

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
DEMOGRAPHIC DATE OF SERVICE DELIVERY
YEAR ENDED _____**

Subrecipient Name: _____

Address: _____

1. TOTAL PERSONS ASSISTED..... _____

2. INCOME LEVELS OF TOTAL PERSONS ASSISTED:
(The total of #2 A, B, and C equals #1 Total Persons)

(A) TOTAL MODERATE INCOME _____

(B) TOTAL LOW INCOME _____

(C) TOTAL OTHER _____

3. ETHNIC ORIGIN OF TOTAL PERSONS ASSISTED: (Select Only One)
(The total of #3 A & B equals #1)

A. # _____ Hispanic or Latino

B. # _____ Not Hispanic or Latino

4. RACE: (Select One or More)
(The total of #4A-F equals #1)

A. _____ American Indian or Alaska Native

B. _____ Asian

C. _____ Black or African American

D. _____ Native Hawaiian or Other Pacific Islander

E. _____ White

F. _____ Other: Specify _____

4. RACE (Select One or More)

5. TOTAL FEMALE HEAD OF HOUSEHOLDS _____