



QUARTERLY STATUS REPORT HOMEOWNER REHAB PROGRAM

MHC's Federal Grant Programs requires that a Quarterly Status Report (QSR) be completed for all projects that have not yet closed out. Information pertaining to the project must be current and consistent with the original application, unless a request for change has been approved by MHC. Failure to receive prior approval for any changes may result in suspension from participation in the program or deobligation of funds. All reports must be emailed to MHC by the last day of each quarter (*March 31, June 30, September 30, and December 31*). Failure to meet these deadlines may result in point deductions in future applications.

REPORTING QUARTER:	<input type="radio"/> March 31	<input type="radio"/> June 30	<input type="radio"/> September 30	<input type="radio"/> December 31	REPORTING YEAR:	2021
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GRANTEE

Grantee:	<input style="width: 100%;" type="text"/>
Year of Award:	<input style="width: 80%;" type="text"/>
Award Amount:	<input style="width: 80%;" type="text"/>
Project Administrator:	
Entity Name:	<input style="width: 100%;" type="text"/>
Contact Person:	<input style="width: 100%;" type="text"/>
Email Address:	<input style="width: 100%;" type="text"/>

REHABILITATION/RECONSTRUCTION

Number of Rehabilitation Units:	<input style="width: 100%;" type="text"/>	Total Rehabilitation Units Costs:	<input style="width: 100%;" type="text"/>
Number of Replacement Units:	<input style="width: 100%;" type="text"/>	Total Replacement Units Costs:	<input style="width: 100%;" type="text"/>
Number of Rebuild Units:	<input style="width: 100%;" type="text"/>	Total Rebuild Units Costs:	<input style="width: 100%;" type="text"/>
Total Units:	0	Total Costs:	\$0.00

PRE-CONSTRUCTION PROGRESS

Enter number of units complete for each line item:

	# of Units	% Complete
Environmental Record Review Complete	<input style="width: 100%;" type="text"/>	0%
Executed Written Agreement	<input style="width: 100%;" type="text"/>	0%
Legal (Title Search)	<input style="width: 100%;" type="text"/>	0%
Asbestos Testing	<input style="width: 100%;" type="text"/>	0%
Lead-based Paint Testing	<input style="width: 100%;" type="text"/>	0%
Survey Complete	<input style="width: 100%;" type="text"/>	0%
Contractor Procurement Process		
Pre-Bid Construction Conference	<input style="width: 100%;" type="text"/>	0%
Bid Opening Conference	<input style="width: 100%;" type="text"/>	0%
Total % Complete		0%

Provide an explanation for any delays with the pre-construction process. Provide additional documentation if necessary:

REHABILITATION/CONSTRUCTION PROGRESS

Building Permits Issued?

Yes No

Rehab/Construction Start Date:

Percent Complete:

Projected Rehab/Construction End Date:

Actual Construction End Date:

Enter percentage of completion for all units for each line item:

	% Complete	Date Complete	Applicable Units
Slab			
Framing Walls			
Framing Roof			
Rough Plumbing			
Rough Electric			
Insulation			
Drywall			
Exterior			
Painting (Interior)			
Plumbing Trim			
Flooring			
Fixtures			
Appliances			
Hardware			
Blinds			
Landscaping			
Fencing			

Construction Delays

Please provide an explanation for any delays with commencing or completing construction or obtaining final certificate of occupancy. Attach additional/supporting information as necessary.

POST CONSTRUCTION PROGRESS

Certificate of Occupancy/Substantial Rehabilitation

List all the units that have been issued a Certificate of Occupancy/Substantial Rehabilitation to date. Attach a copy of all the CO's issued this quarter.

Compliance Monitoring Complete:

Date Deed Restriction Filed:

Project Close-Out Date:

ACKNOWLEDGEMENT AND CERTIFICATION

I hereby certify that the above information is true and accurate.

Project Administrator

By:

Its:

Prepared By:

Phone No.:

Date: