

**DIRECT BENEFIT ACTIVITY REPORT (DBAR)**

1. **AGENCY NAME, ADDRESS & PROGRAM YEAR** – Fill in appropriate information.
  2. **PERIOD COVERED** – Fill in the month covered.
  3. **ACTIVITY DESCRIPTION** – Fill in a short description of your eligible, contract approved activity.
  4. **TOTAL # OF HOUSEHOLDS/PERSONS ASSISTED** – Fill in *new cumulative* total number of clients by adding last month's *cumulative* total with current month's *new, unduplicated* clients.
- 5a-5d. INCOME REPORTING** - Fill in *new cumulative* total number of clients for each income level by adding last month's *cumulative* total with current month's *new unduplicated* clients.  
**\*\*NOTE\*\* Refer to Intake Data Form for compliance with income levels.**
6. **RACE/ETHNICITY**- First fill in *new cumulative* total number of clients for each race in the first column by adding last month's *cumulative* total with current month's *new, unduplicated* clients. Secondly fill in *new cumulative* total number of Hispanic clients in the second column by adding last month's *cumulative* total with current month's *new, unduplicated* clients. Lastly fill in *new cumulative* total number of clients of Hispanic/Latino ethnicity by adding last month's *cumulative* total with current month's *new, unduplicated* clients
  7. **PUBLIC SERVICE INDICATOR** – Circle one of the 4 HUD required indicator options and fill in number of clients assisted.  
**\*\*NOTE\*\* Refer to Public Service Indicator attachment.**
  8. **HUD OBJECTIVES/OUTCOMES** – First circle one of the 3 HUD required objective options. Then circle one of the 3 HUD required outcome options.  
**\*\*NOTE\*\* Refer to Outcome Performance Measurement Objectives and Outcomes attachment.**