

TN HTF CHI-2 PROJECT PROGRESS REPORT FORM

Please Type all information and use additional sheets if necessary.

Grantee Name:

Grantee Address:

Executive Director:

Grant Year:

Grant Amount:

List Sources and Amounts of Matching Funds (list matching funds if the project included matching funds in the application to THDA):

SOURCE	AMOUNT

Description of Project Activity: (include the number of units to be acquired, rehabilitated, and/or constructed)

Location of Project Activity: (provide the location or locations of the project activity including the address, city, and county)

Describe Progress Toward Completion of Activity (including a description of any unanticipated barriers):

**Expected Time Frame for Completion or Completion Date:**

**Contact Person:**

**Title:**

**E-mail Address:**

**Phone Number:**

**Date:**