HOMEOWNER REHABILITATION PROJECT COMPLETION SCHEDULE

Grant Recipient: Elective Official: Project Administrator:						Contract No.:				I	_ Date:		
						Telephone Number:							
						Telephone Number:							
Number of Units:		Rehabilitation:			Reconstruction:			Replacement:					
ACTIVITY	January	February	March	April	May	June	July	August	September	October	November	December	
Environmental Clearance													
Professional Services Procurement													
Notice to Proceed Request													
Start of Construction Activity													
25% Complete (Unit)													
50% Complete (Unit)													
100% Complete (Unit)													
Project Monitoring													
Closeout Package Submission													
Project Completion													