#### CLIENT INCOME CERTIFICATION REPORT

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| --- | --- |
| GRANTEE/UGLG NAME: |  |
| GRANT AGREEMENT #: |  |
| REPORTING PERIOD *(as listed in Grant Agreement Time Table)*: \_ MM/DD/YYYY \_ to \_ MM/DD/YYYY\_\_ | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL # NEW CLIENTS SERVED DURING THIS REPORTING PERIOD** *(Do not include duplicate clients from previous reporting periods.)* | | | | | | 0 | | |
| **TOTAL # CLIENTS SERVED TO DATE** | | | | | | 0 | | |
|  | | | | |  | | | |
| **RACE/ETHNICITY OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD** | | | | | | | | |
| **Single Race** | **Total Number** | **Number Hispanic** |  | **Multi-Racial or No Answer** | | | **Total Number** | **Number Hispanic** |
| **WHITE** | 0 | 0 |  | **AMERICAN INDIAN/ALASKAN NATIVE & WHITE** | | | 0 | 0 |
| **BLACK/AFRICAN AMERICAN** | 0 | 0 |  | **ASIAN & WHITE** | | | 0 | 0 |
| **ASIAN** | 0 | 0 |  | **BLACK/AFRICAN AMERICAN & WHITE** | | | 0 | 0 |
| **AMERICAN INDIAN/ALASKAN NATIVE** | 0 | 0 |  | **AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN** | | | 0 | 0 |
| **NATIVE HAWAIIAN/PACIFIC ISLANDER** | 0 | 0 |  | **OTHER MULTI-RACIAL** | | | 0 | 0 |
| **OTHER** | 0 | 0 |  | **DID NOT ANSWER** | | | 0 | |
|  | | | | | | | | |

|  |  |
| --- | --- |
| **LMI STATUS OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD** | |
| **# of LMI NEW CLIENTS:** \_ 0\_\_ | **# of NON-LMI New Clients:** \_ 0\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REPORT CERTIFICATION** | | | | | | |
| **I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual *Employee Self-Certification Forms* are attached as supporting documentation.\*** | | | | | | |
|  |  |  |  | | |  |
|  | Typed Name, Title & Firm/Organization of Report Preparer\* | | |  | Preparer Email Address |  |
|  |  |  |  | | |  |
|  | Typed Name and Title of UGLG Approver as Certification\* |  | UGLG Approver Email Address | | |  |
|  |  |  | MM/DD/YYYY | | |  |
|  | UGLG Approver Phone Number |  | Date of UGLG Approval / Certification | | |  |
|  | *\*If the Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. By entering the name and title of the UGLG Approver above,* ***the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized by the UGLG to review and approve this document; and authorizes the Preparer to submit this document to DEHCR*** *on the UGLG’s behalf. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG’s governing body to approve CDBG project documents. If the person submitting this document is not the UGLG Approver, then the submitter must copy (‘cc’) the UGLG Approver when emailing it to DEHCR.* | | | | |  |

#### CLIENT INCOME CERTIFICATION REPORT (INSTRUCTIONS)

The *CDBG Project Client Income Certification Report* is a summary of the information gathered from *Client Income Certification Forms* completed at the time the client begins receiving services in the Unit of General Local Government’s (UGLG’s) CDBG-funded program. The *Client Income Certification Form* is *Attachment 9-L* in Chapter 9 of the *CDBG Implementation Handbook.*

1. Grantee/UGLG Name: Enter the name of the Unit of General Local Government (UGLG) that received the CDBG award [e.g., Yourville County, City of Yourville, Village of Yourville, Town of Yourville]
2. Grant Agreement #: Enter the CDBG Grant Agreement # for the UGLG’s CDBG project.
3. Reporting Period: Enter the Reporting Period for which the report is being completed, entering the reporting period dates as they appear in the Grant Agreement Time Table.
4. # of New Clients Served During This Reporting Period: Enter the number of *new* clients (not previously serve in any previous reporting period) served from the start of the reporting period to end of the reporting period; and the total number of clients served to date through the CDBG project.
5. Race/Ethnicity of New Clients Served During This Reporting Period: Enter the total number of clients reporting in each race/ethnicity category on the *Client Income Certification Form* during the reporting period. **Do not leave any entries blank.** Enter zero (0) for any categories for which no clients selected the category or if no clients were served during the reporting period, if applicable.

For example, six (6) new clients completed *Client Income Certification Forms* with all six (6) identifying as White and of those, three (3) also identified as Hispanic. Therefore, for White “6” should be entered under Total Number and “3” should be entered under Hispanic.

1. LMI Status of New Clients Served During This Reporting Period: Using the information from the Family Income Category of the *Client Income Certification Form*, enter the total number of new clients served during the reporting period are LMI (i.e., have a family income at or below the LMI income threshold shown for their family size on the *Client Income Certification Form*); and the total number who are Non-LMI (i.e., have a family income above the LMI income threshold shown for their family size).
2. Report Certification: Complete the Report Certification. If the *Report* Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. The *Report* must be approved by the UGLG. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG’s governing body to approve CDBG project documents*. If the person submitting this document is not the UGLG Approver, then the submitter must copy (‘cc’) the UGLG Approver when emailing it to DEHCR*.
3. The Final Report must be submitted with the Project Completion Report. It is a summary of all clients served during the project performance period, as listed on the *Grant Agreement*.
4. **Email one (1) copy** of the completed Certification documents to the assigned DEHCR Project Representative or to [*DOACDBG@wisconsin.gov*](mailto:DOACDBG@wisconsin.gov). Retain the completed Certification Report and Certification Forms in the UGLG’s CDBG project files.