

# CITY OF PAWTUCKET, DEPARTMENT OF PLANNING AND REDEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT

# 2022-2023 QUARTERLY STATUS REPORT

Subrecipient Name:			
Project Title:	Report Date:		
Report for Period Ending: (circle one) 9/30 Please note: City of Pawtucket's CDBG program y needs to be submitted on a quarterly basis and com covering the period July 1 through June 30. Report the reporting period.	ear begins July piled on an ann	1. Beneficianual basis wit	ry data h data
If a current report is not on file when a billing rewill be held until the report is received.	equest is submi	itted, the pa	yment
CDBG BENEFICIARY DATA RE	PORTING (PE	ERSONS)	
A. Total Unduplicated (Not Previously Reported) CDB6 by this project during this Repor		_	
B. RACIAL AND ETHNIC DATA for UNDUPLICA this activity during this Report Period. Please note that I category rather than a race category. There are now five multi-race categories.	Hispanic is consi	dered an ethni	icity
11 377 '	Non-Hispanic	Hispanic	Total
11-White			<del></del>
12-Black/African American			
13-Asian	<del></del>		
14-American Indian/Alaskan Native			-
15-Native Hawaiian/Other Pacific Islander			
16-American Indian/Alaskan Native & White			
17-Asian & White			
18-Black/African American & White			
19-American Indian/Alaskan Native &			
Black/African American			
20-Other Multi-Racial			
Totals:			

assisted person served during the Report Period one t	ime only.			
(Definitions and Income Levels are on Page 3).	NIESNI/			
1. Number of moderate-income persons serve	NEW			
(51 - 80% of median family income)				
2. Number of Very low-income persons serve				
(31 - 50% of median family income)				
3. Number of extremely low-income person s	served			
(0-30% of median family income)				
Total number CDBG Assisted: (Sum 1+2+3)				
D. Status of the project and your accomplishments	s for this reporting period.			
Identify major benchmarks. Tell us what's happening activity. Identify your outputs and outcomes if applic additional information. This is the space in which yo has a major, positive outcome, please attach a narrative problems.	g. Note any change in the program or cable. Please feel free to attach any u can and should brag a little. If the program			
CDBG Funds spent to date: \$				
Other required Information: Number of	Disabled Persons Served:			
Number of	Non-English Speaking Served:			
I hereby certify that the documentation, income, supporting these figures, and activities are on file				
Signature	Date			
· -				
Name Typed/Drinted/Legible	Dhona			
Name -Typed/Printed/Legible	FHOHE			
Title	Email			
Email: esoares@pawtucketri.com or mail to City Ha	all, 137 Roosevelt Ave. Pawtucket. RI 02860			
To: Edward G. Soares, CD Program Manager				

C. CLIENT INCOME CHARACTERISTICS: Count each UNDUPLICATED CDBG-

2

#### **Income:**

For the purpose of determining whether a family or household is low- and moderate-income, you must use the following definition of income:

Verify first source documentation of the projected annual income of a family or household by **projecting** the current income of each person forward for the next year (12 months) **at the time assistance is provided** for the individual, family, or household (as applicable). Estimated annual income shall include income from all family or household members, as applicable.

## Listed below are income ranges for moderate, very low and extremely low income

### **CDBG INCOME LIMITS**

### **EFFECTIVE JUNE 15, 2022**

Family Size	Extremely Low Income	Very Low Income	Moderate
1	\$20,300	\$33,850	\$54,150
2	\$23,200	\$38,700	\$61,900
3	\$26,100	\$43,550	\$69,650
4	\$29,000	\$48,350	\$77,350
5	\$31,350	\$52,250	\$83,550
6	\$33,650	\$56,100	\$89,750
7	\$36,000	\$60,000	\$95,950
8	\$38,300	\$63,850	\$102,150