

**EXHIBIT F**  
**CDBG DIRECT BENEFIT REPORT**  
(Must be reported annually before contract ends)

**SUBRECIPIENT:**

**PROJECT:**

**DATES COVERED:**

Count must all be either by person (P) or by household (H). Please indicate (P) or (H): \_\_\_\_\_

**GENERAL INFORMATION**

GENERAL INFORMATION	NUMBER	
	APPLIED	SERVED
Total Number of Households/Persons Assisted		
“Female Headed” Households		
Homeless		
Disabled/Special Needs		

**INCOME INFORMATION**

INCOME CHARACTERISTICS	NUMBER	
	APPLIED	SERVED
Low and Moderate Income (50-80% AMI)		
Low Income (31-49% AMI)		
Very Low Income (0-30% AMI)		
TOTAL		

**RACE/ETHNICITY INFORMATION**

RACE	No. of Households/Persons		No. that are also Hispanic	
	APPLIED	SERVED	APPLIED	SERVED
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> White				
American Indian of Alaska Native <i>and</i> African American or Black				
Balance/Other Multi-Racial				
TOTAL				