

*Please Type all information and use additional sheets if necessary.*

**Grantee Name:**

**Grantee Address:**

**Executive Director:**

**TN HTF Contract Number:**

**TN HTF Contract Term Dates:**

**Total Grant Amount Awarded:**

**Total Grant Amount Expended:**

**Description of Project Activity:**

1. What was the activity proposed in the grant application?
2. Was the activity completed as proposed in the grant application? If not, what changes were made from the activity that was proposed in the grant application?
3. How many total units were acquired, rehabilitated, or newly constructed?
4. Are any of the completed units considered group home units? If yes, how many?
5. Are any of the completed units considered single room occupancy or SRO units? If yes, how many?
6. How many total households are being served?
7. Are any specialized populations being served? If yes, please describe.

**Location of Project Activity:** Provide the location or locations of the project activity including the address, city, and county. If the project is on scattered sites, list the address for each site.

Street Address for all completed units	City	County	Complete Yes or No

**Unit Breakdown Information**

In the table below, please indicate the number of units completed for each population group. Note - Area Median Income is denoted as AMI.

	Number of Proposed Units	Number of Units Completed	Number of Units Leased Up At Completion
30 % Area Median Income Households			
50 % Area Median Income Households			
80 % Area Median Income Households			
30 % AMI Youth Aged Out of Foster Care			
50 % AMI Youth Aged Out of Foster Care			
80 % AMI Youth Aged Out of Foster Care			
30 % AMI Ex-offenders			
50% AMI Ex-offenders			
80% AMI Ex-offenders			
30% AMI Homeless Veterans			
50% AMI Homeless Veterans			
80 % AMI Homeless Veterans			
30% AMI Disabled			
50 % AMI Disabled			
80% AMI Disabled			
30 % AMI Elderly			
50 % AMI Elderly			
80% AMI Elderly			
30 % AMI Other (Please Describe)			
50% AMI Other (Please Describe)			
80% AMI Other (Please Describe)			

**Household Breakdown Information:**

In the table below, please indicate the number of households served for each population group.

	Number of Households Proposed	Number of Households Served
30 % AMI HHs		
50 % AMI HHs		
80% AMI HHs		
30 % AMI Youth Aging Out of Foster Care		
50 % AMI Youth Aging Out of Foster Care		
80 % AMI Youth Aging Out of Foster Care		
30 % AMI Ex-offenders		
50% AMI Ex-offenders		
80% AMI Ex-offenders		
30% AMI Homeless Veterans		
50% AMI Homeless Veterans		
80 % AMI Homeless Veterans		
30% AMI Disabled		
50 % AMI Disabled		
80% AMI Disabled		
30 % AMI Elderly		
50 % AMI Elderly		
80% AMI Elderly		
30 % AMI Other (Please Describe)		
50% AMI Other (Please Describe)		
80% AMI Other (Please Describe)		

**Project Completion Date:**

**Contact Person Completing This Form:**

**Title:**

**E-mail Address:**

**Phone Number:**

**Date:**