

# 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	