MISSISSIPPI HOME CORPORATION

PROJECT COMPLETION SCHEDULE

Sub-Recipient:_____ **Date:** _____

Estimated Number of Units: Rehabilitation _____ **New Construction:** _____

ACTIVITY	January	February	March	April	May	June	July	August	September	October	November	December
Environmental Clearance												
Special Conditions Clearance												
Asbestos and Lead Inspections												
Notice to Proceed Issued												
Start of Construction Activity												
50% Complete												
100% Complete												
Project Completion												