

# ARPA Grant Funding Quarterly Reporting

Example

Please note, this is an example of what reporting may look like for this grant. Please wait for official instructions from the City about your final reporting requirements as they may differ slightly.

Name of Organization:

Name of your Grant:

1. What quarter are you submitting information from? Please select only one.

- January 2023 - March 2023
- April 2023 - June 2023
- July 2023 - September 2023
- October 2023 - December 2023

2. Did you have grant activity in this time period?

- Yes
- No

3. How many unduplicated Fort Collins residents did you serve using this funding during this time period? Please provide a number. If the number is zero, please provide a reason.

4. When applicable, please provide a breakdown by gender of your clients. Must be in percentages.

- Nonbinary
- Woman
- Man
- Transgender
- Two-Spirit
- Client prefers to self-identify
- Client declined to specify
- We do not collect and/or disclose this information

5. If your organization does not collect or is choosing to not disclose gender information please provide a reason.

6. If applicable, Please briefly describe how you are tracking gender information for your clients.

**7. When applicable, please provide a breakdown by race/ethnicity of your clients. Must be in percentages.**

- American Indian/Alaska Native
- African
- African American/Black
- Asian/Asian American
- Hispanic/Latinx/Spanish Origin
- Middle Eastern/North African
- Native Hawaiian/Other Pacific Islander
- White
- Client prefers to self-identify
- Client declined to specify
- We do not collect and/or disclose this information

**8. If your organization does not collect or is choosing to not disclose race/ethnicity information please provide a reason.**

If applicable, please explain.

**9. If applicable, please briefly describe how you are tracking race/ethnicity information for your clients.**

Please explain.

**10. When applicable, please provide a breakdown by age of your clients. Must be in percentages.**

- 0-4 yrs
- 5-14 yrs
- 15-19 yrs
- 20-29 yrs
- 30-39 yrs
- 40-49 yrs
- 50-59 yrs
- 60-69 yrs
- 70 yrs or older
- Client prefers to self-identify
- Client declined to specify
- We do not collect and/or disclose this information

**11. If your organization does not collect or is choosing to not disclose age information please provide a reason.**

If applicable, please explain.

**12. If applicable, please briefly describe how you are tracking age information for your clients.**

Please explain.