

Summary of Activities Not Having Direct Benefits Grantee Performance Report

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Community Development Block Grant Program

OMB Approval No. 2506-0077 (exp.5/31/97)

Name of Grantee:	Grant Number:	Period Covered: from: _____ to: _____
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Activity No.	Matrix Code	Activity Name, Description, & Location	Date Initially Funded	National Objective Code *	Activity Code **	Accomplishments/Status	CDBG Funds	
							Budgeted	Expended this Reporting Period
a		b	c	d	e	f	g	h
							Total:	Total:

***National Objective Codes :**

Low/Mod: LMA = Area Benefit; LMC = Limited Clientele; LMH = Housing; LMJ = Jobs.
Slum/Blight: SBA = Area Basis; SBR = Urban; SBS = Spot Basis.
Urgent: URG = Urgent Need.

****Activity Codes:**

CANC = Canceled; COMP = Completed; UND = Underway;
108 = Section 108; FFA = Float Funded Activity; HOML = Homeless;
HUD = Other HUD Funds in Activity; PI = Program Income; RF =Revolving Fund;
Rep = One-for-One Replacement; SPEC = Special Assessment; SUBR = Subrecipient

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Do not send this form to the above address.

Instructions

Name of Grantee: Enter the grantee's name as shown on the approved Grant Agreement (form HUD-7082) for the most recently completed program year.

Grant Number: Enter the grant number assigned by HUD to the Community Development Block Grant for the most recently completed program year.

Period Covered: Enter the beginning date and ending date for the most recently completed program year.