

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT PROGRAM
FORM 3: DIRECT BENEFIT CLIENTELE PERFORMANCE DETAIL

PROJECT _____ IDENTIFIER _____

OBJECTIVE _____

REPORTING PERIOD COVERED: From _____ To _____

TYPE OF REPORT: _____ WITH PAYMENT REQUEST or _____ END OF PROJECT or _____ ANNUAL

INDICATE IF: PERSONS or _____ HOUSEHOLDS

		PROJECTED CLIENTS	PREVIOUS REPORTS CUMULATIVE TOTAL	THIS REPORT	TOTAL TO DATE	BENEFITS TO:		
						LOW INCOME (50% TO 80% MEDIAN)	VERY LOW INCOME (30% TO 50% MEDIAN)	EXTREMELY LOW INCOME (BELOW 30% OF MEDIAN)
WHITE	M							
	F							
BLACK/AFR AMERICAN	M							
	F							
NAT HAW/ PAC ISL	M							
	F							
ASIAN	M							
	F							
AMER IND/ ALAS MAT	M							
	F							
AMER IND/ ALAS NAT & WHITE	M							
	F							
ASIAN & WHITE	M							
	F							
BLACK/AFR AMER & WHITE	M							
	F							

AMER IND/ M _____
ALAS NAT/ F _____
& BLACK/AFR
AMERICAN

HISPANIC M _____
BALANCE/ F _____
OTHER

TOTAL
SERVED _____

FIGURES BELOW WILL DOUBLE COUNT TOTALS ABOVE

OF HISPANIC _____ **# OF NON-HISPANIC** _____

PERSON COMPLETING THIS FORM

PHONE