

# NHTF PROGRAM PROJECT SET-UP REPORT

IDIS Activity Number:

Mark appropriate box:  Original Submission  Revision

## A. ACTIVITY INFORMATION

Grantee Name:		
Grantee Mailing Address:		
City:	State:	Zip:
Phone:	Contract Number:	
Type of Activity Financed (check only one)		
Rehabilitation Only	Acquisition Only	Acquisition & New Construction
New Construction Only	Acquisition & Rehabilitation	
Total NHTF Funds for Project:	\$	
Source(s) of Other Funds	Dollar Amount of Funds	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Estimated Cost of Project:	\$	

## B. PROJECT INFORMATION

Street Address of Project:						
City:	State:			Zip:		
Estimated # of Units Upon Completion:			Total NHTF-Assisted Units Upon Completion:			
Developer Type:	Individual	Partnership	Corporation	Not-for-Profit	Publicly Owned	Other

**Grantee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_