

**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](mailto: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

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