**CII**-**OSSF – INSTRUCTIONS**

**OSSF ANNUAL BENEFICIARY REPORT**

**INSTRUCTIONS**

Grant Recipient—TxCDBG Grantee.

Contract Number—Assigned TxCDBG contract number.

Contract Period—Start and end date of TxCDBG contract.

Reporting Period—Indicate the quarter and year for which the report is being submitted. The report is due on the twentieth (20th) of the month following the end of the calendar quarter.

Number of Units Completed to Date—Total number of OSSF units completed under the contract.

Number of Units Completed This Period—Number of OSSF units completed during the annual reporting period.

Number of Units in Progress—Number of OSSF units that started or continued work during the quarterly reporting period but did not complete construction.

Name of Beneficiary—Name of the resident designated as head of household.

Address—Address of house rehabilitated.

Cost of OSSF Unit—Total cost to install OSSF unit under this program.

Total Beneficiaries—Total number of persons residing in the house.

Income Level—Income level of the household based on the Area Median Family Income for the county.

Demographic Information for the Head of Household—Indicate for the Head of Household only:

* Race/Ethnicity;
* Gender;
* Ownership Status (Owner or Renter); and
* Previous Homeless Status (Yes or No) based on residence prior to this program.

Demographic Information for All Persons in the Household—Indicate the number of beneficiaries for each category:

* Male and Female;
* Special Needs;
* Age Groups: under 18 years old, 18 to 61 years old, and 62 years old or over; and
* Race/Ethnicity (add all appropriate lines).