



FORM 5: POPULATION GROUP DATA FOR INDIRECT BENEFICIARIES

This form provides information on the number of persons indirectly benefiting and the distribution of beneficiaries among various population groups. Use one section per CDBG activity to be reported. The total for Indirect Beneficiaries will include all indirect beneficiaries, including those of Hispanic ethnicity. The total for Hispanic Indirect Beneficiaries will include only those indirect beneficiaries of Hispanic ethnicity. If reporting on more than two activities, use additional copies.

| Grantee: | | | Project Number: | | |
|---|------------------------------|---------------------------------|---|------------------------------|---------------------------------|
| Activity Number: | | | Activity Number: | | |
| Activity Name: | | | Activity Name: | | |
| | Total Indirect Beneficiaries | Hispanic Indirect Beneficiaries | | Total Indirect Beneficiaries | Hispanic Indirect Beneficiaries |
| White: | | | White: | | |
| 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/Alaskan Native & White: | | |
| Asian & White: | | | Asian & White: | | |
| Black/African American & White: | | | Black/African American & White: | | |
| Am. Indian/Alaskan Native & Black/African Am.: | | | Am. Indian/Alaskan Native & Black/African Am.: | | |
| Asian & Native Hawaiian/Other Pacific Islander: | | | Asian & Native Hawaiian/Other Pacific Islander: | | |
| All Others: | | | All Others: | | |
| TOTAL | | | TOTAL | | |
| Female Head of Household: | | | Female Head of Household: | | |
| Handicapped (Disabled): | | | Handicapped (Disabled): | | |
| Elderly: | | | Elderly: | | |