City of Boulder
Housing & Human Services

Office Use Only:
Reviewed by: _____
Review Date: _____

4th Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____ Project Name: _____
Staff Completing Report: _____ Phone: _____
Reporting Period: Oct 1st – Dec 31st 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