

Direct Benefit Activity Report

Oakland County Community Development Block Grant *Revised 5/11*

The U.S. Department of Housing and Urban Development (HUD) requires the Oakland County Community Development Block Grant (CDBG) to compile demographic characteristics of persons or households receiving assistance through the CDBG program during each **CDBG Program Year, (May 1 - April 30)**. This information is for statistical purposes only and is reported when Oakland County Community and Home Improvement draws down funds from HUD's financial database "Integrated Disbursement and Information System" (IDIS).

When requesting reimbursement for a given billing/service delivery period, you need only provide demographic data on **new** clients who received assistance during a CDBG program year. Only report demographic data on each client **once** during the program year regardless of the number of times they have received services. For minor home repair clients - each household = 1.

Community: _____

CDBG Account Name: _____

CDBG Account Number: _____ - _____
(Include grant year)

Billing Period _____ **PY** _____
(Service Delivery - Month & Year when the services occurred for which you are requesting reimbursement)
This will be the program year for reporting purposes.

Number of Clients assisted during this request: _____
(for this specific PY account)

Number of "**new**" assisted during this request: _____
(have not previously been reported on a DBA for the program year when service delivery occurred between May 1 – April 30)
(for this specific PY account)

Total "**new**" assisted for the Program Year: (May 1 – April 30) _____
(for this specific PY account)

Note: The count starts over every May 1.

Report demographic data for only the “new” assisted this Billing Period as indicated above.

Eligibility is based on either **Direct Benefit or Presumed Benefit.** *(A person cannot be both).*
 Minor Home Repair and Youth Assistance must income qualify the entire household.

Direct Benefit (Qualify clients per section 8 income limits)

(Extremely Low) Income 30%: _____
 (Very Low) Income 50%: _____
 (Moderate Low) Income 80%: _____
 (The sum of the items should equal the total “**new**” listed above.)

Presumed Benefit (Disabled Adults, Elderly, or Battered & Abused)

Severely Disabled Adults (per HUD definition) _____
 Elderly (elderly defined as 62 years of age and older): _____
 Battered & Abused Persons: _____
 (The sum of the items should equal the total “**new**” listed above.)

Response to Race is required

(A person's ethnicity is either Hispanic or Not Hispanic)

	<u>Race</u>	<u>Hispanic</u>
11. White:	_____	_____
12. Black/African American:	_____	_____
13. Asian:	_____	_____
14. American Indian/Alaskan Native:	_____	_____
15. Native Hawaiian/Other Pacific Islander:	_____	_____
16. American Indian/Alaskan Native & White:	_____	_____
17. Asian & White:	_____	_____
18. Black/African American & White:	_____	_____
19. American Indian/Alaskan Native & Black/African American:	_____	_____
20. Other Multi-Racial:	_____	_____
TOTAL: <i>(should equal “new” total above.)</i>	=====	=====
Number of female Head of Household	=====	=====

Submitted By: _____ Date: _____

Agency: _____ Telephone: _____

I certify that the information in this report is documented true and accurate to the best of my knowledge and belief.
 Case records and demographic information must be retained for a minimum of seven years from the date of reimbursement for services to the municipality.