

City of Frederick Community Development Block Grant (CDBG) Subgrantee Beneficiary & Monitoring Information Report

Project Name: _____ Grant Year: FY _____

CDBG Grant: _____

SUBGRANTEE: _____

Activity: _____

Project Number: _____ Reporting Period: _____

Is a Request for Payment attached? Yes No Amount spent to date: _____

Estimated # of Beneficiaries for Project: _____ Actual Total Beneficiaries: _____

National Objective & Citation:
Eligible Activity & Citation:

Performance Measurement Information *(Attach Supporting Documentation)*

Objective:
Proposed Outcome:
Actual Outcome:
Narrative Summary:

Project Status: Underway Suspended Complete

Funding breakdown	Amount	Source
CDBG Award:		
Federal:		
State:		
Other:		
TOTAL Funding:		

If you have determined that the proposed activity will meet the national objective to benefit low- and moderate-income persons, please complete the following information.

1. If the activity benefits a group presumed to be low/mod income, please indicate the group:


- Persons who are homeless
 Persons with mental disabilities
 Persons with physical disabilities
 Elderly persons (62 or older)
 At-risk children and/or youth (*Type of risk: (i.e., new immigrants, Language barrier, etc.):*)

Other (*specify*): _____

Persons with multiple special needs (*specify*): _____

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2. If the activity is of such a nature and in such a location that it can be concluded that the clients are primarily low/mod income, please explain:

3. Total beneficiaries (*Persons*): _____ 

4. Race and Ethnicity Data (*count by persons only*):

	Head of Household		Persons	
	Race	Ethnicity (Hispanic or Latino)	Race	Ethnicity (Hispanic or Latino)
a. Total White				
b. Total Black or African American				
c. Total Asian				
d. Total American Indian or Alaska Native				
e. Total Native Hawaiian or Other Pacific Islander				
f. Total American Indian or Alaska Native & White				
j. Total Other Multi-Racial				
TOTAL (No. of Persons by Race should equal #3 above)				

5. Number of Female-Headed Households: _____

6. Number of Disabled Persons: _____

7. Income Data:

Income Level of Beneficiaries (% Area Median Income)	Households	Persons
Low Income (80% AMI)		
Very Low Income (50% AMI)		
Extremely Low Income (30% AMI)		
TOTAL (must equal total number of households/persons listed above)		

Submitted by

SUBGRANTEE: _____

Print Name: _____

Date: _____

Signature: _____

Title: _____