

File No.

Project:

Sponsor:

Note: Check one for the entire year of reporting.

- ☐ Household (Each household is one unit)
- ☐ Client (Each person is one unit)

Report Complied by:

Phone No:

FAX No.:

CDBG DIRECT BENEFIT ACTIVITY REPORT

No less than 51% of clientele served MUST qualify at L/M income level

GRANT ALLOCATION

Record ONLY the **UNDULICATED** number served.

Categories	IDIS	Jul-16	Aug	Sept	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	Total	Grand Total
Income															
a) # of Extremely Low															
b) # of Very Low															
c) # of Low															
d) # of Non-Low / Moderate (above 80% area MHI)															
														Income	
Single race category															
e) White	11														
f) Black/African Amer.	12														
g) Asian	13														
h) Amer. Indian/Alaskan Native	14														
i) Native Hawaiian/Other Pacific Islander	15														
Multi-race category															
j) Amer. Indian/Alaskan Native & White	16														
k) Asian & White	17														
l) Black/African Amer. & White	18														
m) Amer. Indian/Alaskan Native & Black/African Amer.	19														
n) Hispanic/White															
o) Hispanic/Black/African American															
p) Hispanic/Asian															
q) Hispanic/American Indian/Alaskan Native															
r) Hispanic/Native Hawaiian/Other Pacific Islander															
s) Hispanic/American Indian/Alaskan Native & White															
t) Hispanic/Asian & White															
u) Hispanic/Black/African American & White															
v) Hispanic/Amer. Indian/Alaskan Native & Black/African Amer.															
w) Other (multi-race only)	20														
														Total Number Served	
Duplicate Units of Service per month															

Instructions: Gray areas for internal use only -- calculations will appear automatically.

When choosing a category, choose ONLY one that best identifies a specific client/family being served.

Calculations: Totals in both categories (income/race) must equal.

Quarterly reports are due at the end of -- Sept., Dec., Mar., and June.

Attach a second sheet for quarterly activity reports.

Reports are to include 3-months of program accomplishments and/or a brief explanation of why goals were not met, and an over-all projection for the next 3-months.

(MANDATORY) EXPENDITURES -- Total spent YTD from ALL funding sources:

CDBG:

Federal (other):

State:

Local:

Private:

Fees:

Other:
(Describe Other)

TOTAL: