

CDBG SERVICE UTILIZATION REPORT PUBLIC SERVICE

PROGRAM YEAR DATES: October 1, _____ to September 30, _____

Organization/Town Dept. _____

Reporting Quarter _____

Program _____

Agency Representative _____

Date Form Completed _____

Signature _____

INSTRUCTIONS: For each section below, enter the total number of **NEW** CDBG-assisted persons **served during this reporting period only**. Report CDBG-assisted persons **ONE TIME ONLY (unduplicated persons)**, regardless of the number of times that services were provided. **For the final year-end report**, all quarterly counts should be compiled to provide a comprehensive count of the number of persons assisted through the program.

	White	Black/ African American	Asian	Am. Indian/ Alaskan Native	Native Hawaiian/ Other Pacific Islander	Am Indian/ Alaskan Native & White	Asian & White	Black/African Am & White	Am. Indian/ Alaskan. Native & Black/African Am	Other Multi-Racial	Total Beneficiaries Served	Female head of household
Box 1 - Race # of beneficiaries who are:												
Box 2 - Ethnicity For each race above those whose Ethnicity is <i>Latino or Hispanic</i>												
TOTAL BENEFICIARIES (PERSONS) SERVED BY YOUR PROGRAM: _____. (Please refer to descriptions on pg 1 & 2 for add'l info.)												

EXTREMELY LOW INCOME HOUSEHOLDS: UP TO 30% OF AREA MEDIAN INCOME (EFFECTIVE JUNE 2023)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$24,850	≤ \$28,400	≤ \$31,950	≤ \$35,450	≤ \$38,300	≤ \$41,150	≤ \$45,420	≤ \$50,560	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 1.

LOW INCOME HOUSEHOLDS: ABOVE 30% AND AT OR BELOW 50% OF AREA MEDIAN INCOME (EFFECTIVE JUNE 2023)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$41,350	≤ \$47,250	≤ \$53,150	≤ \$59,050	≤ \$63,800	≤ \$68,500	≤ \$73,250	≤ \$77,950	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 2.

MODERATE INCOME HOUSEHOLDS: ABOVE 50% AND AT OR BELOW 80% OF AREA MEDIAN INCOME (EFFECTIVE JUNE 2023)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$66,150	≤ \$75,600	≤ \$85,050	≤ \$94,500	≤ \$102,100	≤ \$109,650	≤ \$117,200	≤ \$124,750	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 3.

TOTAL # OF PEOPLE/HOUSEHOLDS SERVED: _____

TOTAL # OF EX. LOW/LOW/MOD INCOME PEOPLE/HOUSEHOLDS SERVED: _____

(Should match total in race reporting table)

(Total of Income Boxes 1, 2, & 3)