

Community Development Block Grant Public Service Agency– CV 1 & 3 Activity Report & Funding Request

Program/Activity

| Subrecipient Name: | |
|-----------------------------|--|
| | |
| CDBG Activity/Project Name: | |
| | |
| Activity/Project Location: | |
| | |

Describe in 500 words or less how the Program/Activity prevents, prepares for and/or responds to coronavirus

Please check the CDBG national objective met.

Benefit to low and moderate income (LMI) persons

Aid in the prevention or elimination of slums or blight

X Met a need having a particular urgency

| Please check eligible activities requested for funding. |
|---|
| Equipment Purchases |
| Inventory |
| Staff Training including travel |
| Vehicles for specific use associated with COVID Eligible Activities |
| Lease Hold or Capital Improvements to office or program space |

CDBG Subrecipient Beneficiary

| Race | Number |
|---|--------|
| | |
| White | |
| Black/Afr. American | |
| Asian | |
| Am. Indian/Alaskan Native | |
| Native Hawaiian/Other Pacific Islander | |
| Asian & White | |
| Black/Afr. American & White | |
| Am. Indian/Alaskan Native & Black/Afr. American | |
| Other Muti-racial | |
| Totals | |

| Income Level | Total Persons/Households |
|---|-----------------------------|
| Extremely Low (Not exceeding 30% of MFI) Low (Above 30% but not exceeding 50% of MFI) Moderate (Above 50% but not exceeding 80% of MFI) Non-Low Moderate (exceeding 80% of MFI) Total | |
| # of Female Heads of Household | |

Reimbursement

 Amount of Funding Awarded:

 Amount of Funding Requested:

Please submit all documentation needed for reimbursement such as:

- Receipts for equipment, inventory, vehicles requested in grant application
- Contract/Registration information for staff training for activities in grant application
- Construction/Service Agreements with contractors for lease hold improvements requested in grant application. Contracts should include breakdown of costs to be paid from CDBG Funds and costs incurred b subrecipient.

Upon receipt of the required material, CDBG will reimburse the approved activities.

Signature

Print Name

Title

Email Completed form with required documentation to CDBG@hamden.com