

COMMUNITY BASED ORGANIZATION
INCOME GENERATING
QUESTIONNAIRE

CBO NAME: _____ CBO ID # _____

ADDRESS: _____

Provided that your grant agreement (workscope) reflect any projected Income Generating Activities, please indicate whether or not your organization is in fact engaged in any of the following Activities:

- | | | | | | |
|----|--------------------|-------|-----|-------|----|
| 1. | Fees for Services | _____ | YES | _____ | NO |
| 2. | Block Party | _____ | YES | _____ | NO |
| 3. | Photocopying Usage | _____ | YES | _____ | NO |

If your answer to any of the above is YES, what type of books do you maintain (Check below)

Cash Receipt & Disbursement Journal _____ YES _____ NO

General Ledger _____ YES _____ NO

What is the last month for which a report was prepared? _____

What is your Bank Account Number _____

Name of Bank _____

Location of Bank _____

Bank Signatories _____

We understand and agree that any failure to completely and accurately answer this questionnaire, or to abide by the above stated terms, may result in the immediate suspension or termination of DYCD funding to your program.

Signature of Program Director

Date

Signature of Chairperson

Date