

Oakland County Community Development Block Grant

Direct Benefit Activity Report

Program Year = (July 1 – June 30)

Revised 10/13

The U.S. Department of HUD requires us to compile demographic data on people receiving assistance through the CDBG program for each program year. Ideally, we do not want to double count people.

Community: _____

CDBG Account Name: _____

CDBG Account Number (_____) - _____
(grant year) (CDBG account number)

Service Delivery Date _____
(Month & Year when the services occurred according to invoice)

Persons assisted with this CDBG Account

Number of persons assisted on this request: _____

Number of **“new”** persons assisted on this request: _____
“new” = a person who has not been previously reported during this program year.

Total **“new”** persons for this account & Program Year: (July 1 – June 30) _____
(The count starts over every July 1) **PY Total**

(Minor home repair & Youth services): Anyone over 18 yrs old who lives in the house must be income qualified. 1 household = 1 person.

This information is for statistical purposes only and is reported when Oakland County Neighborhood & Housing Development draws down funds from HUD’s financial database “Integrated Disbursement and Information System” (IDIS). After the account is expended, the person count starts over with the new account.

Demographic Data for new Persons

Report only on the "**new**" persons assisted as you indicated above. A person qualifies for services either as a **Direct Benefit or Presumed Benefit.** (A person cannot be both).

Please fill in all appropriate fields:

Direct Benefit (Qualify people/households per HUD section 8 income limits)

(Extremely Low) Income 30%: _____

(Very Low) Income 50%: _____

(Moderate Low) Income 80%: _____

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: _____

Race

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

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: (should equal "**new**" total above.) _____

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.