

QUARTERLY BENEFICIARY REPORT

CDBG PUBLIC SERVICE

Reporting Period:	
1st Quarter (January-March)-Due on April 15th	3rd Quarter (July-September)-Due on October 15th
2nd Quarter (April-June)- Due on July 15th	4th Quarter (October-December)- Due on January 15th

Subrecipient Name:	
Address:	
CDBG Project Name:	

	1st	2nd	3rd	4th	
1. THE TOTAL NUMBER OF:	Quarter	Quarter	Quarter	Quarter	Cumulative
UNDUPLICATED PERSONS ASSISTED					0
OF THE TOTAL NUMBER OF PERSONS ASSIST	ED, THE NUI	MBER OF PE	RSONS:		
RECEIVED MEALS					0
PREVENTED FROM BECOMING HOMELESS					0
PARTICIPATE IN					
RECREATIONAL/EDUCATIONAL ACTIVITIES					0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL					
RECOVERY ASSISTANCE					0
OF THE TOTAL NUMBER OF PERSONS ASSIST	ED, THE NUI	MBER OF PE	RSONS:		
SINGLE FEMALE HEAD OF HOUSEHOLD					0
ELDERLY					0
DISABLED					0

2. BENEFICIARY INCOME DATA					
	1st	2nd	3rd	4th	
% OF AREA MEDIAN INCOME	Quarter	Quarter	Quarter	Quarter	Cumulative
At or Below 30% (EXTREMELY LOW)					0
Above 30% and at or Below 50% (VERY LOW)					0
Above 50% and at or Below 80% (LOW)					0
Above 80% (NON LOW)					0
TOTALS	0	0	0	0	0

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CDBG PUBLIC SERVICE

	1st	Quarter	2nd	Quarter	3rd	Quarter	4th	Quarter	Cur	mulative
		# of								
3. RACE DATA OF BENEFICIARIES	#	Hispanic								
WHITE									0	0
BLACK/AFRICAN AMERICAN									0	0
ASIAN									0	0
AMERICAN INDIAN/ALASKAN NATIVE									0	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER									0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHITE									0	0
ASIAN AND WHITE									0	0
BLACK/AFRICAN AMERICAN AND WHITE									0	0
AMERICAN INDIAN/ALASKAN NATIVE AND										
BLACK/AFRICAN AMERICAN									0	0
OTHER MULTI RACIAL									0	0
TOTALS	0	0	0	0	0	0	0	0	0	0

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 ethic group

4. EXPENDITURE OF FUNDS					
SOURCES	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
CDBG					\$0.00
OTHER (LIST BELOW)					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

By signing, I certify that all Beneficiary information is correct and that the CDBG funds expended are directly attributed to the eligible CDBG activity. I further certify that no duplication of benefit has occurred.

Signature	Date of Signature	9
	Phone #	

Print Name and Title Above

Richland

ANNUAL BENEFICIARY REPORT - Exhibit B

FOR CDBG PUBLIC SERVICE JANUARY 1 - DECEMBER 31 (DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:		
Address:		
CDBG Project Name:		
THE TOTAL NUMBER OF:		
UNDUPLICATED PERSONS ASSISTED		0
OF THE TOTAL NUMBER OF PERSONS ASSIST	TED, THE NUMBER OF PERSONS:	
RECEIVED MEALS		0
PREVENTED FROM BECOMING HOMELESS		0
PARTICIPATE IN RECREATIONAL/EDUCATIONA	L ACTIVITIES	0
RECEIVED LIFE SKILLS & DRUG/ALCOHOL REC	COVERY ASSISTANCE	0
OF THE TOTAL NUMBER OF PERSONS ASSIST	ED, THE NUMBER OF PERSONS:	
SINGLE FEMALE HEAD OF HOUSEHOLD		0
ELDERLY		0
DISABLED		0

	YEAR END	
		# of
RACE DATA OF BENEFICIARIES	#	Hispanic
WHITE	0	0
BLACK/AFRICAN AMERICAN	0	0
ASIAN	0	0
AMERICAN INDIAN/ALASKAN NATIVE	0	0
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0
AMERICAN INDIAN ALASKAN NATIVE AND WHIT	0	0
ASIAN AND WHITE	0	0
BLACK/AFRICAN AMERICAN AND WHITE	0	0
AMERICAN INDIAN/ALASKAN NATIVE AND		
BLACK/AFRICAN AMERICAN	0	0
OTHER MULTI RACIAL	0	0
TOTALS	0	0

YEAR END BENEFICIARY INCOME DATA	
% OF AREA MEDIAN INCOME	
At or Below 30% (EXTREMELY LOW)	0
Above 30% and at or Below 50% (VERY LOW)	0
Above 50% and at or Below 80% (LOW)	0
Above 80% (NON LOW)	0
TOTALS	0

EXPENDITURE OF FUNDS



ANNUAL BENEFICIARY REPORT - Exhibit B

FOR CDBG PUBLIC SERVICE JANUARY 1 - DECEMBER 31 (DUE ANNUALLY BY JANUARY 15)

Subrecipient Name:	
Address:	
CDBG Project Name:	
SOURCES	
CDBG FUNDS	\$0.00
OTHER (LIST BELOW)	
Ó	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
TOTALS	\$0.00
1. Describe project Outcomes and Accomplishments	s for program year:
2. Describe any changes to the project the progran	n year:
3. Is the project complete? If not describe setback	s and delays. When will the project be complete?
By signing, I certify that all Beneficiary information is	correct and that the CDBG funds expended are directly

Date of Signature

Phone #

Print Name and Title Above

Signature

attributed to the eligible CDBG activity.