

## Summary of Activities Having Direct Benefits

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Activity Name \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Period Covered \_\_\_\_\_

Report below on income and ethnicity for all households or persons served. Count Households for housing activities and Persons for non-housing activities. Use the New Castle County Income Guidelines in your Agreement to verify income level based on number in family. Please report a family or household ONCE only (unduplicated clients), even if the family / household receives services over several months.

Ethnicity and Race	White	Black OR African - American	Black OR African - American AND White	Asian	Asian AND White	American Indian OR Alaska Native	Am. Indian OR Alaska Native AND White	Am. Indian OR Alaska Nat. AND Black OR Afr. Amer.	Native Hawaiian OR Other Pacific Islander	Balance Reporting More than One Race	TOTAL Circle Households or Persons	HISPANIC**** OR LATINO ETHNICITY
July												
August												
September												
October												
November												
December												
January												
February												
March												
April												
May												
June												
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0

Income	Extremely Low <30% AMI	Low Income 31% - <50% of median	Moderate Income 51% - <80%	Income <80% AMI >80% AMI	Female Head of Household	**** NOTE: Hispanic Ethnicity should not be included in totals, since every Hispanic ethnic will also have a Race Category.
July				0		
August				0		
September				0		
October				0		
November				0		
December				0		
January				0		
February				0		
March				0		
April				0		
May				0		
June				0		
<b>Total</b>	0	0	0	0		