

**Organization Name**  
**Program Name**  
**Monthly Target Analysis**  
**Contract Period**

Month: \_\_\_\_\_

Performance Measures	Goal	This Month Accomplishments	Y-T-D Actual
1.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Outcome Measures**

Goal	This Month Accomplishments	Y-T-D Accomplishments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Executive Director or Designee

\_\_\_\_\_  
Date

## City of Dallas Monthly Activities Report (Direct Benefits)

Contractor's Name \_\_\_\_\_

Report Period \_\_\_\_\_

Current Month  
Unduplicated  
Total

Unduplicated  
Cumulative  
YTD

**Section I.** Total number of households/persons assisted

# of served by zip code  
List Below:

# of served by QCT  
List Below:

**Section II.** Total number of households/persons assisted (from Section I) who are:

**Part A. Financial Status \***

- 1. Low Income – ARPA (Up to 185% FPL OR up to 40% AMI) \_\_\_\_\_
  - 2. Moderate – ARPA (Up to 300% FPL OR up to 65% AMI) \_\_\_\_\_
  - 3. Low Income – HUD (Up to 80% AMI) \_\_\_\_\_
  - Total \_\_\_\_\_
- \* See Federal Income Eligibility Guidelines

**Part B. Family Status**

- 1. Total Female Headed Households \_\_\_\_\_

**Part C. Race and Ethnicity Data**

	Current Month Undupl. Total	Current Month Undupl. Total (Hispanic or Latino)	Undupl. Cumulative Y-T-D	Undupl. Cumulative Y-T-D (Hispanic or Latino)
<b>Single Race</b>				
1. White	_____	_____	_____	_____
2. Black/African American	_____	_____	_____	_____
3. Asian	_____	_____	_____	_____
4. American Indian/Alaskan Native	_____	_____	_____	_____
5. Native Hawaiian or Other Pacific Islander	_____	_____	_____	_____
<b>Multi-Race</b>				
1. American Indian/Alaskan Native & White	_____	_____	_____	_____
2. Asian & White	_____	_____	_____	_____
3. Black/African American & White	_____	_____	_____	_____
4. American Indian or Alaskan Native & Black & African American	_____	_____	_____	_____
5. Other Multi-Racial	_____	_____	_____	_____
Total	_____	_____	_____	_____

**Section III.** Council District (List the Council District Information for facility)

**FACILITY LOCATION(S)**

**SERVICE AREA**

(List the Council District information for the individuals shown in Section I, Column I.)

I certify that 100% of the clients receiving services are eligible in accordance with the appropriate income limits as specified by the U. S. Department of Housing and Urban Development (HUD), Federal Income Eligibility Guidelines.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**City of Dallas  
Monthly Activities Report (Direct Benefits)**

**DEFINITIONS**

The five racial categories are defined as follows:

a) American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

b) Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian

Subcontinent including, for example, Cambodia, China, Japan, Malaysia, Pakistan, the Philippines Islands,

Thailand, and Vietnam.

c) Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

d) Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

e) White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The two ethnic categories are defined as follows:

a) Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

b) Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**CDBG Presumed Benefit**

If a Contractor is serving presumed eligible clientele, their financial status should be based on the categories

listed below unless other information is available to support another income category.

a) Abused Children: Extremely Low Income

b) Battered Spouses: Low Income

c) Severely Disabled Adults: Low Income

d) Homeless Persons: Extremely Low Income

**City of Dallas**  
**Monthly Activities Report (Direct Benefits)**

- e) Illiterate Adults: Low Income
- f) Persons with AIDS: Low Income
- g) Migrant Farm Workers: Low Income
- h) Elderly: (a) if assistance is to acquire, construct, convert and/or rehabilitate a senior center or to pay for providing center-based senior services, report clientele as moderate income; or (b) If assistance is for other services (not center-based), report the elderly as low-income

**ARPA Eligible Disproportionately Impacted Populations**

The below is Treasury's ARPA description of eligible disproportionately impacted populations:

- a) Low-income households and communities
- b) Households residing in Qualified Census Tracts
- c) Households that qualify for certain federal 5 benefits
- d) Households receiving services provided by Tribal governments
- e) Households receiving services provided by Tribal governments
- f) Households residing in the U.S. territories or receiving services from these governments

**Office of Community Care**  
**Program Name**  
**Request for Payment**

Contractor: _____	Reporting Period: _____
Address: _____	Encumbrance No.: _____
Telephone: _____	Vendor No.: _____
	AA No.: _____
	Term: _____

	<u>Budget Amount</u>	<u>Expenses This Period</u>	<u>Cumulative Total Year-to-Date</u>
<b>I. Cost Categories</b>			
<b>SALARIES:</b>			
Salaries	\$ _____	\$ _____	\$ _____
Benefits	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____
<b>OTHER DIRECT COSTS:</b>			
Supplies/Marketing	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____
<b>TOTAL DIRECT COSTS</b>	\$ _____	\$ _____	\$ _____
Indirect Costs	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>TOTAL COSTS</b>	\$ _____	\$ _____	\$ _____
<b>II. Contract Amount</b>			\$ _____
Amount of this Request	\$ _____		
<b>CURRENT AMOUNT DUE</b>			
Payments Received to Date	\$ _____		
Payments in Transit	\$ _____		
Total Contract Payments to Date	\$ _____	\$ _____	
<b>FUNDS REMAINING</b>		\$ _____	

**CERTIFICATION**

I certify that this billing statement reflects actual reimbursable costs associated with the provision of services in accordance with the terms of the contract between and the City of Dallas. I also certify that all required documentary evidence has been submitted along with the billing statement in accordance with the procedures established by the City of Dallas.

_____ Signature	_____ Date
Payment Authorized: [ ] Yes [ ] No	
_____ Contract Compliance Administrator	_____ Date
Approved: _____	_____
Contract Compliance Supervisor	Date