

## Subrecipient Semi-Annual Report

Report is due by July 31st for period ending in June, and January 31st for period ending in December

Reporting Period (Check One)	June 30, 20____	December 31, 20____
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**Grantee Information**

Grantee name		Grant number	
Grantee address		Grantee telephone	
Grant Administrator		Grant Admin. telephone	

**Subrecipient Information**

Subrecipient name		Subrecipient address	
Contact person		Telephone	

**Project Information**

Nature of Project:	
Date Certificate of Completion Issued:	
Date Reporting Period Ends:	

**National Objective** (Check Only One)

<b>Activities Benefiting Low and Moderate (LMI) Persons</b>			
Area Wide Basis		Limited Clientele	
		Job Creation/Retention	
#LMI Beneficiaries Proposed		#LMI Actual Beneficiaries	
<b>Activities Which Aid in the Prevention or Elimination of Slums or Blight</b>			
Area wide Basis		Spot Basis	
<b>Activities Having an Urgency or Imminent Threat to Health and Safety</b>			

## Reporting Form 2

### Certification

It is hereby certified by both the Grantee and the Subrecipient that the project facilities, funded in whole or in part by federal CDBG funds, continue to be used for the approved activity, continue to meet the specified national objective, and continue to serve the number of beneficiaries originally intended in the project application.

#### Grantee Certification

Signature of Chief Elected Official:

Typed Name and Title:

Date:

#### Sub recipient Certification

Signature:

Typed Name and Title:

Date: