

**ATTACHMENT 1 – CDBG PROGRAM BENEFICIARY REPORTING**

**SUBRECIPIENT:** \_\_\_\_\_ **PROJECT:** \_\_\_\_\_

**PROGRAM YEAR:** 2010 **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:

**Total Low/Moderate Income Beneficiaries**

**Total low income Beneficiaries**

**Total Extremely Low Income Beneficiaries**

<b>INCOME GUIDELINES – FY 2010</b>						
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
36,300	41,500	46,700	51,850	56,000	60,150	64,300
22,700	25,950	29,200	32,400	35,000	37,600	40,200
13,650	15,600	17,550	19,450	21,050	22,600	24,150

**THIS REPORT MUST ACCOMPANY ALL PAYMENT REQUESTS**