

**ANNUAL BENEFICIARY REPORT**  
**For CDBG-Funded Local Assistance Programs**  
 (This report is due annually by July 30)

Grantee: Forward one copy to your CDBG Project Manager – Retain one copy for your records.

Grantee Name:	CDBG Contract No:
Project Name:	
Subrecipient Name:	Address:
Reporting Period: July 1 – June 30, 20 ____	

THE TOTAL NUMBER OF:	1 <sup>ST</sup> Qtr	2 <sup>ND</sup> Qtr	3 <sup>RD</sup> Qtr	4 <sup>TH</sup> Qtr	Cumulative
PERSONS ASSISTED IN 20__					

OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS WITH:					
NEW ACCESS TO SERVICE/ BENEFIT					
IMPROVED ACCESS TO SERVICE/ BENEFIT					
ACCESS NO LONGER SUBSTANDARD					

Racial/Ethnicity Data of Beneficiaries										
RACIAL CATEGORIES	1 <sup>ST</sup> Qtr		2 <sup>ND</sup> Qtr		3 <sup>RD</sup> Qtr		4 <sup>TH</sup> Qtr		Cumulative	
	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic	#	# of Hispanic
WHITE										
BLACK/AFRICAN AMERICAN										
ASIAN										
AMERICAN INDIAN/ALASKAN NATIVE										
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER										
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE										
ASIAN AND WHITE										
BLACK/AFRICAN AMERICAN AND WHITE										
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN										
OTHER MULTI-RACIAL										
<b>TOTALS</b>										

HISPANIC\* = HUD HAS DESIGNATED HISPANIC AS AN ETHNIC GROUP. A PERSON CAN BE IDENTIFIED AS BOTH A MEMBER OF A RACIAL GROUP AND AN ETHNIC GROUP, BUT CANNOT BE DESIGNATED ONLY AS AN ETHNIC GROUP.

BENEFICIARY INCOME DATA					
MEDIAN INCOME (% OF HUD ADJUSTED MEDIAN FAMILY INCOME)	1 <sup>ST</sup> Qtr	2 <sup>ND</sup> Qtr	3 <sup>RD</sup> Qtr	4 <sup>TH</sup> Qtr	Cumulative
0 - 30 % (VERY LOW-INCOME)					
31 - 50 % (LOW-INCOME)					
51-80 % (MODERATE INCOME)					
81% AND ABOVE					
<b>TOTALS</b>					
OF THE TOTAL BENEFITING, THE NUMBER OF:					
ELDERLY					
FEMALE HEAD OF HOUSEHOLD					
DISABLED					

**Item 1: Unduplicated Count of Persons Assisted**

Insert the unduplicated number of clients served during the reporting period. Unduplicated means that one person served by your agency is counted once during the calendar year. You may report only those persons for whom you maintain written records. This record must be established at the time the person is first served by your agency.

**Race:**

Insert the ethnicity for the unduplicated clients served during this reporting period. When completing this section, if the individual is not Hispanic or Latino, use the first column labeled #Total. If the individual is Hispanic, use the first column to identify race (which gives us a total), then count the individual in the second column, which is a subset of the first column.

**Single Head of Household; Elderly, and Disabled:**

Insert the unduplicated number of single female head of households with dependents/children served during the reporting period.

Insert the unduplicated number of Elderly and Disabled, if your agency tracks this data. If services are provided to "Elderly" populations with CDBG funds, it is expected that your agency will track this data

**Income:**

Insert the unduplicated clients (not households) served who are **Moderate Income** (51–80%), **Low-Income** (31-50%) and **Extremely Low-Income** (0-30%).

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