#### CDBG PROJECT CLIENT INCOME CERTIFICATION REPORT

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| GRANTEE/UGLG NAME: |  |
| GRANT AGREEMENT #: |  |
| REPORTING PERIOD: Annual Report: \_ 00 / 00 / 0000\_\_ to \_\_00 / 00 / 0000\_\_ |

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| **TOTAL # NEW CLIENTS SERVED DURING THIS REPORTING PERIOD** *(Do not include duplicate clients from previous reporting periods.)* |  |
| **TOTAL # CLIENTS SERVED TO DATE** |  |
|  |  |
| **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** |  |  |  | **AMERICAN INDIAN/ALASKAN NATIVE & WHITE** |  |  |
| **BLACK/AFRICAN AMERICAN** |  |  |  | **ASIAN & WHITE** |  |  |
| **ASIAN** |  |  |  | **BLACK/AFRICAN AMERICAN & WHITE** |  |  |
| **AMERICAN INDIAN/ALASKAN NATIVE** |  |  |  | **AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN** |  |  |
| **NATIVE HAWAIIAN/PACIFIC ISLANDER** |  |  |  | **OTHER MULTI-RACIAL** |  |  |
| **OTHER** |  |  |  | **DID NOT ANSWER** |  |
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| **LMI STATUS OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD**  |
| **# OF LMI NEW CLIENTS** | **# OF NON-LMI NEW CLIENTS** |
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| **REPORT CERTIFICATION** |
| **I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual *Client Income Certification Forms* are maintained as supporting documentation for this report by the UGLG and are available to provide to DEHCR and/or other regulating entities upon request.** |
|  |  |  |  |  |
|  | Signature of UGLG Representative |  | Date Signed |  |
|  |  |  |  |  |
|  | Printed Name of UGLG Representative |  | Title of UGLG Representative |  |

#### CDBG PROJECT 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 Annual Report period for which the report is being completed, and enter the reporting period dates. The month and day of the Annual Report Start Date and End Date are based on the grant Award Date. For example, if the grant was awarded to the UGLG June 15, 2020, then the Start Date for the first Annual reporting period is 06/15/2020 and the End Date is 06/14/2021.
4. Total # Clients Served During This Reporting Period: Enter the number of clients served from the start of the reporting period to end of the reporting period.
5. Total # Clients Service to Date: Enter the number of clients served from the start of the program (CDBG Award Date) to the end of the reporting period.
6. 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 Service 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 who 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 have a family income above the LMI income threshold shown for their family size.
2. Report Certification: Complete the Report Certification. The *Client Income Certification Report* must be signed by the UGLG Chief Elected Official or an authorized designee.
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. Submit **one** (1) copy of this report via email to the assigned DEHCR Project Representative and retain the original document with the local CDBG project files.