

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
QUARTERLY PAYMENT REQUEST/FINANCIAL REPORT**

PROGRAM NAME: _____
CONTRACT TERM: ____/____/____ TO ____/____/____

AGENCY NAME: _____
EXPENDITURE PERIOD: ____/____/____ TO ____/____/____

SUBRECIPIENT INFORMATION

Agency Address: _____

Contact Person at Agency: _____

Contact Telephone: _____ FAX: _____

CDBG Contract Amount: \$ _____

REQUEST AMOUNT

\$ _____

Check One: _____

Amount is equal to one-fourth of Contract Amount

Amount is not equal to one fourth of Contract Amount, and justification is attached

Check Quarter covered by this Payment Request: _____

Jul - Sep Oct - Dec Jan - Mar Apr - Jun

AGENCY COSTS	CDBG	Expenditures This Period		Expenditures Cumulative		CDBG
	Budget	CDBG	* Other Sources	CDBG	*Other Sources	Balance
Personnel						
Materials/Supplies						
Other (Specify)						
TOTALS:						

*** Amounts and names of other funding sources**

CERTIFICATION I, the duly authorized representative of the Agency, hereby certify:

- that the funds requested in this Payment Request will be/have been spent consistent with the CDBG Subrecipient Agreement between the Agency and the City of Bristol
- that there have been no material changes in conditions which would require notice to BDA as regards to the operations of the program
- that BDA can rely upon this information as being truthful and accurate in forwarding funds under this request

Signature: _____ Title: _____

Print Name _____ Date: _____

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
 QUARTERLY REPORT - PROGRAM BENEFIT
DIRECT BENEFICIARY DATA

PROGRAM NAME: _____	AGENCY NAME: _____
CONTRACT TERM: ____/____/____ TO ____/____/____	EXPENDITURE PERIOD: ____/____/____ TO ____/____/____

IF Program Benefit data relates to prior quarter, please check. No data is required for a first quarter payment unless the request is made a after the end of that quarter. If payment requests are made before the end of every quarter, it is appropriate to regularly report prior quarter data.

Jul - Sep Oct - Dec Jan - Mar Apr - Jun

Income Gender Information

Row	Column	Number of Persons A	Total Previously Reported B	Total for Contract Term C
#1	Extremely Low Income			
#2	Low Income			
#3	Moderate Income			
#4	Subtotal Low/Moderate Income			
#5	Upper Income			
#6	TOTAL			
#7	Male			
#8	Female			
#9	TOTAL			
#10	Beneficiary Goal			
#11	Percentage of Goal Met			

Race/Ethnicity Information

Note: "Hispanic" column totals are included in the preceding "Total" columns

Row	Column	Number of Persons		Total Previously Reported		Total for Contract Term	
		# Total A	# Hispanic B	# Total C	# Hispanic D	# Total E	# Hispanic F
#1	White						
#2	Black/African American						
#3	Asian						
#4	American Indian/ Alaskan Native						
#5	Native Hawaiian/ Other Pacific Islander						
#6	American Indian/Alaskan Native and White						
#7	Asian and White						
#8	Black/African American and White						
#9	American Indian/ Alaskan Native and Black/African American						
#10	Other Multi Racial						
#11	TOTAL						

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
QUARTERLY REPORT - PROGRAM BENEFIT

PROGRAM NAME:

AGENCY NAME:

CONTRACT TERM: ___/___/___ TO ___/___/___

EXPENDITURE PERIOD: ___/___/___ TO ___/___/___

Indicate which of the following methods was used to determine low- and moderate-income status of beneficiaries:

Presumed Benefit - The program is limited to serving persons generally presumed by HUD to be principally low- and moderate-income: **abused children, battered spouses, elderly persons, adults meeting the Bureau of Census definition of "severely disabled", homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.**

Income Data - The Agency has collected and maintained information on the family size and income of beneficiaries so that it is evident that at least 51% of the total beneficiaries are persons whose family income does not exceed the HUD Section 8 Income Limits for low and moderate income.

PART II - ACCOMPLISHMENTS NARRATIVE

- A. Summarize the services provided to direct beneficiaries
- B. Quantify units of service and identify levels of beneficiaries by component services if applicable
- C. Describe and quantify any indirect beneficiaries of the program
- D. Report on the progress of the program in terms of the measures established to determine success towards meeting goals, as contained in the subrecipient contract.