

**CONSOLIDATED COMMUNITY FUNDING POOL DEMOGRAPHIC MONTHLY REPORT FORM**

Project: \_\_\_\_\_ Agency: \_\_\_\_\_ Month: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Telephone: \_\_\_\_\_ Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

**Number of Unduplicated Clients and Households Served**

Month & Year	(A) Total Number of Unduplicated Households (H) and Clients (C) Served This Month		(B) Total Number of New Households (H) and Clients (C) Served This Month		(C) Extremely Low Income	(D) Very Low Income	(E) Low/Moderate Income	(F) White Not Hispanic Origin	(G) Black Not Hispanic Origin	(H) American Indian or Alaskan Native	(I) Hispanic	(J) Asian or Pacific Islander	(K) Other	(L) Female Headed Households	(M) Familial Status ( of families w/children under age 18)	(N) Handicapped (a physical or mental impairment which substantially limits one or more major life activities)	(O) Elderly (# of persons age 55 or older)	(P) Unemployed persons (Do not include dependents in high school or below)	(Q) TANF (# of House holds enrolled in TANF)	
	H	C	H	C	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
July																				
August																				
September																				
October																				
November																				
December																				
January																				
February																				
March																				
April																				
May																				
June																				
Total																				

See instructions on back

Report number of clients and households carried over from June 30, 1999  
 Number of Clients \_\_\_\_\_ Households \_\_\_\_\_

CONSOLIDATED COMMUNITY FUNDING POOL DEMOGRAPHIC MONTHLY REPORT FORM

See instructions on back

Report number of clients and households carried over from June 30, 1999  
Number of Clients \_\_\_\_\_ Households \_\_\_\_\_