

**DIRECT/INDIRECT BENEFIT ACTIVITIES**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS**  
**SFN 52347 (04/08)**

<b>(Check One):      DIRECT BENEFIT   <input type="checkbox"/>      INDIRECT BENEFIT   <input type="checkbox"/></b>		
Recipient	Instrument Number	
Benefit Activity Data is being reported by ( <i>check one</i> ) <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Household                      <input type="checkbox"/> Persons         </div>		
Number of Female Head of Household	Number of Elderly	
Total Number of Direct or Indirect Beneficiaries	Number of Disabled	
Number of Low and Moderate Income	Percent of LMI Benefit	
Race/Ethnicity	Total Number	Number of Hispanic
a. White (11)		
b. Black/African American (12)		
c. Asian (13)		
d. American Indian/Alaskan Native (14)		
e. Native Hawaiian/Other Pacific Islander (15)		
f. American Indian/Alaskan Native & White (16)		
g. Asian & White (17)		
h. Black/African American & White (18)		
i. American Indian/Alaskan Native & Black/African American (19)		
j. Other Multi-Racial (20)		
Total		
If this project is Payment of Special Assessments, Construction of Rental Units, Acquisition or Construction of New Homeowner Units, Direct Financial Assistance to Homebuyers, or Short-term Rental Assistance, please refer to the instructions.		

## **INSTRUCTIONS FOR DIRECT/INDIRECT BENEFIT ACTIVITIES REPORT**

**Definition of Direct Benefit Activity:** A direct benefit activity is defined as an activity which requires the beneficiary to submit an application or complete a personal record as an integral part of receiving the benefit of an activity. For example, in a housing rehabilitation program, an application is an essential part of determining need and eligibility. Other types of direct benefit activities would include relocation and payment of special assessments. Report by household.

**Definition of Indirect Benefit Activity:** An indirect benefit activity is defined as an activity for which an individual receives direct benefit but is not required to apply for the benefit. This would include residents on a street that is reconstructed or households hooked-up to a new water main. The activity is directed to the benefit of everyone, and no one is singled out to receive specific assistance. Other types of indirect benefit activities would include removal of architectural barrier projects, senior citizens projects, and area-wide activities in which at least 51% of the persons or households to be served are low and moderate income. In most cases data will be reported by persons.

**Grant Recipient:** Enter the name of the grant recipient.

**Instrument Number:** Enter the instrument number assigned by the DCS.

**Benefit Activity:** Data is being reported by either household or persons (check one).

**Number of Female Head of Household:** Enter the number of female head of household served by the project.

**Number of Elderly:** Enter the number of elderly served by the project.

**Total Number of Direct or Indirect Beneficiaries:** Enter the total number of direct or indirect beneficiaries being served by the project.

**Number of Disabled:** Enter the number of disabled persons being served by the project.

**Number of Low and Moderate Income:** Enter the total number of low and moderate income persons or households being served by the project.

**Percent of LMI Benefit:** Enter the percent of LMI persons or LMI households benefitting. (Number of low and moderate income divided by total number of direct or indirect beneficiaries)

**Race/Ethnicity:** Enter the number of households or persons to benefit by race category (a-j) in the total number column. Enter the number of household or persons reported in the total number column with a Hispanic ethnicity in the number of Hispanic column.

**Total:** Must equal the total number of people or households in the service area.

**Additional CDBG Beneficiary Data:** If this project is Payment of Special Assessments, Construction of Rental Units, Acquisition/Construction of New Homeowner Units, Direct Financial Assistance to Homebuyers, or Short-term Rental Assistance, complete the appropriate section of the form titled "Additional CDBG Beneficiary."

**ADDITIONAL CDBG BENEFICIARY DATA**

**Payment of Special Assessments -Supplemental A**

1. Of the Total Households, the Number:
- a. Extremely Low Income (< 30% of Median) \_\_\_\_\_
  - b. Low Income (31-50% of Median) \_\_\_\_\_
  - c. Moderate Income (51-80% of Median) \_\_\_\_\_

**Construction of Rental Units - Supplemental B**

1. Of the Total Rental Units, the Number:
- a. Affordable Units \_\_\_\_\_
  - b. Section 504 Accessible Units \_\_\_\_\_
  - c. Units Qualified as Energy Star \_\_\_\_\_

2. Of the Total Number of Affordable Units:
- a. Units Occupied by Elderly \_\_\_\_\_
  - b. Years of Affordability \_\_\_\_\_
  - c. Units Subsidized with Project-based Rental Assistance by Another Federal, State Or Local Program \_\_\_\_\_

**Acquisition/Construction New Homeowner Units - Supplemental C**

1. Of the Total Owner Units, the Number:
- a. Affordable Units \_\_\_\_\_
  - b. Years of Affordability Guaranteed \_\_\_\_\_
  - c. Units Qualified as Energy Star \_\_\_\_\_
  - d. Section 504 Accessible \_\_\_\_\_
  - e. Households Previously Living in Subsidized Housing \_\_\_\_\_

2. Of the Number of Affordable Units, the Number:
- a. Occupied by Elderly \_\_\_\_\_
  - b. Units Specifically Designated for Persons with HIV/AIDS \_\_\_\_\_
    - 1) of Those, the Number Specifically for Chronically Homeless \_\_\_\_\_
  - c. Units Specifically Designated for Homeless \_\_\_\_\_
    - 1) of Those, the Number Specifically for Chronically Homeless \_\_\_\_\_

**Direct Financial Assistance to Homebuyers - Supplemental D**

1. Of the Total Units, Specify the Following:

- a. Number of First-time Homebuyers \_\_\_\_\_
  - 1) of Those, the Number Receiving Housing Counseling \_\_\_\_\_
- b. Number Receiving Downpayment Assistance/closing Costs \_\_\_\_\_

**Short-term Rental Assistance - Supplemental E**

1. Of the Total Households Assisted, the Number:

- a. Receiving Short-term Rental Assistance (Not More than 3 Months) \_\_\_\_\_
- b. Number of Households Assisted Previously Homeless \_\_\_\_\_
  - 1) of Those, the Number of Chronically Homeless Households \_\_\_\_\_