

Maryland Affordable Housing Trust

7800 Harkins Rd. * Lanham, MD 20706

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: _____

1. Provide a description of the completed project:

Name of Grantee: _____

Address of Grantee: _____

Name of Contact Person: _____

Phone Number of Contact: _____

Name of Project: _____ MAHT Award No.: _____.

Month/Year of MAHT Contract for this project: _____.

2. Provide a description of any problems encountered in completing the Project:

3. 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.

MAHT FINAL REPORT - REVENUE AND EXPENSE SUMMARY

Revenue Summary (sources of funds)

Revenue Sources	Amount
MAHT	
Other (list)	
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: _____

By: _____

_____ Name/Title