**TN HTF Competitive grants CLOSE OUT form**

***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 | City | County | Compete Yes or No |
|  |  |  |  |
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**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:**