**TN HTF Competitive grants Project progress report form**

***Please Type all information and use additional sheets if necessary.***

**Grantee Name:**

**Grantee Address:**

**Executive Director:**

**Grant Year: Spring - 20\_\_\_\_\_\_\_\_\_\_\_ Fall - 20\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Amount Awarded:**

**Grant Amount Expended to Date:**

**List Sources and Amounts of Matching Funds:**

|  |  |
| --- | --- |
| **SOURCE** | **AMOUNT** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Description of Project Activity: (include the number of units to be acquired, rehabilitated, and/or constructed)**

**Location of Project Activity: (provide the location or locations of the project activity including the address, city, and county)**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | City | County | Compete Yes or No |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Describe Progress Toward Completion of Activity (including a description of any unanticipated barriers):**

**Expected Time Frame for Completion:**

**Contact Person Completing This Form:**

**Title:**

**E-mail Address:**

**Phone Number:**

**Date:**