PROGRESS REP	ORT					
Agency Name:						
Program Name:						
3						
	INDIVIDUALS			HOUSEHOLDS		
			E. Household Beneficiaries			
A. Individual Beneficiaries Total individuals served			Total households served			
Total illulviduals sei	ved		Total Households serv	veu		
B. Race & Ethnicity	of Individuals Served	Hispanic	F. Race & Ethnicity of	f Households Served		Hispanic
White		<u> </u>	White	nite		
Black/African American			Black/African American			
Asian			Asian			
American Indian/Alaskan Native			American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			Native Hawaiian/Other Pacific Islander			
American Indian/Alaskan Native & White			American Indian/Alaska	Native & White		
Asian and White			Asian and White			
Black/African American & White			Black/African American & White			
Am. Indian/Alaskan Native & Black/African American			Am. Indian/Alaskan Native & Black/African American			
Other Multi Racial			Other Multi Racial			
	Total	0 0		Total	0	
C. Income Level of Individuals Served			G. Income Level of Households Served			
< 30% of AMI	Extremely Low		< 30% of AMI	Extremely Low		
31% - 50% of AMI	Very Low		31% - 50% of AMI	Very Low		
51% - 80% of AMI	Low/Moderate		51% - 80% of AMI	Low/Moderate		
> 80% of AMI	Non-LMI		> 80% of AMI	Non-LMI		
		Total 0			Total	
D. Additional Indivi	ideal Information		II Additional Haveah	ald Information		
D. Additional Individual Information Disabled (per federal definition)			H. Additional Household Information Female Head of Household (must have dependents)			
Elderly (62 or older)			remaie Head of Household	d (must have dependents)		
Veterans						
Victims of Domestic Violence						
Severe Mental Illness (SMI)						
Individuals Experiencing Homelessness Adults who are Illiterate						
Persons with HIV /						
LGBTQ						
LODIQ						