Maryland Affordable Housing Trust

[***maht.dhcd@maryland.gov***](mailto:maht.dhcd@maryland.gov)

# FINAL REPORT

Pursuant to the terms of the grant agreement, this Final Report must be submitted to the Maryland Affordable Housing Trust within 45 days after the Project is completed. Project completion means: **for acquisition-only projects**, the date of settlement; **for construction/rehabilitation or construction/rehabilitation and acquisition projects**, the date of Substantial Completion; **all other projects,** when all MAHT funds for the project have been spent, but no later than the expiration date of the grant agreement.

**Date of this report**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name of Grantee:

**Address of Grantee**:

### 

### City: State: MD Zip code:

**Name of Contact Person (completing the report)**:

**Phone Number of Contact**:

**Name of Project**: **MAHT Award No.: \_\_\_\_\_\_\_\_\_\_\_\_**

**MAHT Award Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Provide a description of the completed Project including # of units completed and/or # of beneficiaries served:**

**Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ MAHT Award No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Provide a description of any problems encountered/lessons learned in completing the Project:**
2. **Success Stories Narratives: Please share any personal observations and/or beneficiary feedback/statements on Project accomplishments.**
3. **Please attach before/after photos of the Project to this report.**
4. **Provide a Revenue and Expense Summary of the Project, certified by the highest fiscal officer of Recipient, listing all expenditures relating to the Project, and listing all sources of revenue used to complete the Project including funds from federal, State, or local governments, and private resources, including any Recipient contribution. You may use the attached form for submitting the Revenue and Expense Summary. If you have already established a format for an accounting of the revenues and expenditures relating to the Project, such as a ledger or a spreadsheet, you may submit that, provided that it contains all information required and is certified by the highest fiscal officer of Recipient.**

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| **MAHT FINAL REPORT - REVENUE AND EXPENSE SUMMARY** | |
| **Revenue Summary** (sources of funds) | |
| Revenue Sources | Amount |
| MAHT  Grantee Contribution\*  Other Sources (list)  \*Note: This should include (at a minimum) the amount outlined in MAHT grant agreement budget (i.e.,10% of grant award). Please attach supporting documentation. |  |
| **Total Revenue** |  |
| **Expense Summary** (uses of funds) | |
| Expenditure/Cost Item | Amount |
| 1) Operating assistance-related |  |
| 2) Capacity building-related |  |
| 3) Self-sufficiency / Support services-related |  |
| 4) Pre-development-related |  |
| 5) Acquisition-related |  |
| 6) New construction-related |  |
| 7) Rehabilitation-related |  |
| 8) Other (list): |  |
| **Total Expenses** |  |

I certify that I am the highest fiscal officer of the Recipient and that to the best of my knowledge and belief these revenues and expenses are correctly stated herein.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Title

**I certify to the best of my knowledge that the information contained in this final report is true, correct and in accordance with the terms and conditions of our agreement with the Maryland Affordable Housing Trust.**

\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (President/CEO/Executive Director) Name/Title Date