

## Quarterly Participant and Maintenance Report

The Quarterly Participant and Maintenance Report (QPMR) is due to CIFD by the 10<sup>th</sup> day following the end of the quarter. Reporting is by program year (July 1 - June 30) and composed of four quarters: July 1<sup>st</sup> to September 30<sup>th</sup> (Q1), October 1<sup>st</sup> to December 31<sup>st</sup> (Q2), January 1<sup>st</sup> to March 30<sup>th</sup> (Q3), and April 1<sup>st</sup> to June 30<sup>th</sup> (Q4).

Program Year (ex. 2023-2024)	Quarter (Check Box for Reporting Quarter)	Payback Type (Check Box for Write in Other)
	<input type="checkbox"/> Q1 <small>Jul-Sep</small>	<input type="checkbox"/> Q2 <small>Oct-Dec</small>
	<input type="checkbox"/> Q3 <small>Jan-Mar</small>	<input type="checkbox"/> Q4 <small>Apr-Jun</small>
		<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> _____

### General Information

Agency Name	
Agency Admin Address	
Agency Liaison Name <small>(include title/position)</small>	
Agency Liaison Phone Number	
Agency Liaison Email	
Project Name	
Project Site Address	
Service Area	
Contract Number	
Goal as Stated in Contract <small>(input both numeric value and time period ex. 100/quarter or 500/year)</small>	
Describe Services Offered as Stated in Contract	

**Client Demographic Data and Services Provided**

**Note: Loan (CDBG) borrowers are required to complete both Table 1 and Table 2. City property lessees may skip Table 1 and only complete Table 2.**

<b>Table 1: Race/Ethnic Background</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>PYTD</b>
White					
Black/African American					
Asian					
American Indian/Alaskan Native					
Native Hawaiian/Other Pacific Islander					
Hispanic/Latino					
American Indian/Alaska Native & White					
Asian & White					
Black/African American & White					
American Indian/Alaskan Native & Black/African American					
Hispanic/Latino & White					
Other multi-racial					
<b>Total</b>					

<b>Table 2: Income Level</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>PYTD</b>
Extremely Low ("Poverty")					
Low-Income ("Low")					
Mod-Income ("Mod")					
<b>Total</b>					

Note: PYTD stands for Program Year-To-Date. If completing both Table 1 and Table 2, then the **Total** values should be the same in both tables for each quarter and PYTD.

Describe Actual Services Provided to Clients for Reporting Quarter	
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**Program Income**

The use and/or disposition of program income must have the approval of the City per City Agreement and in accordance with 24 CFR 570.504 and 24 CFR 570.500, as applicable. At the end of each program year, program income must be remitted to the City.

Program Income is defined as: Income received from rental/lease of real property or personal property acquired constructed or improved with CDBG funds minus the costs incidental to the generation of the income, fees charged for the use of CDBG-funded property, and/or fair market value of the property less non-CDBG costs for the improvement/acquisition of the property that was disposed prior to the completion of the service payback terms and conditions.

1. Complete source of program income table below for the reporting quarter. Enter \$ value or \$0 in applicable fields.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Source of Program Income</b>	<b>Gross Amount (\$) for Reporting Quarter</b>	<b>Expenses (\$) for Reporting Quarter</b>	<b>Net Program Income for Reporting Quarter</b>
A. Space Lease/Rental			
B. Equipment Lease/Rental			
C. Parking Fees			
D. Membership Fees			
E.			
F.			
G.			
<b>Total</b>			

2. Complete net program income table below for the reporting quarter by copying the "Net Program Income for Reporting Quarter" in column D above.

<b>Source of Program Income</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>PYTD</b>
A. Space Lease/Rental					
B. Equipment Lease/Rental					
C. Parking Fees					
D. Membership Fees					
E.					
F.					
G.					
<b>Total</b>					

**Status of Facility Maintenance**

1. Identify the maintenance that has been performed for the quarterly reporting period. If none, write "none."

2. Identify future maintenance that needs to be performed and the estimated time of completion. If none, write "none."

Status of Inspection	
Type of Inspection	Date of Inspection
Fire	
Health	
Building & Safety	
Other:	
Other:	
Other:	
Other:	

Status of Insurance		
Type of Insurance	KwikComply Certificate #	Date of Expiration
General Liability		
Fire (Property)		
Workers' Compensation		
Sexual Molestation		
Automobile		
Other:		
Other:		

**Certification of QPMR**

The authorized signee hereby certifies that the information contained in the Quarterly Participant and Maintenance Report (including attachments, if any) is accurate, complete, and that the Agency is in full compliance with all terms and conditions of the contract. The data being reported is supported by documentation that shall be made available upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_