**Subrecipient Semi-Annual Report**

Report is due by July 31st for period ending June 30th and January 31st for period ending Dec. 31st .

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| --- | --- | --- |
| Reporting Period (Check One) | June 30,  | December 31,  |

**Grantee Information**

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

**Subrecipient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Subrecipient name |  | Subrecipient address |  |
| Contact person |  | TelephoneE-mail Address |  |

**Project Information**

|  |  |
| --- | --- |
| Nature of Project: Physical Address of Project: |  |
| Date Certificate of Completion Issued: |  |
| Date Reporting Period Ends:  |  |

**National Objective** (Check Only One)

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

**Certificate of Insurance: Include Insurance endorsement with this report. The sub-recipient agreement requires that the sub-recipient maintain insurance to cover the cost of replacement due to loss by fire, theft or accidental damage.**

**Certification**

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| 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.  |
| Email completed report to: GrantServicesCDBG@lg.IN.gov |