

Louisiana Community Development Block Grant -- Program Beneficiary Form

1 Name of Grantee _____
 2 Contract Number _____
 3 _____

4 FY / Type _____
 5 Comments _____

6	Name of Activity	
7	(Income Levels)	Persons
8	Total--All Income Levels	
9	LMI Percentage	
10	Extremely Low Income	
11	Low Income	
12	Moderate Income	
13	Above Income	
14	(Racial Groups) American Indian or Alaskan Native	Total
		Hispanic
15	Asian	Total
		Hispanic
16	Black or African American	Total
		Hispanic
17	Native Hawaiian or Pacific Islander	Total
		Hispanic
18	White	Total
		Hispanic
19	American Indian and White	Total
		Hispanic
20	Asian and White	Total
		Hispanic
21	Black and White	Total
		Hispanic
22	American Indian and Black	Total
		Hispanic
23	Other Multi-racial	Total
		Hispanic
24	Total--All Racial Groups	Total
		Hispanic
25	Disabled Persons	
26	Disabled Head of HH	
27	Female-Headed Households	
28	Elderly-Occupied Households	
29	Total Occupied Households	

30	Rehabilitation Loans and Grants			
31	Persons		Households	
	Owner	Renter	Owner	Renter
32				
33				
34				
35				
36				
37	Persons		Owner	Renter
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49	Disab. Pers			
50	Disabled Head of HH			
51	Fem. Headed O/R HH			
52	Elderly-Occupied HH			
53	Total HH			

54	Source(s) for determining beneficiary data:		
55	We certify that to the best of our knowledge and belief the beneficiary data on this form is correct. For those projects involving utility line connections on private property, the household information reflects only households physically connected to the system with LCDBG funds. For Economic Development projects, the engineer's signature is not required.		
56	Signature, Chief Elected Official		Date
57	Signature, Grant Consultant		Date
58	Signature, Engineer/Architect		Date

Instructions for the Program Beneficiary Form

Objective: The Program Beneficiary Form reports actual beneficiaries of an LCDBG project which has been completed. In contrast, the Activity Beneficiary Form(s) of the original LCDBG application reported the anticipated beneficiaries of the proposed project.

Data Sources: Data sources for the completion of the Program Beneficiary Form may include:

- The original Activity Beneficiary Form or original combined Activity Beneficiary Form
- A revised Activity Beneficiary Form as prepared during the application revision stage of the grant
- Known beneficiary changes that occurred during the project
- Beneficiary data from a Program Amendment
- An actual count of beneficiaries

Row 1: “Name of Grantee”: Enter the name of the grant recipient. Example: Abbeville

Row 2: “Contract Number”: Enter the six digit LCDBG contract number. Example: 555555

Row 3: This blank line will normally remain blank but may be used for extra comments.

Row 4: “FY / Type”: For “FY” Enter the funding year of the grant. Example: 2008 “Type” refers to the program type which may be one of the following: DN, DR, ED, HO, LS, PA, PF, or TE. Enter the type.

The Left Panel, Rows 6 through 29, and the Right Panel, rows 30 through 53: The left panel is used to report beneficiaries for a non-housing activity. The right panel is used to report beneficiaries for a housing grant and any other grant with “Rehabilitation Loans and Grants” as an activity. Examples:

- Only the left panel would be completed on a Public Facilities sewer project with no utility line connection work on private property.
- Both the left and right panels would be completed on a Public Facilities sewer project with utility line connection work on private property paid for with LCDBG funds.
- Only the right panel would be completed for a Housing grant.
- Only the left panel would be completed for an Economic Development grant. The number of persons should correspond to the number of jobs created/retained.

Row 6: Name of Activity—Enter a primary activity name that, in general, describes the purpose of the grant. Examples: sewer, water, or streets. Do not enter activity names or report beneficiaries for acquisition or administration.

Rows 8-13: Enter persons benefiting according to their income level as determined by HUD. The low to moderate income (LMI) percentage may be transferred from the original application if no changes have been made. If there were changes then this formula may be used: (rows 10+11+12) divided by row 8 equals the LMI percentage. Round the LMI percentage to two decimal places. Example: 63.94%

Rows 14-23: Enter beneficiary data by racial groups. The definitions of each racial group remain the same as defined in the original LCDBG application package. Note that “Hispanic” is not considered a race but rather as an “ethnicity”. Of each racial group having beneficiaries, enter the persons of that racial group who also consider themselves as being of Hispanic ethnicity. The number entered for “Hispanic” will be a subset of the “Total” for each racial group.

Row 24: Enter the sum of all racial group totals in the upper data cell of row 24. Enter the sum of all of the persons of Hispanic ethnicity in the lower data cell of row 24. The upper data cell of row 24, total by racial group, must equal the number of persons as listed in row 8, total by income level. If these figures do not agree then there is an error that must be corrected.

Rows 25-29: Enter data for the indicated beneficiary categories. On row 25 enter the number of disabled persons. An elderly-occupied household, row 28, means a household that has at least one elderly person, of age 62 and up, who lives in the household—regardless of whether any elderly person is the head of the household.

The Right Panel: If a grant has the activity of “Rehabilitation Loans and Grants” then rows 30 through 53 must be completed. Otherwise, the right panel will be left blank.

Rows 30-53: The “Income Levels” listed in rows 8-12 will also be applied to rows 32-36 respectively. The “Racial Groups” listed in rows 14 through 24 will also be applied to rows 38 through 48, respectively. Additionally, beneficiary data for the right panel must also include the reporting of categories based on number of households and owner/renter status with such data to be entered according to the manner in which the column headings are labeled.

Row 33: This row should be left blank since beneficiaries in the right panel will always be 100% LMI.

Row 49: Enter only disabled persons. Leave the cell for disabled households blank.

Row 50: Enter the number of disabled heads of household.

Row 51: Enter female headed households by owner/renter status.

Row 52: Enter elderly-occupied households without regard to owner/renter status.

Row 53: Enter total households without regard to owner/renter status. Make sure that total households, as entered on row 53 agrees with total “racial” household information from the upper right data cells of row 48 and with total “income” household information from the right data cells of row 32. If the figures do not agree then there is an error that must be corrected.

Row 54: Enter the data source(s). If necessary, attach a separate page describing the data source(s).

Rows 55-58: The beneficiary data on this form must be verified by signatures/dates of the chief elected official, administrative consultant and engineer/architect. The engineer’s signature is not required on Economic Development projects.