

TBRA Project Completion Report

DR Project Completion Report



(REV 11/2017)

Housing Contract Administration

| | |
|-----------------|--|
| Project Number: | |
| Recipient Name: | |
| Date Submitted: | |

| IDIS #/ ACTIVITY NUMBER | TBRA HOME FUNDS | AWARDED | AMOUNT DRAWN | REMAINING FUNDS TO BE RECAPTURED |
|----------------------------|--------------------|---------|--------------|--|
| | TBRA PROGRAM FUNDS | \$ | \$ | \$ |
| | TBRA ADMIN | \$ | \$ | \$ |
| | DR PROGRAM FUNDS | \$ | \$ | \$ |
| | DR ADMIN | \$ | \$ | \$ |

PROJECT PERFORMANCE:

| ELIGIBLE ACTIVITY | PERFORMANCE INDICATOR | RESULTS |
|-------------------|--|---------|
| | Number of units designated for homeless persons and families | |
| | Number of units designated for chronically homeless | |
| Signature: | | |
| Title: | | |
| Date: | | |

| TO BE COMPLETED BY KHC HOUSING CONTRACT ADMINISTRATION FINANCIAL MANAGEMENT | |
|--|--|
| Financial Management Specialist: | |
| Date: | |
| TO BE COMPLETED BY KHC CORPORATE PLANNING AND ACCOUNTABILITY | |
| CLOSE OUT PROCESS: | |
| Allocation Change Complete, if Recapturing? <input type="checkbox"/> YES <input type="checkbox"/> NO | Close Out Complete? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Program Funding Specialist: | |
| Date: | |