

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												
<i>For each race above those whose Ethnicity is 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 APRIL 2025)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$26,600	≤ \$30,400	≤ \$34,200	≤ \$38,000	≤ \$41,050	≤ \$44,100	≤ \$48,650	≤ \$54,150	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 1.
LOW INCOME HOUSEHOLDS: ABOVE 30% AND AT OR BELOW 50% OF AREA MEDIAN INCOME (EFFECTIVE APRIL 2025)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$44,350	≤ \$50,650	≤ \$57,000	≤ \$63,300	≤ \$68,400	≤ \$73,450	≤ \$78,500	≤ \$83,600	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 2.
MODERATE INCOME HOUSEHOLDS: ABOVE 50% AND AT OR BELOW 80% OF AREA MEDIAN INCOME (EFFECTIVE APRIL 2025)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$70,950	≤ \$81,050	≤ \$91,200	≤ \$101,300	≤ \$109,450	≤ \$117,550	≤ \$125,650	≤ \$133,750	(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)