

Form 58
Equal Opportunity Direct Benefit Form

Date _____

Grantee: _____ **Grant Control Number: 790-**_____

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: _____