

Exhibit 4 of the Cooperative Agreement

GRANTEE PROGRAM DESCRIPTION

I. General Information.

a. Grantee Name: Maryland Department of Housing and Community Development

b. Total Grant Amount:	<u>\$11,229,308</u>
i. Rental Assistance:	<u>\$10,397,508</u>
ii. Administrative Costs:	<u>\$831,800</u>

c. Total Number of Assisted Units: 150

d. Primary Grantee Contact Individual:

 i. Name: Elaine Cornick, Team Leader

 ii. Address: 100 Community Place, Crownsville, Maryland 21032-2023

 iii. Phone: (410) 514-7449

 iv. Email: cornick@mdhousing.org

II. Medicaid Agency and any other State Level Service Provider _____

MD Department of Health and Mental Hygiene

III. Leveraging None

IV. Number Housing Vouchers in the Grantee Application _____

97 Housing Choice Vouchers

V. Target Population See Interagency Partnership Agreement , Exhibit 3
