, number of activities, trainings, etc.
 - Development related grants should be based on number of units produced, number of sidewalks completed, trees planted, community gardens created/maintained, etc.

(Goals must be based on what the Grantee can accomplish within the Program Year)

- K. Please list your partners and/or funders. The information provided should include complementary services such as activities, programs and development initiatives which will accomplish the desired outcome. *(include type and amount of their investment or contribution in your program and indicate whether it's proposed or committed)*

| | Partners/Funder Name | Related Services Provided | Contribution/Investment Amount | Proposed/Committed |
|-----|----------------------|---------------------------|--------------------------------|--------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Note: Please provide the City contact person with written verification of all commitments from partners and/or funders

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Please use the following space to describe any of the budgeted items presented in the table:

N. Personnel Service Detail

The table should include staffing information for all persons who will participate in the activities funded under the HUD Grant.

| Name | Title/ Position | Total Annual Salary | Amount of Salary this Grant | Monthly Grant Amount | # of Grant Hours per Month | Percent from Grant |
|-------------------|--------------------|---------------------------|-----------------------------------|----------------------------|--|--------------------------|
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| | | | | | | |
| Sub-total: | | | | | | |

| | |
|--|--|
| Fringe Benefits | |
| 51809 - Medical Benefits - Anticipated Costs | |
| Employer Taxes | |
| 50150 Unemployment Compensation - Anticipated Costs | |
| 59933 Workers Compensation - Anticipated Costs | |
| | |
| | |
| | |
| Estimated Total of Employer Benefit & Tax Costs | |

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O. Certification

By signing this document, the undersigned certifies that all of the information provided is true and accurate as of the time of this document preparation, and it is their intent to use the HUD funds awarded for the activities stated in this report as defined under the regulations established by the specific HUD funding source.

I _____ (name) hereby acknowledge that the information provided in this document for the _____ (list name of program / project / activity) are true and accurate.

| | |
|------------|--|
| Name: | |
| Title: | |
| Signature: | |
| Date: | |

(FOR NEW HAVEN PERSONNEL ONLY)

| | |
|--------------|--|
| Accepted By: | |
| Name: | |
| Title: | |
| Date: | |