

Form 103
PROPOSED BENEFICIARIES

Date: _____

Applicant: _____

Complete the information below regarding the beneficiaries of the activity/project. Do not leave any item blank; enter a "0" if there are no beneficiaries.

- 1. Project type: _____
- 2. Total **families** served/jobs created: _____
- 3. Total **persons** served: _____
- 4. Total LMI **families**: _____
- 5. Total LMI **persons**/jobs: _____

The following information is a breakdown of the beneficiaries identified above.

6. Racial/Ethnicity Breakdown of persons served:

	Race	Hispanic
White/Caucasian:	_____	_____
Black/African American:	_____	_____
Asian:	_____	_____
Pacific Islander/Native Hawaiian:	_____	_____
American Indian/Alaska Native:	_____	_____
American Indian/Alaska Native & White:	_____	_____
Asian & White:	_____	_____
Black/African American & White:	_____	_____
American Indian/Alaska Native & Black/African American:	_____	_____
Other:	_____	_____
Total	_____	_____

NOTE: Every person should be represented in the race column (number 6 column 1). The total should equal the Total Persons Served (number 3) above.

- 7. Total female heads of household: _____
- 8. Total elderly **persons**: _____
- 9. Total handicapped **persons**: _____