

Attachment F



Community Development Division
Pinellas County Planning Department
440 Court Street, 2nd Floor
Clearwater, Florida 33756
Phone: 727-464-8210 Fax: 727-464-8254

2017-2018
CDBG ACTIVITY
PERFORMANCE REPORT
For Low/Moderate Benefit Activities
Collecting Income Data

Name of Agency: _____
Agency Address: _____
Name of Project: _____
Site Address: _____
Contract Number: _____ Date: _____

Collecting data needed to complete this report:

In order to complete this form, you will need to collect certain data for each family served (a single person is considered a one-person family). A family is defined as persons living in the same household who are related by blood, marriage or adoption. The data needed is:

- Total number of persons in the family (can be one person)
- Race/ethnicity of each family member (see number 4 on next page)
- Income of each family (total income of all family members)
- Whether the family is headed by a female

Maintain the above data in your files to document your report.

Completing the report:

When the activity is complete, fill out the following report and return to your project manager at Pinellas County Planning Department.

1. Approximate date which the grant funded portion of the activity began to assist persons:

2. End of reporting period (date): _____

3. Total number of persons served by this activity (all persons, not just low- and moderate-income). _____
4. Please tabulate race/ethnicity information collected on the number of persons served and report as follows:

Race	# Total	# Hispanic
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native <i>and</i> White	_____	_____
Asian <i>and</i> White	_____	_____
Black/African American <i>and</i> White	_____	_____
American Indian/Alaskan Native <i>and</i> Black/African American	_____	_____
Other Multi-Racial	_____	_____
TOTAL*	_____	_____

** In the # Total column, count total served for each race. Then of the number served in that race, indicate in the # Hispanic column, how many of the # Total were Hispanic. Total of # Total column should be the same number as that reported in # 3.*

5. Number of female-headed households served/assisted by the activity. _____

In completing the sections below, count all persons who are members of very low-, low-, moderate-income and non-low moderate-income families. The income of all family members and the size of the family are used to determine if the family members fall into these categories. Income chart available upon request.

6. Number of persons served/assisted by the activity that fall within the non-low moderate- income group, over 80%. _____
7. Number of persons served/assisted by the activity that fall within the moderate- income group, 51% - 80%.

8. Number of persons served/assisted by the activity that fall within the low- income group, 31% - 50%.

9. Number of persons served/assisted by the activity that fall within the very low income group, up to 30%.

Person completing report: _____

Title and phone number: _____

If there are any questions in completing this reporting form, please contact your project manager in the Community Development Division of the Planning Department at 464-8210. Thank you.