



City of Boulder
Housing & Human Services

Office Use Only:

Reviewed by: _____

Review Date: _____

1st Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____ Project Name: _____

Staff Completing Report: _____ Phone: _____

Reporting Period: Jan 1st – Mar 30th Report Year: _____ Fund Year: _____ Funding Amount: _____

Part II. Narrative *(Describe project status, note progress satisfying funding conditions)*

Part III. Housing Projects with Covenants *(Projects with housing units only)*

Total # of Units in Project _____

Total # of Affordable Units in Project _____

of Affordable Units Currently Under Construction _____

of Affordable Units Completed _____

of Affordable Units Sold _____

of Units Qualified as Energy Star _____

of Units Section 504 Accessible _____

of Units Designated for Persons with HIV/Aids _____

of Units Designated for Homeless Persons and Families _____

Provide the following information with regard to all funding SOURCES used to date for this project:

Sources	Total Award	Spent this Quarter	Spent to Date	Balance Remaining