

HTF-2E Project Report

FOR OOR PROJECTS ONLY

Identifying #: _____

Sponsor Name: _____

Total HTF Block Grant Award: \$ _____ Block Grant Expiration Date: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Reporting Quarter: April 1st July 1st October 1st January 1st

Are you adhering to the Implementation Schedule? Yes No

If **no**, provide an explanation and whether you have requested an extension from your Project Coordinator to include the date of the extension.

Please list any problems encountered this quarter:

Actions taken this quarter:

Beneficiary	Address	Initial Inspection	Restrictive Covenant	Project Status %
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	