

CDBG BENEFICIARY REPORTING

SUBRECIPIENT: _____ PROJECT: _____

PROGRAM YEAR: _____ CDBG FUNDS AWARDED FOR PROJECT (program year only): _____

LOCAL FUNDS BUDGETED FOR PROJECT (program year only): N/A

PERIOD COVERED BY THIS REPORT: FROM: _____ TO: _____

TOTAL NUMBER BENEFITTING FROM THE 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 2005			
	1 Person	2 Persons	3 Persons	4 Persons
TOTAL LOW / MODERATE INCOME BENEFICIARIES: _____	\$ 34,000	\$38,850	\$43,700	\$48,550
TOTAL LOW INCOME BENEFICIARIES: _____	\$21,250	\$24,300	\$27,300	\$30,350
TOTAL EXTREMELY LOW INCOME BENEFICIARIES: _____	\$12,750	\$14,550	\$16,400	\$18,200

THIS REPORT MUST ACCOMPANY ALL PAYMENT REQUESTS FOR SERVICE PROJECTS.