

**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: \_\_\_\_\_