MONTHLY REPORTING FORM

Agency:

Activity:

For the Month Ending:

Person Submitting Report:

Email Address:

Telephone Number:

1. Has the contract objective or scope of services changed this month (i.e. number proposed to be served or address and service area of activity): ☐ Yes ☐ No
   If yes, explain.

2. Have any circumstances occurred that will alter your objective, the service area, the proposed level of benefits or the timetable? ☐ Yes ☐ No If yes, please explain.

   Are these changes permanent? ☐ Yes ☐ No If yes, how will the situation be remedied?

3. Is your rate of expenditure to date consistent with your approved Office for Community Development budget? ☐ Yes ☐ No
   If no, explain deviations and proposed remedies.

4. Have there been any personnel changes? ☐ Yes ☐ No (check one). If yes, describe and indicate if CDBG contributes to the salary of this position?

5. Has the agency been featured in any media this month? ☐ Yes ☐ No If yes, was OCD CDBG acknowledged? ☐ Yes ☐ No
   If so, please attach a copy.

REMEMBER TO ACKNOWLEDGE CDBG SUPPORT IN MEDIA AND ACTIVITY EVENTS

MONTHLY DIRECT BENEFIT REPORT

AGENCY:

ACTIVITY:

FOR THE MONTH ENDING:

TOTAL UNDUPLICATED CLIENTS SERVED THIS MONTH

A. **TOTAL PEOPLE SERVED**

B. **BENEFIT – MEDIAN INCOME OF THE SMSA**

Between 0% and 30%

Between 31% and 50%

Between 51% and 80%

81% and Over

C. **FEMALE HEAD OF HOUSEHOLD**
Enter the number of female headed households

D. **DISABLED**
Enter the number of disabled persons

E. **RACE /ETHNICITY**

White	of which	are Hispanic
Black/African American	of which	are Hispanic
Asian	of which	are Hispanic
American Indian/Alaskan Native	of which	are Hispanic
Native Hawaiian/Other Pacific Islander	of which	are Hispanic
Other/Multi-Racial	of which	are Hispanic
TOTAL BENEFITTED (must equal totals in A)	0	

I certify that all the information on this form is true and correct. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I also understand that this information will NOT be released to unauthorized persons.

Signature Date