

TOWN OF HAMDEN
PUBLIC SERVICE AGENCY
CDBG Subrecipient Quarterly Reports

I. Program/Project Status Quarterly Report

Subrecipient Name: _____

CDBG Activity/Project Name: _____

Activity/Project Location: _____

CDBG FY:	
Report Months:	
Report Date:	

Instructions: Subrecipient is required to provide summary information outlining the program/project implementation activities carried out during the past quarter, regardless whether or not any progress has been made. If no progress or little progress has been made, Subrecipient is required to provide justifications for the lack of progress and outline plans, steps, and strategies to address the issue.

Brief summary of program/project progress	If no/little progress to report for the quarter, explain the circumstances and challenges	If no/little progress to report for the quarter, outline plans, steps and strategies to address the issues

II. CDBG Subrecipient Beneficiary Quarterly Report

Subrecipient Name: _____

CDBG Activity/Project Name: _____

Activity/Project Location: _____

CDBG FY:	
Report Months:	
Report Date:	

Instructions: To report race information, please include both duplicated and unduplicated in the columns with "Total" in parenthesis and enter unduplicated numbers only in the columns with "Unduplicated" in parenthesis. Please also remember that when you report Hispanic persons, make sure you enter them in such a way that they are recognized as persons of Hispanic ethnicity belonging to one of the race groups listed in the leftmost column.

Race	All (Accumulative Total)	All (Unduplicated)	Hispanic (Total)	Hispanic (Unduplicated)	Notes
White					
Black/Afr. American					
Asian					
Am. Indian/Alaskan Native					
Native Hawaiian/Other Pacific Islander					
Am. Indian/Alaskan Native & White					
Asian & White					
Black/Afr. American & White					
Am. Indian/Alaskan Native & Black/Afr. American					
Other Multi-racial					
Totals					

ONLY TO BE COMPLETED IF A LOW MOD CLIENTELE (LMC) & NOT PRESUMED

Income Level (To determine income group, please refer to the current income limits on the next page)	Total Persons/Households (Unduplicated Persons/Households Only)	Note
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 (This total must equal the Unduplicated Total in the above table)		
# of Female Heads of Household		

*MFI --- Median Family Income. Please refer to the current Income Guidelines. If you do not have them, please contact the CDBG@hamden.com

Name of the Preparer (Print): _____

Signature: _____

Date: _____