

**APPENDIX H**

**PROGRAM INCOME STATEMENT**

San Bernardino County  
 Department of Community Development and Housing  
 Community Development Block Grant (CDBG) Program

**Program Income Statement**

**Project/Activity:** Homeless Shelter Program - Friendly Faces  
**ECD Project/Case:** 330-23027/0000  
**Contract:** 2004-2005  
**Contract Term:** July 1, 2004 through June 30, 2005  
**Reporting Period:** July 1, 2004 through June 30, 2005

Please enter only those sources of revenue and only those expenditures that pertain to providing the CDBG funded activity under the CDBG contract identified above.

**FUNDING:** County Community Development Block Grant (CDBG) funding.

1. Enter the dollar amount of CDBG funded program assistance received under contract with San Bernardino County during the reporting period as the Funding Received on Line 1.

**Funding Received** (Line 1) \$ 50,000

**INCOME:** Gross income directly generated by the use of CDBG funds or CDBG financed property.

1. Enter the dollar amounts of income received from sales and/or services during the reporting period.
2. Add these amounts as Total Income Collected on Line 2.

Sale of CDBG funded equipment or property	\$ <u>10,000</u>	
Fees collected for CDBG funded service	\$ <u>40,000</u>	

**Total Income Collected** (Line 2) \$ 50,000

**FUNDING/INCOME TOTAL:** To determine gross income of CDBG funded program.

1. Combine CDBG Funding Received (Line 1) with total Income Collected (Line 2) as Funding/Income Total on Line 3.

**Funding/Income Total** (Line 3) \$ 100,000

**EXPENDITURES:** Actual cost of providing the CDBG funded service.

1. Enter the dollar amount of each program expenditure category directly related to providing CDBG funded service.
2. Add these amounts and enter as Total Expenditures on Line 4.

Accounting/Bookkeeping	\$ <u>          </u>	Rent/Lease	\$ <u>          </u>
Auditing/Financial Reports	1,500	Salaries & Wages (With Benefits)	<u>68,300</u>
Advertising	<u>          </u>	Supplies	<u>12,000</u>
Insurance	3,000	Taxes (Employee Fed. & State)	<u>3,000</u>
Maintenance	<u>          </u>	Utilities	<u>520</u>
Mileage	480	Other <u>food</u>	<u>9,200</u>
Phone	<u>          </u>	Other <u>                          </u>	<u>          </u>

**Total Expenditures** (Line 4) \$ 98,000

**GAIN/LOSS:** To determine net income of CDBG funded program.

1. Subtract **Total Expenditures** (Line 4) from Funding/Income Total (Line 3) and enter Result on Line 5.
2. If Line 5 is a zero or negative amount check the Loss box below.
3. If Line 5 is a positive amount check the Gain box below.

**Result** (Line 5) \$ 2,000

**GAIN**  \*(Program Income)

**LOSS**  (no Program Income)

I hereby certify that the above information given is correct to the best of my knowledge.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Program Income: Gross income received by the subrecipient directly generated from the use of CDBG funds. (Ref.: 24 CFR 570.500(a))