

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)

CDBG DIRECT BENEFIT ACTIVITY REPORT

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

Report Complied by: _____
 Phone No: _____
 FAX No.: _____

GRANT ALLOCATION

Record ONLY the **UNDUPLICATED** number served.

Categories	IDIS	Jul-24	Aug	Sept	Oct	Nov	Dec	Jan-25	Feb	Mar	Apr	May	June	Total	Grand Total
Income															
a) # of Extremely Low														0	
b) # of Very Low														0	
c) # of Low														0	
d) # of Non-Low / Moderate (above 80% area MHI)														0	
														Income	0
Single race category															
e) White	11													0	0
f) Black/African Amer.	12													0	0
g) Asian	13													0	0
h) Amer. Indian/Alaskan Native	14													0	0
i) Native Hawaiian/Other Pacific Islander	15													0	0
Multi-race category															
j) Amer. Indian/Alaskan Native & White	16													0	0
k) Asian & White	17													0	0
l) Black/African Amer. & White	18													0	0
m) Amer. Indian/Alaskan Native & Black/African Amer.	19													0	0
n) Hispanic/White														0	
o) Hispanic/Black/African American														0	
p) Hispanic/Asian														0	
q) Hispanic/American Indian/Alaskan Native														0	
r) Hispanic/Native Hawaiian/Other Pacific Islander														0	
s) Hispanic/American Indian/Alaskan Native & White														0	
t) Hispanic/Asian & White														0	
u) Hispanic/Black/African American & White														0	
v) Hispanic/Amer. Indian/Alaskan Native & Black/African Amer.														0	
w) Other (multi-race only)	20													0	
															Total Number Served
															0
Duplicate Units of Service per month															0

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: _____	Private: _____
Federal (other): _____	Fees: _____
State: _____	Other: _____
Local: _____	(Describe Other) _____
	TOTAL: _____