Sponsors Instructions for Collecting Data

Who is required to report?
  Basically, <u>all</u> grant recipients.

- Grantees must provide proof as to how the activity meets the National Objective.
- Proof applies to the expenditure of grant funds during the term of the agreement.

<u>National Objective</u>: At least 51% of the activity's beneficiaries are L/M income persons.

- This <u>does not</u> mean — the activity (program) serves exclusively low and moderate-income beneficiaries.
- <u>Does</u> mean — the grantee's program primarily benefits low-income and moderate-income persons (51% of the program participants are low–moderate income persons).

COLLECT AND MAINTAIN ACCURATE DOCUMENTATION

- MONTHLY SUBMISSION TO HWS —
  COPIES OF 1st 200 SELF-CERTIFICATIONS, 25% THEREAFTER/
  10% INCOME VERIFICATIONS / DIRECT BENEFIT FORMS
- MAINTAIN ORIGINALS IN-HOUSE

<u>Self-certification Form</u> (one time collection) provides information for monthly reporting.
<u>Income Verifications</u> (One time collection) 10% sampling of those providing Self Certification.

Self-certification Forms – Only for programs that fall under the sub-category of limited clientele. Collect from all participants, file originals and copy HWS. Certification needs to be clear that the income verification counts the total income for all persons included in the household.

Note: Collect only one Self-certification Form per client or household during the CDBG fiscal year (July 1st – June 30th).

Programs that do not need income certification —
  Area benefit program
  Presumed
  Exception – youth programs must always collect Self-certification Forms.

Provide PROOF of serving 51% L/M clientele.

DIRECT BENEFIT FORM

There are ONLY two race categories —
Single race
Multi-race

(Select only one from either of the two race categories)

NO LONGER a Hispanic single race category.

OTHER (multi-race category) has been added.
To be used ONLY when the beneficiary is not comfortable with any of the listed multi-race categories.

How to report —
- Use the Direct Benefit Report form provided.
- Record ONLY <u>unduplicated</u> numbers.
- Should no new clients be enrolled for the month being reported, note NO NEW CLIENTS above in the income category section.

SUBMIT MONTHLY

- Direct Benefit Form, and copies of the Self-certification Forms/Income Verifications if applicable.
- Reimbursement request.

SUBMIT QUARTERLY

ACTIVITY REPORT
At the end of every three months —   September
                                         December
                                         March
                                         June
The Activity Report covers.
- Project accomplishments.
- Increase or decrease in clientele. Why?
- Goals set for the next 3-months.