

ATTACHMENT 1 – CDBG PROGRAM BENEFICIARY REPORTING

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SUBRECIPIENT: _____ PROJECT: _____

PROGRAM YEAR: 2009 CDBG FUNDS AWARDED FOR CURRENT PROJECT YEAR: _____

PERIOD COVERED BY THIS REPORT FROM: _____ TO: _____

TOTAL UNDUPLICATED (new this program year/reporting period) BENEFITTING FROM ACTIVITY: _____

TOTAL NUMBER OF FEMALE-HEADED HOUSEHOLDS: _____

Please indicate the race AND ethnicity of all CDBG Beneficiaries in the spaces provided.

	TOTAL	# HISPANIC
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:	_____	_____

Using the income guidelines provided, please indicate the income levels of all CDBG beneficiaries in the spaces provided below:

INCOME GUIDELINES – FY 2009							
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
Total Low/Moderate Income Beneficiaries	36,400	41,600	46,800	52,000	56,150	60,300	64,500
Total low income Beneficiaries	22,750	26,000	29,250	32,500	35,100	37,700	42,900
Total Extremely Low Income Beneficiaries	13,650	15,600	17,550	19,500	21,050	22,600	25,750

Total Low/Moderate Income Beneficiaries

Total low income Beneficiaries

Total Extremely Low Income Beneficiaries



COUNTY OF SUMMIT
THE HIGH POINT OF OHIO
RUSSELL M. PRY, EXECUTIVE

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THIS REPORT MUST ACCOMPANY ALL PAYMENT REQUESTS