



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:	

1. THE TOTAL NUMBER OF:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative
UNDUPLICATED PERSONS ASSISTED					0
OF THE TOTAL NUMBER OF PERSONS ASSISTED, THE NUMBER OF PERSONS:					
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 ASSISTED, THE NUMBER OF PERSONS:					
SINGLE FEMALE HEAD OF HOUSEHOLD					0
ELDERLY					0
DISABLED					0

2. BENEFICIARY INCOME DATA					
% OF AREA MEDIAN INCOME	1st Quarter	2nd Quarter	3rd Quarter	4th 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



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 ASSISTED, THE NUMBER OF PERSONS:	
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 ASSISTED, THE NUMBER OF PERSONS:	
SINGLE FEMALE HEAD OF HOUSEHOLD	0
ELDERLY	0
DISABLED	0

RACE DATA OF BENEFICIARIES	YEAR END	
	#	# of 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)	
	0	\$0.00
	0	\$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 for program year:
2. Describe any changes to the project the program year:
3. Is the project complete? If not describe setbacks 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 attributed to the eligible CDBG activity.

Signature	Date of Signature
	Phone #
Print Name and Title Above	