

CITY OF ODESSA - COMMUNITY DEVELOPMENT DEPARTMENT



CDBG SUBRECIPIENT QUARTERLY REPORT



Agency: _____

Project/Activity: _____

Reporting Quarter: _____

Name: _____

Title: _____

Signature: _____

Date: _____

ONLY REPORT NUMBER OF NEW CLIENTS ASSISTED THIS REPORTING PERIOD

RACE & HISPANIC ETHNICITY	Number By Race	Number Hispanic Ethnicity
White		
Black or African American		
Asian		
American Indian or Alaskan Native		
Native Hawaiian or Other Pacific Islander		
Black or African American and White		
American Indian or Alaskan Native and Black/African American		
Multi-Racial - Other		
RACE TOTAL:		
HISPANIC TOTAL:		
INCOME		
Extremely Low Income - (0-30% AMI)		
Very Low Income - (31-50% AMI)		
Low Income - (51-80% AMI)		
INCOME TOTAL:		
FAMILIAL STATUS		
Female Headed Households		
Homeless		
Disabled/Special Needs		