



## Department of Human Services

### Affordable Housing Grant Program Final Progress Report

To be completed upon the conclusion of agency's Affordable Housing Grant Program contract.

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Contract Number: KC-\_\_\_\_\_ Quarter: \_\_\_\_\_ Grant Cycle: \_\_\_\_\_

Grant Recipient: \_\_\_\_\_

Project Name: \_\_\_\_\_

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1) Type of low-income housing provided: \_\_\_\_\_

2) Number of low-income individuals assisted during this grant cycle:

a. From Contract – Annual projected individuals served: \_\_\_\_\_

b. Unduplicated individuals served this quarter (must match HMIS report): \_\_\_\_\_

c. Unduplicated individuals served For the Year: \_\_\_\_\_

3) **Quarterly Project Outcomes** -- List each "Projected outcome/output" included in contract Exhibit A and compare to progress this quarter:



## Department of Human Services

4) **Annual Grant Contract Outcomes** -- List outcomes projected in application/contract and compare to progress for the whole year:

5) **Other Comments** – Please include any additional comments about this quarter’s progress toward the program goals.

6) **Total amount of this grant award:** \_\_\_\_\_

7) **Total amount expended for this grant contract:** \_\_\_\_\_

8) **Unspent Grant Funds:** \_\_\_\_\_

I certify that the information above is true and accurate and that it was collected in accordance with all requirements in the Affordable Housing Grant Program Contract.

I acknowledge that my agency is relinquishing any remaining funds for this grant contract (as listed above) that are not claimed by one month after the contract end date. These funds will be redistributed in a future grant cycle.

**Name & title of person submitting report:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_