

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
<small>Box 1 - Race</small>												
# of beneficiaries who are:												
<small>Box 2 - Ethnicity</small>												
<i>For each race above those whose Ethnicity is Latino or Hispanic</i>												
TOTAL BENEFICIARIES (PERSONS) SERVED BY YOUR PROGRAM: _____ . <i>(Please refer to descriptions on pg 1 & 2 for add'l info.)</i>												

EXTREMELY LOW INCOME HOUSEHOLDS: UP TO 30% OF AREA MEDIAN INCOME (EFFECTIVE MAY 2024)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$25,600	≤ \$29,250	≤ \$32,900	≤ \$36,550	≤ \$39,500	≤ \$42,400	≤ \$47,340	≤ \$52,720	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 1.
LOW INCOME HOUSEHOLDS: ABOVE 30% AND AT OR BELOW 50% OF AREA MEDIAN INCOME (EFFECTIVE MAY 2024)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$42,650	≤ \$48,750	≤ \$54,850	≤ \$60,900	≤ \$65,800	≤ \$70,650	≤ \$75,550	≤ \$80,400	(ADD ACROSS)
# OF HOUSEHOLDS FOR REPORTING PERIOD									Box 2.
MODERATE INCOME HOUSEHOLDS: ABOVE 50% AND AT OR BELOW 80% OF AREA MEDIAN INCOME (EFFECTIVE MAY 2024)									
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	TOTAL
HOUSEHOLD INCOME MAX	≤ \$68,250	≤ \$78,000	≤ \$87,750	≤ \$97,450	≤ \$105,250	≤ \$113,050	≤ \$120,850	≤ \$128,650	(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)