

HTF-2E Project Report

Supportive Housing and Group Homes

HTF Project #: _____

Sponsor Name: _____

Total HTF Block Grant Award: \$ _____

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: