



**City of Boulder
Housing & Human Services**

Office Use Only:

Reviewed by: _____

Review Date: _____

2nd Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____ Project Name: _____
Staff Completing Report: _____ Phone: _____
Reporting Period: Apr 1st – June 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